



**MOL**

*Lynch et al. v. Motorola Mobility LLC and  
Lenovo (United States) Inc.*

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

Case No. 1:16-cv-04524 (N.D. Ill.).

**Must Be Submitted  
No Later Than  
December 6, 2017**

## Claim Form

### CLAIMANT INFORMATION

|                           |                      |                      |
|---------------------------|----------------------|----------------------|
| <input type="text"/>      | <input type="text"/> | <input type="text"/> |
| First Name                | M.I.                 | Last Name            |
| <input type="text"/>      |                      |                      |
| Primary Address           |                      |                      |
| <input type="text"/>      |                      |                      |
| Primary Address Continued |                      |                      |
| <input type="text"/>      | <input type="text"/> | <input type="text"/> |
| City                      | State                | Zip Code             |

**YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT TO THE CLAIMS ADMINISTRATOR BY DECEMBER 6, 2017.  
IF YOU DO NOT, THEN YOU WILL NOT BE ELIGIBLE FOR ANY MONETARY RELIEF FROM THE SETTLEMENT.**

### PRODUCT PURCHASED & AWARD ELIGIBILITY

Motorola's records do not include any evidence indicating that you are entitled to monetary relief. If you owned a device during the relevant timeframe covered under this Settlement and believe you are entitled to relief, you should fill out the information listed below and submit a claim. To be eligible for monetary compensation, Motorola must not have already resolved the issues giving rise to your claim. For more information on the relief awards covered by this Settlement, please see the Notice which is available at [www.motorolawarrantyclassaction.com](http://www.motorolawarrantyclassaction.com).

Device Type(s):     Motorola Cell Phone     Motorola Smart Watch     Both

Date(s) of Purchase (mm/dd/yyyy)

/  /

Device Serial Number(s)

If you believe that you are entitled to monetary relief under this Settlement, please include a detailed description of your alleged claim and provide reasonable documentation supporting such claim.

### CERTIFICATION

I certify under penalty of perjury that the information provided on this Claim Form is true and correct. I understand that I am subject to punishment if any information is deliberately false. By signing below, I accept the terms of the Settlement Agreement and Release as described in the Notice.

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

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

Email Address

-  -

Primary Phone Number



|                                  |                         |                         |  |   |
|----------------------------------|-------------------------|-------------------------|--|---|
| FOR CLAIMS<br>PROCESSING<br>ONLY | OB <input type="text"/> | CB <input type="text"/> | <input type="radio"/> DOC<br><input type="radio"/> LC<br><input type="radio"/> REV | <input type="radio"/> RED<br><input type="radio"/> A<br><input type="radio"/> B |
|----------------------------------|-------------------------|-------------------------|--|---|