

FedEx Office Class Action Settlement Administrator
P.O. Box 505031
Louisville, KY 40233-5031



FXC

*Cohen, et al. v.
FedEx Office and Print Services, Inc.*

SUPERIOR COURT OF THE
STATE OF CALIFORNIA,
COUNTY OF SAN BERNARDINO

Case No. CIVDS1818604

Must Be Postmarked No Later Than March 8, 2019

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

To receive a \$25.00 Stored Value Card, **you must submit this completed Claim Form, along with an original or a photocopy of your electronically printed receipt, no later than March 8, 2019.**

To receive a \$10.00 Stored Value Card, **you must submit this completed Claim Form no later than March 8, 2019.**

You may submit your Claim Form online at www.fedexofficesettlement.com by **March 8, 2019**. Or, you may submit your Claim Form by mailing it to FedEx Office Class Action Settlement Administrator, P.O. Box 505031 Louisville, KY 40233-5031, **postmarked no later than March 8, 2019.**

To receive a \$25.00 or \$10.00 Stored Value Card, you must be a Class Member. You are a Class Member if between January 2017 and August 2017, you made a credit or debit card purchase at a FedEx Office Self-Service Express Pay kiosk, and you received an electronically printed receipt displaying the first two and last four digits of your credit or debit card number. Further, the debit or credit card used must have been issued to an individual, as opposed to a business, and used for a non-business purpose.

I. Your Information (please clearly print or type your information in the spaces below)

— —

Telephone Number

Email Address (Optional)

FedEx Office Location

/ /

Approximate Date Purchase Occurred



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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II. Receipt

In order to receive a \$25.00 Stored Value Card, you must attach an original or a photocopy of your FedEx Office printed receipt that is dated between January 2017 and August 2017 and which displays the first 2 digits and the last 4 digits of your credit card or debit card number.

No receipt is required to receive a \$10.00 Stored Value Card, but you must submit this completed Claim Form.

You may make only one claim and submit only one Claim Form regardless of whether you have one or more than one receipt, and regardless of whether you have made one or more than one credit or debit card payment at a FedEx Office Self-Service Express Pay kiosk. Accordingly, if you have one or more receipts, you need to provide only one receipt (or a photocopy of only one receipt) with your Claim Form to receive a \$25.00 Stored Value Card. If you decide to send an original receipt, it is encouraged that you make and keep a photocopy for yourself. We will not be responsible for original documents that are lost in the mail.

III. Verification

By submitting this Claim Form and signing below, I hereby state under penalty of perjury that: (i) I used a consumer credit card when making the payment at a FedEx Office Self-Service Express Pay kiosk; (ii) the payment was made for a non-business purpose; and (iii) I received an electronically printed FedEx Office receipt at the in-store point of sale location between January 2017 and August 2017 for such payment.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Please remember, the completed Claim Form, and any original or photocopy of your receipt if you are submitting one, must be submitted (or postmarked, if mailed) by no later than March 8, 2019.

Questions? Call 1-866-447-6217 or visit www.fedexofficesettlement.com

