Pope, et al., v. Cura Partners, Inc., Case No. 20CV05932
State of Oregon, Multnomah County Circuit Court

CLAIM FORM

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM.

YOUR CLAIM FORM MUST BE SUBMITTED BY APRIL 29, 2022. PLEASE SEND YOUR CLAIM FORM BY U.S. MAIL, PERSONAL DELIVERY, OR EMAIL TO THE SETTLEMENT ADMINISTRATOR:

POPE, ET AL. V. CURA PARTNERS, INC.
C/O CPT GROUP, INC.
50 CORPORATE PARK
IRVINE, CA 92606
EMAIL: OREGONCLASSACTIONSETTLEMENT@CPTGROUP.COM

IF YOU RETURN THE CLAIM FORM VIA U.S. MAIL OR A DELIVERY SERVICE, IT IS HIGHLY RECOMMENDED THAT YOU USE A METHOD BY WHICH YOU CAN PROVE THE CLAIM FORM WAS DELIVERED TO THE SETTLEMENT ADMINISTRATOR. THE PARTIES, COUNSEL FOR THE PARTIES, AND THE SETTLEMENT ADMINISTRATOR ARE NOT RESPONSIBLE FOR LOST OR UNDELIVERED MAIL.

1. CLAIMANT INFORMATION:

_____ _____ _____
FIRST NAME MIDDLE NAME LAST NAME

_____
ADDRESS 1

_____
ADDRESS 2

_____ _____ _____ - _____
CITY STATE ZIP (optional)

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

2. PAYMENT OPTIONS *(please make one selection):*

- Electronic Payment
  - ☐ Paypal
  - ☐ Venmo
  - ☐ Direct Deposit/ACH
- ☐ Please confirm the email address listed above is the correct address to receive notification of your payment or provide the correct email address for payment here: _____.

- Paper Check – *By selecting this option you acknowledge that payment may take longer to receive than electronic payment.*
  - ☐ I agree to receive my payment in the form of a paper check by mail. I confirm that the address listed above is the address to which my paper check should be mailed.

3. CERTIFICATION:

☐ I hereby affirm, under penalty of perjury, that I am over the age of 21, that I purchased one or more units of the allegedly mislabeled Select brand oil products during the period between August 15, 2018 and November 22, 2019, and that I was a resident of Oregon when I made this purchase(s). The information I have provided in this Claim Form is true and correct to the best of my knowledge and this is the only Cura Settlement Claim Form that I have submitted. I further understand, acknowledge, and agree that I am eligible to receive only ONE payment from this Settlement based on all my purchases from Cura. I further understand, acknowledge, and agree that the amount I will receive shall be calculated according to the terms of the Settlement Agreement and subject to the terms of the Settlement Agreement, including the release of claims.

Signature: _____ Date: _____