

Miller v. 1237 Fullerton Settlement Administrator
c/o KCC Class Action Services
P.O. Box 43501
Providence, RI 02940-3501

FSM



Miller v. 1237 Fullerton LLC
& The Scion Group LLC

CIRCUIT COURT OF
COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT,
CHANCERY DIVISION

Case No. 18 CH 06545

**All claims must be submitted
online or postmarked by
May 11, 2020**

Class Member Claim Form

To receive \$100.00, please fill out this form and promptly email, mail, or deliver it back to **Miller v. 1237 Fullerton Settlement Administrator, c/o KCC Class Action Services, P.O. Box 43501, Providence, RI 02940-3501**. You may email this form directly to KCC at admin@1237FullertonSettlement.com. If you have any questions about this, please email Class Counsel at mark@depositlaw.com or akrolik@securitydepositlaw.com. Please do not email your Claim Forms to Class Counsel, but only to KCC.

Please write the Case Name "MILLER" on the envelope if mailing.

Class Claimant:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Name (First) (M.I.) (Last)

<input type="text"/>

Your Current Address

<input type="text"/>

Your Current Address (continued)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Your Current Telephone Number Former Unit Number at 1237 Fullerton

<input type="text"/>

Your Current E-mail

By signing and submitting this Claim Form, the class member(s), claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the respective Settlements and the terms of the Settlement;
2. that the claimant(s) is a (are) member(s) of the Settlement Class, as defined in the Notice, and is (are) not excluded by definition from such Settlement Class as set forth in the Notice;
3. that the claimant has **not** submitted request(s) for exclusion from the Settlement Class(es) in which he, she or it would otherwise be a member;
4. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date of Signature (mm/dd/yyyy): _____

Print Name: _____



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
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