

Retina-Keeler TCPA Administrator
P.O. Box 43501
Providence, RI 02940-3501



KRE

RETINA ASSOCIATES MEDICAL GROUP, INC. V. KEELER INSTRUMENTS, INC.

UNITED STATES DISTRICT
COURT FOR CENTRAL
DISTRICT OF CALIFORNIA
Case No. 8:18-cv-01358-CJC-DFM

Must Be Postmarked No Later Than December 10, 2019

Claim Form

Return the Claim Form to: Retina-Keeler TCPA Administrator, P.O. Box 43501, Providence, RI 02940-3501

CLAIMANT INFORMATION

First Name M.I. Last Name

Primary Address

Primary Address Continued

City State Zip Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

Phone Number Fax Number

Number of unsolicited telephone facsimile messages

Fax Number at which you claim to have received advertisements from Keeler (if different)

Email

Certification Under 28 U.S.C. § 1746, I declare under penalty of perjury that: By submitting this Claim Form, I certify that the information I have provided herein is true and correct to the best of my personal knowledge and belief. I also certify that I received one or more unsolicited telephone facsimile messages of material advertising the commercial availability or quality of any property, goods, or services by or on behalf of Keeler Instruments, Inc., on or after August 3, 2014. I further certify that I had not consented to receive fax advertisements from Keeler when I received the facsimiles. I understand under the Settlement Agreement I am forever releasing and waiving any right to seek compensation or make any claim regarding unsolicited facsimile advertisements sent to me by or on behalf of Keeler Instruments, Inc.

Signature: Dated (mm/dd/yyyy):



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
----------------------------	-------------------------	-------------------------	--	---