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MUST BE FILED ONLINE
OR
POSTMARKED
NO LATER THAN
December 10, 2019

Settlement Claim Form
Rodriguez, et al. v. It's Just Lunch, et al.,
Southern District of New York,
No. 07-CV-9227 (SN)

For Office Use Only

To receive any Benefit to which you are entitled, this form must be completed and mailed back postmarked no later than **December 10, 2019** to: **Rodriguez, et al. v. It's Just Lunch, et al., c/o Claims Administrator, P.O. Box 58850, Philadelphia, PA 19102-8850.**

Please provide all of the contact information listed below. Claim Forms without complete contact information will be ineligible for payment.

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** ____ **ZIP:** _____

Country: _____ **Date of Birth:** ____ / ____ / ____
Month / Day / Year

Email: _____ @ _____ . _____

Payment Option (choose one): Cash Payment _____ Voucher _____

If you received notice of the Settlement by email or mail, please provide the Class Member ID number from that notice: 3 1 0 9 4 _____

By submitting a Claim Form and seeking the Benefits of the Settlement, you certify that you believe all of the following statements to be true:

1. I am or was a member of It's Just Lunch or one of its affiliated franchises;
2. I did not receive a full refund of the cost of my membership from any source; and
3. I did not sign any releases of any claims in favor of IJL and/or a franchisee.

I swear (or affirm) that the above statements are true and correct to the best of my knowledge under penalty of perjury.

Signature: _____ Dated: ____ / ____ / ____