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**The DEADLINE
to submit or mail this
Claim Form is:
August 7, 2024**

McKeehan v. 1-800 Pack-Rat Claim Form

For Office Use Only

If, while residing or located in California, you received a call from 1-800-PACK-RAT's customer service department at any time during the period from and including September 27, 2021 through October 10, 2022, you may be entitled to money from a class action settlement.

You also may submit your claim online by August 7, 2024 at www.PRCallRecordingSettlement.com or you can mail this Claim Form on or before August 7, 2024 to:

McKeehan v. 1-800-Pack-Rat
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY, 10150-5391

Claimant Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Email Address (Optional): _____@_____

(If you provide an email address, the Claims Administrator will use it to communicate with you about any questions it has about your claim. We recommend that you provide an email address, but it is not required.)

Class Member ID: 83033 _____

(Your Class Member ID is located on your postcard and/or email notice. If you cannot locate your Class Member ID, contact the Claims Administrator by submitting a Contact Form on the Settlement Website, www.AHCallRecordingSettlement.com, by telephone (833) 933-7411 or by mail at the address listed above, to request your Class Member ID.)

Instructions: To complete this Claim Form, provide all of the telephone number(s) that you have or had that received one or more calls from 1-800-PACK-RAT's customer service department during the period from and including September 27, 2021, through October 10, 2022.

(_____) _____ - _____ , (_____) _____ - _____ ,

(_____) _____ - _____ , (_____) _____ - _____

If you provide an email address, the Claims Administrator will use it to communicate with you about any questions it has about your claim. We recommend that you provide an email address, but it is not required.

Certification: By my signature below, I certify to my best honest belief that when I received one or more calls from 1-800-PACK-RAT's customer service department during the period from and including September 27, 2021 through October 10, 2022, I was located within the State of California.

Signature: _____ Date (mm/dd/yyyy): _____ / _____ / _____



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Page 1 of 2



830330000000

NOTE: To receive a settlement payment of \$600 or more, you must provide your Tax Identification Number (“TIN”) to the Claims Administrator pursuant to the instructions below. If you do not provide your TIN to the Claims Administrator and otherwise would be entitled to a settlement payment of \$600 or more, you Claimant may receive multiple payments over several tax years and/or have an amount deducted from your settlement payment to comply with IRS Regulations. It is recommended that you provide your TIN with your Claim Form by filling out the form below.

Reminder Checklist:

If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the Contact section of the Settlement Website at www.PRCallRecordingSettlement.com and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.

For more information, please visit the Settlement Website at www.PRCallRecordingSettlement.com, or call the Claims Administrator at (833) 425-3377. Please do not call the Court or the Clerk of the Court for additional information.



83033



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Page 2 of 2



830330000000

SUBSTITUTE FORM W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

TAXPAYER IDENTIFICATION NUMBER

Name (as shown on your income tax return):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Enter your Social Security Number:

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

W-9 Signature

___/___/___
W-9 Signature Date

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

RETURN THIS FORM BY REGULAR MAIL TO:

McKeehan v 1-800-PACK-RAT, LLC Settlement
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391



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