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CLAIM FORM – America’s Health Resource Center, Ltd., et al. v. PromoLogics, Inc., et al.

Fax Number: <populated by administrator>

You Must Complete All **THREE** Steps to Claim a Share of the Settlement Fund:

1. You Must Provide Your Contact Information.

Name: _____

Company: _____

Address: _____

City: _____ State ____ Zip Code: _____

Telephone Number: (____) _____ - _____

Email Address: _____@_____

Fax Numbers (list all numbers): (____) _____ - _____,

(____) _____ - _____, (____) _____ - _____

(____) _____ - _____, (____) _____ - _____

2. You must Verify Ownership or Use of the Fax Number(s) Identified Above and Lack of Consent to Receive the Subject Faxes.

“Between September 27, 2012 and September 27, 2016, either:

- (1) the fax number(s) listed above was/were mine or my company’s; or
- (2) I or my company used the fax number(s) listed above;

and

(3) To the best of my knowledge, neither I nor my company consented to receive facsimiles from Janssen Pharmaceuticals, Inc., or PromoLogics, Inc. (which may have identified itself using the Health-Scripts brand), on a telephonic fax machine at the fax number(s) listed above.”

Verified as true under penalty of perjury:

(Sign your name here)

3. You must return this Claim Form by January 25, 2021:

(a) Fax this Claim Form to: (215) 240-6346

OR

(b) Mail this Claim Form to:

AHRC v PromoLogics Settlement
c/o Settlement Administrator
P.O. Box 40
Warminster PA 18974-0040

OR

(b) Submit this Claim Form electronically at: www.PLFax.com