

Wolf v. Hewlett-Packard Company
Claims Administrator
P.O. Box 404017
Louisville, KY 40233-4017



HKT

ANNE WOLF, ET AL. V.
HEWLETT PACKARD COMPANY
UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

**Must Be Postmarked
No Later Than
June 21, 2018**

Case No. 5:15-cv-01221-TJH-GJS

**EXCLUSION
OPT OUT 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Any Settlement Class Member that does not wish to participate in the settlement may exclude themselves (i.e., "opt out") by completing and signing this Request for Exclusion Form and mailing it by **June 21, 2018** to the following address:

Wolf v. Hewlett-Packard Company
Claims Administrator
P.O. Box 404017
Louisville, KY 40233-4017

Any Settlement Class Member who mails, by this deadline, a complete and signed Request for Exclusion Form shall no longer be a member of the settlement class, shall be barred from participating in any portion of the settlement, and shall receive no benefits from the settlement. Any such person, at their own expense, may pursue any claims he/she may have against the defendant. **ONLY SUBMIT THIS FORM IF YOU WANT TO OPT OUT OF THE SETTLEMENT.**

DO NOT SUBMIT BOTH THE CLAIM FORM AND REQUEST FOR EXCLUSION FORM. IF YOU SUBMIT BOTH, YOUR CLAIM FORM WILL BE INVALID AND YOU WILL NOT RECEIVE ANY BENEFIT.

I declare as follows:

I purchased or received one or more HP LaserJet P1102 printer in Texas or California, or an HP LaserJet Pro 200 Color MFP printer in California, between April 2014 until present, I wish to be excluded from the settlement class. I do *not* want to participate in the proposed settlement.

Signature: _____

Dated: _____

Print Name: _____

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Area code		Telephone number (home)		

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Area code		Telephone number (work)		



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