Cubamax Travel, Inc., Settlement CLAIM FORM

Case No. 18-cv-23240-CMA

Return this Claim Form to: Settlement Administrator, P.O. Box 4259, Portland, OR 97208-4259. Questions, visit **www.CubamaxTCPASettlement.com** or call **1-877-698-3790**.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY JULY 5, 2019, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION

First Name **MI** **Last Name**

Current Address

City **State** **ZIP Code**

Telephone Number on the Date you Received a Text Message

– –

Email address

Current Phone Number

– – **or** ☐ check if same as above

(Please provide a phone number where you can be reached if further information is required.)

Unique ID

Class Member Verification

By submitting this claim form, I declare under penalty of perjury that I am a member of the Class (defined as "All individuals within the United States (i) who were sent a text message (ii) on his or her cellular telephone (iii) using the Nexmo platform (iv) by or on behalf of Cubamax Travel, Inc. (v) promoting one of Cubamax Travel, Inc.'s specials, promotions, and/or locations (vi) from August 8, 2014, through January 3, 2019") and that the information provided herein is true and correct.

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Additional information regarding the Settlement can be found at visit www.CubamaxTCPASettlement.com

I declare under penalty of perjury that the foregoing is true and correct.

Signature: Date: – – MM DD YYYY

Print Name:

If you have questions, you may call the Settlement Administrator at 1-877-698-3790.