

Class Member ID:



3089700000000

**Must be Postmarked
No Later Than
December 29, 2016**

FOR OFFICE USE ONLY

Sekura v. L.A. Tan Enterprises, Inc., Case No. 2015 CH 16694

CLAIM FORM

DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY DECEMBER 29, 2016. THE CLAIM FORM MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Name: _____
(First) (M.I.) (Last)

Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____ - _____

Email Address: _____ (optional, but highly recommended so that we can reach you with any questions)

By submitting this claim form and checking the boxes below, I declare that I believe I am a member of the Settlement Class as defined in the Class Notice and that the following statements are true (both boxes must be checked to receive a payment):

- I provided my fingerprint to access one or more L.A. Tan franchise salons in Illinois between November 13, 2013, and August 11, 2016.
- Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: _____ Date: ____/____/_____

Your claim will be submitted to the Settlement Administrator for review. If your claim is accepted, you will be mailed a check for a *pro rata* share of funds available to Settlement Class Members. This process takes time. Please be patient.

THIS CLAIM FORM MUST BE POSTMARKED BY DECEMBER 29, 2016 TO THE FOLLOWING ADDRESS:

Sekura v. L.A. Tan Enterprises, Inc.
c/o Heffler Claims Group
P.O. Box 58429
Philadelphia, PA 19102-8429



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