Your claim must be postmarked by: November 5, 2022

CIRCUIT COURT OF DUPAGE COUNTY, ILLINOIS Boone, et al. v. Snap Inc., Case No. 2022LA000708

Claim Form

SNP

ovide your name and contact informatiormation changes after you submit this	on below. You must notify the Settlemen s form.	t Administrator if your cont
First Name	Last Na	ame
Street Address		
City	State	Zip Code
Email Address	Snapchat Use	rname
. IF YOU ARE NO LONGER AN I	LLINOIS RESIDENT	
. IF YOU ARE NO LONGER AN I	ILLINOIS RESIDENT please provide the address where you res	
. IF YOU ARE NO LONGER AN I	ILLINOIS RESIDENT please provide the address where you res	
. IF YOU ARE NO LONGER AN I	ILLINOIS RESIDENT please provide the address where you res	
. IF YOU ARE NO LONGER AN In you are no longer an Illinois resident, period (November 17, 2015 to the prese	ILLINOIS RESIDENT please provide the address where you res	
you are no longer an Illinois resident, eriod (November 17, 2015 to the prese	ILLINOIS RESIDENT please provide the address where you res	
Street Address City	please provide the address where you resent).	ided in Illinois during the c
I. IF YOU ARE NO LONGER AN I Syou are no longer an Illinois resident, eriod (November 17, 2015 to the prese Street Address City II. PAYMENT SELECTION	please provide the address where you resent). State	ided in Illinois during the c
Street Address City I. PAYMENT SELECTION lease select one of the following paym	please provide the address where you resent). State	zip Code
Street Address City II. PAYMENT SELECTION lease select one of the following paym PayPal - Enter your PayPal email a	please provide the address where you resent). State ent options:	zip Code

Your claim must be postmarked by: November 5, 2022

CIRCUIT COURT OF DUPAGE COUNTY, ILLINOIS Boone, et al. v. Snap Inc., Case No. 2022LA000708

Claim Form

SNP

IV. VERIFICATION AND ATTESTATION UNDER OATH

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury:

- I have lived in the state of Illinois for at least 183 days (6 months) between November 17, 2015 and the present;
- While living in Illinois, I used Snap's Lenses or Filters; and
- That the information provided in this Claim Form is, to the best of my knowledge, true and correct, and that I
 have not submitted another claim in connection with this Settlement and know of no other person having done
 so on my behalf.

	Date:			
Your signature	MM	DD	YYYY	
Your name	_			

REMINDER CHECKLIST

- 1. Please make sure you answered all the questions on the claim form. Be sure to select only **one** payment option.
- 2. Please make sure that you signed and dated the claim form.
- 3. Please keep a copy of your completed claim form for your own records.
- 4. If you have any questions, please first refer to the Settlement Website, www.snapillinoisbipasettlement.com. You may also contact the Settlement Administrator by calling the toll-free number, 1-844-939-4343, by email to Info@snapillinoisbipasettlement.com, or by writing via U.S. mail addressed to Snapchat Privacy Settlement c/o Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.