

CLAIM FORM

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
Chang v. Cedar Business Services, LLC
Case No. BC628781

This is the information that we have for you:

ILYM ID: <<ILYM ID>>
<<Name>>
<<Address>>
<<City>>, <<State>> <<Zip Code>>

Please provide your corrected information:

Cedar Business Services, LLC's ("Cedar") records indicate that during the class period (July 28, 2015 and April 19, 2018) you were a person who received a telephone call from Cedar on your cellular telephone number and whose telephone conversation was recorded by Cedar. You are eligible for a class action settlement payment. Given the structure of the class action settlement, the precise amount payable per qualifying call will depend on the number of claims made.

BASED ON <<EligibleCalls>> QUALIFYING CALL(S), YOUR ESTIMATED MINIMUM PAYMENT FOR YOUR CLAIM IS <<\$EstSettAmnt>>.

YOU MUST SUBMIT A CLAIM TO RECEIVE ANY MONEY FROM THIS SETTLEMENT.

IMPORTANT DEADLINE:

BY MAIL: If you choose to submit your claim form by mail, you must complete, sign, and return this claim form to the Claims Administrator by U.S. Mail, postmarked on or before July 24, 2019.

CEDAR FINANCIAL CLASS ACTION
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781

ONLINE: If you choose to submit your claim form online, you must timely complete the claim form at www.CedarRecordingSettlement.com. You will need to enter your ILYM ID number above and your unique PIN: <<Pin#>>.

INSTRUCTIONS:

1. Complete, sign and mail this form or go online and complete the form to share in the monetary recovery.
2. If you move, it is your responsibility to send the Claims Administrator your new address and contact information to ensure receipt of further notices and your settlement payment.

CONFIRM THE FOLLOWING INFORMATION BY CHECKING THE BOX:

Between July 28, 2015 and April 19, 2018, I had the following cellular telephone number: <<telephonenumber>>

The foregoing is true and correct and that I am the person whose name appears on the front of this Claim Form.

X _____
(Sign your name here)

Date

Social Security¹ #: _____ - _____ - _____

Daytime Phone: _____

¹ Any payment you receive as a consequence of your participation in the Settlement is taxable income; therefore, you must provide your Social Security Number in order to receive payment. You may call the Settlement Administrator at (888) 250-6810 to provide your Social Security number if you prefer in lieu of providing it on this form.