

CONTACT INFORMATION

_____ Name	_____ <u>XXX-XX-</u> Last four Digits of Social Security Number
_____ Street Address	
_____ City, State, Zip	
_____ Telephone Number	_____ Alternate Telephone Number
_____ E-mail Address (if applicable)	

Any personal information that you provide to us will only be used to protect your interests and the class members. We will never disclose your personal information to third parties for other reasons.

PLEASE RETURN THIS FORM (BOTH PAGES) TO:

*Sharon Preston
Attn: Executive (Jacob) Case
670 East 3900 South, Suite 101
Salt Lake City, UT 84107*

PLEASE KEEP US INFORMED OF ANY CHANGES TO THE ABOVE INFORMATION. THANK YOU.

Please review www.limoclassaction.com for important information about your case.

If you have any additional questions, feel free to contact the law firm above at

www.limoclassaction.com (website)
jesse@limoclassaction.com (e-mail)
801-269-9541 (Telephone M-F 9AM-5PM MT)
Toll Free: 1-888-699-2432
801-269-9581 (Fax)