

Etzkorn v 3 Day Blinds LLC Settlement Administrator
c/o KCC Class Action Services
P.O. Box 404080
Louisville, KY 40233-4080



3DE

**Must Be Postmarked
No Later Than
October 9, 2018**

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

You do not need to provide proof of your transaction at this time, but the Settlement Administrator has the right to review any Claim Form, and proof may be required at a later time.

Mail your completed Claim Form to: *Etzkorn v 3 Day Blinds LLC Settlement Administrator*, c/o KCC Class Action Services, P.O. Box 404080 Louisville, KY 40233-4080. You may also submit your Claim Form online at www.3dbtcpsettlement.com.

<input type="text"/>

Email Address

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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Cellular Phone Number That Received The Text Message(s)

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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Telephone Number Where You May be Reached

Certification. I declare under penalty of perjury that I was the primary user of the cellular phone number that received the text message and that I received a text message from, on behalf of, or promoting 3 Day Blinds, or its merchandise, at any time beginning on and including October 27, 2013 through July 13, 2018.

I certify that the foregoing information is true and correct to the best of my information, knowledge and belief; that I am not requesting to be excluded from the Settlement Class; and that I have not submitted any other claim for the same cellular phone number nor authorized any other person or entity to do so.

Signature: _____

Dated: _____

Print Name: _____



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