

CLAIM FORM

Instructions: Fill out each section of this form and sign where indicated. If you are filing claims for multiple phone numbers, please submit one form per phone number.

First Name	MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Business Name				
<input type="text"/>				
Street Address				
<input type="text"/>				
City	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Affected Phone Number (where you received the text[s])				
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Email Address				
<input type="text"/>				

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION ABOVE, AND YOU MUST SIGN THIS CLAIM FORM.

YOUR CLAIM FORM MUST BE SUBMITTED ONLINE *OR* SENT BY MAIL TO THE ADDRESS BELOW AND POSTMARKED BY DECEMBER 26, 2017.

**HDS Settlement Administrator
PO Box 4129
Portland, OR 97208-4129**

Class Member Affirmation: By signing and submitting this Claim Form, I declare that I am a member of the Settlement Class and that the following statement is true:

I affirm that I was the subscriber or primary user of the affected cellular telephone number listed above and that I received one or more text messages from HDS in connection with a promotional and/or marketing campaign between October 21, 2011, and July 26, 2017, at the number identified above, and that I did not consent to receive these messages. I am not a current or former employee, officer, director, agent, or legal representative of HDS, or its affiliated entities. I state under penalty of perjury under the laws of the State in which this Affirmation is executed and the United States of America that the information provided above is true and correct.

Signature:

Date: - -
MM DD YY