Motorola Claims Administrator P.O. Box 404000 Louisville, KY 40233-4000





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

First Name M.I. Last Name Primary Address Primary Address Primary Address Continued State Zip Code YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT TO THE CLAIMS ADMINISTRATOR BY DECEMBER IF YOU DO NOT, THEN YOU WILL NOT BE ELIGBLE FOR ANY MONETARY RELIEF FROM THE SETTLEME PRODUCT PURCHASED & AWARD ELIGBILITY Motorola's records do not include any evidence indicating that you are entitled to monetary relief. If you owned a device during the imerframe covered under this Settlement and believe you are entitled to relief, you should fill out the information listed below and submit to be eligible for monetary compensation, Motorola must not have already resolved the issues giving rise to your claim. For more in on the relief awards covered by this Settlement, please see the Notice which is available at www.motorolawarrantyclassaction.com. Device Type(s): Motorola Cell Phone Motorola Smart Watch Both Device Serial Number(s) Power Serial Number(s) Fyou believe that you are entitled to monetary relief under this Settlement, please include a detailed description of your alleged claim are easonable documentation supporting such claim. ERRIFICATION certify under penalty of perjury that the information provided on this Claim Form is true and correct. I understand that I am subject to prefany information is deliberately false. By signing below, I accept the terms of the Settlement Agreement and Release as described in the Signature: Date (mm/dd/yyyy): Date (mm/dd/yyyy):		LAIM	ANT	INF	OR	MAT	ON	_	_								1													
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