

**YOUR CLAIM
FORM MUST BE
POSTMARKED BY
FEBRUARY 11, 2017.**

**LOS ANGELES SUPERIOR COURT
THUNDER STUDIOS, INC., et al. v.
BOBCO METALS, LLC
Case No. BC528359
PROOF OF CLAIM FORM**

BCO

CONTACT INFORMATION

<input type="text"/>		<input type="text"/>		
First Name*		Last Name*		
<input type="text"/>				
Name of Company				
<input type="text"/>				
Mailing Address*				
<input type="text"/>		<input type="text"/>	<input type="text"/>	
City*		State*	Zip Code*	
<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fax Number*		Contact Number*		
<small>(Fax Number where the fax was received, this will be used to verify your claim. If the fax number entered does not match the list, your claim may be denied)</small>				

To participate in the class action settlement of the above-mentioned case and to complete this Claim Form, please affirm that the statement below is true by affixing your signature to the this Claim Form hereunder. If the statement directly below is not true, you are not entitled to a settlement payment of \$35.00 and should not submit a Claim Form.

I declare, under penalty of perjury, that the following statement is true:

I am or was the subscriber – i.e., the billing party on record with the telephone company – of the facsimile telephone number above and received an advertisement at that number between November 21, 2009 and November 21, 2013 via facsimile from Bobco Metals, LLC.

PLEASE NOTE: IN ORDER TO BE ELIGIBLE TO RECEIVE PAYMENT, YOU MUST COMPLETE AND SUBMIT A PROOF OF CLAIM FORM, NO LATER THAN FEBRUARY 11, 2017, TO:

**BOBCO METALS FAX ADMINISTRATOR
1801 Market St., Ste. 660
Philadelphia, PA 19103**

For more information, please visit the settlement website at www.bobcofaxsettlement.com or contact the Claims Administrator at 888-868-4936 or BOBCOFAX@AdministratorClassAction.com or write to Class Counsel at Nima Nami, Nami Law Firm, 20434 S. Santa Fe Avenue, Long Beach, CA 90810.

By submitting this claim form, I affirm, under penalty of perjury, that the above representations and statements are true and correct, and I affirmatively want to receive the sum of up to \$35.00.

Printed Name:	First	Last	Title/Capacity (If Applicable)	Date
<hr/>				
Signature				