

Miller v. Wise Company Inc.
Settlement Administrator
c/o KCC Class Action Services
P.O. Box 404000
Louisville, KY 40233-4000



WMR

Miller v. Wise Company Inc.
U.S. DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA
Case No. 5:17-cv-00616-JAK-PLA

**Must Be Postmarked
No Later Than
May 28, 2019**

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

You must complete and submit this Claim Form to obtain a cash award from the settlement of the class action referenced above. YOU MUST SUBMIT YOUR CLAIM FORM by May 28, 2019.

You can either (1) fill in and then submit the form electronically, (2) download, print and mail the completed form, or (3) fill in and mail this paper form to the address below. If you do not have access to the Internet, please call the Settlement Administrator at 1-866-447-1736 to obtain the form and your purchase information.

Miller v. Wise Company Inc.
Settlement Administrator
c/o KCC Class Action Services
P.O. Box 404000
Louisville, KY 40233-4000

REQUIRED INFORMATION

A. CONTACT INFORMATION

<input type="text"/>

Email Address

(IMPORTANT: If you move or your contact information changes before you receive your payment, please send you updated information to the Settlement Administrator at the address set forth above.)

B. CERTIFICATION OF PURCHASE

To obtain a cash award, you must certify that you purchased one or more Eligible Products during the period February 15, 2013 through December 31, 2017 and submit a claim. You are required to submit a Claim Form regardless of how you purchased the product(s). Either or both of the following may apply to you.



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

