AF9 Claims Administrator P.O. Box 301172 Los Angeles, CA 90030-1172

«City», «St» «Zip»

«Country»





VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED QR CODE

FAULKNER, ET AL. V. ACELLA PHARMACEUTICALS, LLC

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA

Case No. 2:22-CV-092-RWS

Must Be Postmarked No Later Than April 22, 2024

Claim ID: <<ClaimID>>

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«Barcode» Postal Service: Please do not mark barcode Claim#: AF9-«ClaimID» - «MailRec» «First1» «Last1» «CO» «Addr1» «Addr2»

FAULKNER, ET AL. V. ACELLA PHARMACEUTICALS, LLC - OPT-OUT FORM

If you don't want a payment from the Settlement, and you want to keep the right to sue or continue to sue Acella on your own about the legal and factual issues and claims resolved by the Settlement, please complete and mail this Opt-Out Form, postmarked on or before April 22, 2024, to the following address:

> AF9 Claims Administrator Opt-Out Request P.O. Box 301172 Los Angeles, CA 90030-1172

Please fill in the following personal information. Please note, your personal information will not be used for purposes other than administering the settlement.

First Name		Last Name						
Primary Address								
City				State	Z	ZIP Code		
Email Address								
			_	-	_			
Area Code Telephone Number (Home)		Area Code	Telep	hone Num	nber (Wo	ork)		
or		_						
Social Security Number	Тахр	payer Identific	ation Num	ber				
Please attach a copy of your driver's license, other gover documentation establishing authority to act, such as estate lett				if application	able to	an incom	petent p	person,
Your request to exclude yourself (opt out) is not effective un Settlement becomes Final.	less and u	until the Cou	rt grants F	inal Appro	oval and	the order	approvi	ing the
I wish to exclude myself from the Settlement Class in Faulkne	er, et al. v	. Acella Phar	maceutica	ıls, LLC, N	Jo. 2:22-	CV-092-F	RWS.	
Signature:		_ Da	ted (mm/	dd/yyyy):	:			
Print Name:		_						
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