

CONSUMER CLASS CLAIM FORM

Smith et al. v. Kaye-Smith Enterprises, Inc.
United States District Court for the District of Oregon
Cause No. 3:22-cv-01499-AR

Consumer Class Claim Form for Reimbursement for Losses Arising from
May-June 2022 Data Security Incident

The claims filing deadline is December 26, 2024. Please provide complete responses to ALL of the following,
and attach supporting documents where requested.

CLAIMANT INFORMATION

Claimant Full Name:

First Name:

MI:

Last Name:

Grid for First Name input

Grid for MI input

Grid for Last Name input

Under age 18 as of October 11, 2024:

Yes No checkboxes

If Yes, Parent or Guardian Full Name:

First Name:

MI:

Last Name:

Grid for Parent/Guardian First Name input

Grid for Parent/Guardian MI input

Grid for Parent/Guardian Last Name input

If Yes, Relationship to Minor:

Grid for Relationship to Minor input

If Yes, Parent/Guardian Address (if different from Claimant Address):

Address:

Grid for Parent/Guardian Address input

City:

State:

ZIP Code:

Grid for Parent/Guardian City input

Grid for Parent/Guardian State input

Grid for Parent/Guardian ZIP Code input

Claimant Address:

Grid for Claimant Address input

City:

State:

ZIP Code:

Grid for Claimant City input

Grid for Claimant State input

Grid for Claimant ZIP Code input

Claimant Telephone:

Grid for Claimant Telephone input

Claimant Email:

Grid for Claimant Email input

Unique ID From Notice you received:

Grid for Unique ID input

CONSUMER CLASS CLAIM FORM

ATTESTATION

I affirm under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge, and any documents I submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Signature

Date: - -
MM DD YYYY

Print Name