

Your claim must be submitted online or postmarked by:
March 4, 2026

Pinter v. Land Air Sea Systems, Inc.

No. 1:22-cv-00185-WFK-MMH

U.S. District Court for the Eastern District of New York

CLAIM FORM

**LAS
CLAIM**

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a member of the Settlement Class

You are a member of the Settlement Class if you are a person in the United States who purchased one or more of Land Air Sea System's products from Land Air Sea System's website or from Amazon, between January 12, 2018 and January 12, 2022.

Excluded from the Settlement Class are: (1) the Court, Court employees, and members of their respective families; and (2) persons who properly execute a timely request for exclusion from the Class; and (3) owners, officers, directors, or employees of Defendant or any related entities.

The Settlement Benefits

Under the Settlement, the Defendant will pay **\$1,300,000.00** into the Settlement Fund, which will be used to pay: (i) Class Members' claims, for which each Class Member shall be entitled to a *pro rata* share of the Net Settlement Fund, **up to a maximum of \$45.00** for each of Land Air Sea System's products purchased between January 12, 2018, and January 12, 2022; (ii) a Service Award to the Class Representative in the amount approved by the Court; (iii) total Fee Awards to Class Counsel, including attorney's fees plus Class Counsel's reasonable expenses and costs, to the extent approved by the Court; (iv) all Administrative Fees, including Class Notice and settlement administration costs; and (v) any other payments, costs or expenses that arise directly in connection with this Settlement.

Submitting Your Claim Form

Mail your completed Claim Form and supporting documentation, if required, so it is postmarked no later than March 4, 2026, to the following address: Land Air Sea Systems Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA, 19103. Alternatively, you may complete your Claim Form online at www.GPStrackersettlement.com no later than March 4, 2026.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

Notice ID, if known

II. INFORMATION ABOUT YOUR LAND AIR SEA SYSTEMS PURCHASES

Indicate the number of Land Air Sea Systems products purchased in the United States, from Land Air Sea System's website or from Amazon, between January 12, 2018, and January 12, 2022: _____

III. PAYMENT SELECTION

Please select from one of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____

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

Mobile Number: _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

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IV. AFFIRMATION UNDER PENALTY OF PERJURY & SIGNATURE

By signing and submitting this Claim Form, I swear and affirm under penalty of perjury pursuant to laws of the United States of America to the following:

1. I am a Class Member who purchased, in the United States, one or more of Land Air Sea System's products from Land Air Sea System's website or from Amazon, between January 12, 2018, and January 12, 2022;
2. All of the information provided in this Claim Form is true and correct to the best of my knowledge, and that any supporting documentation provided in support of this claim is authentic and was not self-prepared, altered, or changed in any way; and
3. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim is considered complete and valid. I understand that my claim will not be eligible for payment if I do not provide the supplemental information requested by the Claims Administrator within the timeframe requested.

Signature

Printed Name

Date