

APFM TCPA Settlement Administrator  
P.O. Box 43154  
Providence, RI 02940-3154



**P2P**

*Pine v. A Place for Mom, Inc.*  
UNITED STATES DISTRICT COURT  
WESTERN DISTRICT  
OF WASHINGTON  
Case No. 2:17-cv-01826-TSZ

**Must Be Postmarked No Later Than December 7, 2020**

## Exclusion Form

### CLAIMANT INFORMATION

First Name

M.I.

Last Name

Primary Address

Primary Address Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

### Why would I ask to be excluded?

If you don't want to receive a payment from this Settlement, and you do not want to be bound by the Settlement Agreement in this case, then you must take steps to exclude yourself from the Settlement Class. If you exclude yourself from the Settlement Class—which is sometimes called “opting out” of the Settlement Class—you won't get any money from this Settlement. If you exclude yourself, you will not be legally bound by the Court's judgments in this class action, and you are not agreeing to the terms of the Settlement with A Place for Mom, Inc. If you do not want to be part of this lawsuit against A Place for Mom, Inc., you are of course not obligated to do so, but must ask to be excluded from the Settlement.

I request to be excluded from the Settlement Class. I understand that if I am excluded from the Settlement Class, I will not receive any money from the Settlement. I understand that if I am excluded from the Settlement Class, I will not be bound by any judgment in this case and I am not agreeing to the terms of the Settlement between the parties.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

(You must complete the following information to exclude yourself)

Email Address (where you received notice, if applicable)

Telephone Number

If you want to exclude yourself from the class action lawsuit, you must complete this form and send it postmarked by no later than December 7, 2020 to the following address:

APFM TCPA Settlement Administrator, P.O. Box 43154, Providence, RI 02940-3154



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<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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