

Raffin v. Medcredit
Settlement Administrator
PO Box 2730
Portland, OR 97208-2730

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Legal Notice
You May Be
Eligible for a
Payment from
a Class Action
Settlement.

Carefully separate this Claim Form post card at the perforation.

You may be eligible for a cash payment from this class action settlement. To complete this Claim Form, provide the cell phone number that received a call placed by Medcredit between June 29, 2014 and February 26, 2015, **sign** and **date** the form and mail it by **September 8, 2018**.

Cellular Number (Required):

- -

Current Mailing Address:

City:

State:

ZIP Code:

I attest under penalty of perjury that I received a call on my cellular telephone from Medcredit for the first time between June 29, 2014 and February 26, 2015 and that I was physically present in California during the time of said call.

Signature:

Date (MM/DD/YY):

Mail this Claim Form on or before **September 8, 2018**.