Your claim form must be submitted online or postmarked by: January 5, 2027

Superior Court of the State of California for the County of San Diego

Webb v. Puffy LLC
Case No. 26CU036340N

PFW

Claim Form

CALIFORNIA MATTRESS PRICING SETTLEMENT

CLAIM FORM FOR CASH BENEFIT

INSTRUCTIONS

This class action alleges that Defendant violated California law by deceptively advertising various discounts of its mattress products on its website, Puffy.com. Defendant denies these allegations.

You are a Settlement Class Member if you purchased one or more mattresses advertised at a discount from Defendant's website, Puffy.com, while in the State of California, from July 29, 2021 to August 28, 2026.

Under the terms of the Settlement, Settlement Class Members will each receive a $110 Settlement Award for each mattress they purchased on Puffy.com during the Class Period that was purchased at an advertised discounted price. If you wish to receive your Settlement Award(s) in the form of cash ("Cash Benefit") rather than store credit you must submit a valid Claim Form no later than January 5, 2027. If you placed more than one qualifying mattress order during the Class Period, you need only submit one Claim Form to receive a Cash Benefit for each order. If you wish to receive your Settlement Award(s) in the form of store credit ("Credit Benefit"), then you do not have to do anything – you will automatically receive the credit so long as you are a Settlement Class Member and do not exclude yourself from the Settlement.

Cash Benefits will be mailed to you by check or digital payment. Please ensure you provide a current, valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate updated contact information to the Settlement Administrator to receive a payment.

The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

SUBMITTING YOUR CLAIM FORM

Claim Forms may be submitted online at **CaliforniaMattressPricingSettlement.com** by **January 5, 2027**, or completed and mailed **postmarked no later than January 5, 2027** to:

1650 Arch Street, Suite 2210, Philadelphia, PA 19103

If you have any questions, please contact the Settlement Administrator by email at **Info@CaliforniaMattressPricingSettlement.com** or by mail at the address listed above.

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Phone Number | Notice ID *(if you received a Notice)*

Please ensure you provide a current, valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone you include with your submission becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with a current, valid mailing address, email address, and mobile phone for payment. The current address you provide here does not need to be the same address you used for your purchase(s) from Defendant's website.

II. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **Prepaid Mastercard -** Enter an email address to receive the Prepaid Mastercard: _____

☐ **PayPal -** Enter your PayPal email address:_____

☐ **Venmo -** Enter the mobile number associated with your account: __ __ __-__ __ __-__ __ __ __

☐ **Zelle -** Enter the email address or mobile number associated with your account: _____

☐ **Physical Check -** Payment will be mailed to the address provided above.

III. CERTIFICATION

By signing this Claim submission, I certify, under penalty of perjury under the laws of the United States, that the information included with this Claim submission is true, accurate, and complete to the best of my knowledge, information, and belief. If I am submitting this Claim submission on behalf of a Claimant, I certify that I am authorized to submit this Claim submission on the individual's behalf. I am, or the individual on whose behalf I am submitting this Claim submission is, a member of the Settlement Class, and have not submitted a request to exclude myself, or "opt out of," the Settlement. I agree to furnish additional information regarding this Claim if so requested to do so by the Settlement Administrator. **By signing below, I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply)**.

Signature: _____ Printed Name: _____ Date:_____/_____/_____
MM DD YYYY