

Pivotal Payments Settlement
Claims Administrator
P.O. Box 3207
Portland, OR 97208-3207

Abante Rooter and Plumbing, Inc. et al. v. Pivotal Payments, Inc., Case No. 3:16-cv-05486-JCS

CLAIM FORM

To receive benefits from this Settlement, your Claim Form *must* be electronically submitted or postmarked on or before June 29, 2018.

You may submit your completed and signed Claim Form online at www.PivotalTCPA.com or by mail to the following address:

**Pivotal Payments Settlement Claims Administrator
P.O. Box 3207
Portland, OR 97208-3207**

You must complete all sections and sign below in order to receive any benefits from this Settlement.

You should only submit a Claim Form if you are a member of the following Class:

All individuals, entities and persons to whom: (a) EPLJ or Gordon Rose made one or more non-emergency telephone calls; (b) allegedly on Pivotal's behalf; (c) promoting credit card processing services, other services, or goods of any kind; (d) to their cellular telephone number; (e) through the use of an automatic telephone dialing system or an artificial or prerecorded voice; and (f) at any time in the period from April 15, 2016 up through and including September 2, 2016.

By submitting a claim, you are attesting that you received one or more calls to your cellular telephone number from EPLJ or Gordon Rose allegedly acting on Pivotal's behalf, but did not consent to receive such calls.

First Name MI Last Name

Business Name (if applicable)

Street Address

City State ZIP ZIP4 (optional)

Email Address

Contact Phone Number - -

Cell Phone Number(s) at which you received calls from or on behalf of Pivotal - -

Total number of calls received

- -

Total number of calls received

- -

Total number of calls received

- -

Total number of calls received

Class Member ID from the postcard notice (if you did not receive such a notice, leave this blank)

You further agree that you will not object to the Settlement Administrator or the parties to this action contacting you if necessary to verify your claim. You should not submit more than one Claim Form. Submitting more than one Claim Form will not increase your compensation under the Settlement Agreement.

I declare that I am a member of the Class, and I have accurately filled out this form.

Signature:

Date: - -
MM DD YY