Ryoo Dental v. OCO Biomedical Settlement Administrator
PO Box 404041
Louisville, KY 40233-4041

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RYOO DENTAL, INC. and RICHARD MARCUS v. OCO BIOMEDICAL, INC.

Must Be Postmarked No Later Than March 30, 2018

SETTLEMENT CLAIM FORM

YOUR INFORMATION

First Name | M.I. | Last Name

Business Name (if any)

Primary Address

Primary Address Continued

City | State | Zip Code

Telephone Number — — | Fax Number — —

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 telephone facsimile messages of material advertising the commercial availability or quality of any property, goods, or services by or on behalf of OCO Biomedical, Inc. on or after March 18, 2012. I understand under the Settlement Agreement I am forever releasing and waiving any right to seek compensation or make any claim regarding facsimile advertisements sent to me by or on behalf of OCO Biomedical, Inc.

Signature: _____ Dated: _____

Return the Claim Form to:

Ryoo Dental v. OCO Biomedical Settlement Administrator
PO Box 404041
Louisville, KY 40233-4041

Your mailed claim form must be postmarked on or before March 30, 2018.

YOUR CLAIM FORM WILL NOT BE RETURNED TO YOU. PLEASE RETAIN A COPY FOR YOUR RECORDS. ACCURATE PROCESSING OF CLAIMS MAY TAKE A SIGNIFICANT AMOUNT OF TIME. THANK YOU IN ADVANCE FOR YOUR PATIENCE.

FOR CLAIMS PROCESSING ONLY	OB	CB	DOC / LC / REV	RED / A / B