

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA

Emmanuel Llamas v. TrueFire, LLC and TrueFire, Inc., No. 8:20-cv-00857-WFJ-CPT

MONETARY PAYMENT CLAIM FORM

All members of the California Sub-Class are eligible for a direct payment of \$50 per Claimant. California Sub-Class Monetary Payment Claims must be submitted pursuant to this Monetary Claim Form and in accordance with the reimbursement terms under the provisions of this Agreement. All Monetary Payment Claims must be submitted to the Settlement Administrator on or before the expiration of the Monetary Payment Deadline and must be verified in writing and attested-to by the Claimant.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.TrueFireDataBreachSettlement.com or by calling 1-844-996-1466.

California Sub-Class Members who wish to make a timely and properly supported Monetary Payment Claim must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; and (b) a statement signed under penalty of perjury indicating that the Claimant was a resident of the state of California at the time of the Data Breach.

California Sub-Class Members must submit this form required below through the Settlement Website, or by mailing it to the following address:

TrueFire Data Breach Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

If you have any questions, call 1-844-996-1466 or go to www.TrueFireDataBreachSettlement.com for more information.

Deadline: All Claims must be submitted to the Settlement Administrator on or before **July 20, 2021**.

CLAIMANT INFORMATION
Please Type or Print in the Boxes Below

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (Street, PO Box, Suite or Office Number)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

Email Address (optional)

Telephone Number (optional)

I declare under penalty of perjury that at the time of the Data Breach, I was a resident of the state of California residing at the address provided below.

<p>Signature: _____</p> <p>Print Name: _____</p>	<p>Date: _____</p> <p>Your claim will be submitted to the Settlement Administrator for review. If your Monetary Payment Claim Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.</p>
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**MONETARY PAYMENT CLAIM FORMS MUST BE POSTMARKED NO LATER THAN
JULY 20, 2021 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT
WWW.TRUEFIREDATABREACHSETTLEMENT.COM OR MAIL THIS CLAIM FORM TO:**

True Fire Data Breach Settlement Administrator

1650 Arch Street, Suite 2210

Philadelphia, PA 19103