

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



HKT

«Barcode»

Postal Service: Please do not mark barcode

Claim#: HKT-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

ANNE WOLF, ET AL. V. HEWLETT
PACKARD COMPANY

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

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

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

Claim Form

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address																							
Primary Address Continued																							
City												State		Zip Code									
Foreign Province						Foreign Postal Code						Foreign Country Name/Abbreviation											

IN ORDER TO BE ELIGIBLE TO RECEIVE A BENEFIT FROM THE CLASS ACTION SETTLEMENT OF THE LAWSUIT IDENTIFIED ABOVE, YOU MUST COMPLETE IN FULL, SIGN, DATE, AND MAIL THIS CLAIM FORM ON OR BEFORE JULY 21, 2018.

INCOMPLETE AND/OR UNTIMELY CLAIM FORMS WILL BE REJECTED.

I. INSTRUCTIONS

1. Please complete this form only if you wish to participate in the settlement. Do not complete this form if you wish to exclude yourself (“opt-out”) from the settlement.
2. You are eligible to participate in this settlement and receive a monetary recovery of \$20.00 per Qualifying Printer, if you purchased an HP LaserJet P1102 printer in Texas or California, or an HP LaserJet Pro 200 Color MFP printer in California, between April 2014 until present, and the printer was advertised to include the HP Smart Install feature, but was in fact subject to HP’s disablement of the Smart Install Feature (“Qualifying Printer”).
3. To be valid, your completed Claim Form must be postmarked on or before July 21, 2018 or it will be rejected. Your Claim Form must be filled out completely and signed, or it will be rejected. Claims Forms may also be submitted online at www.wolfmartinstallclassaction.com.
4. If you move, please send the Claims Administrator your new address. It is your responsibility to keep a current address on file with the Claims Administrator.
5. For additional details and information, please read the Notice of Class Action Settlement, available at www.wolfmartinstallclassaction.com.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<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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II. CERTIFICATIONS

IN ORDER TO QUALIFY FOR POSSIBLE PAYMENT, YOU MUST CERTIFY THE FOLLOWING:

- (a) I purchased a Qualifying Printer in Texas or California between April 2014 and the present.
- (b) The number of Qualifying Printers I purchased is
- (c) I understand that I am releasing all Released Claims against HP and the other Released Parties as set forth in Section 16 of the Settlement Agreement (available at www.wolfmartinstallclassaction.com).

III. SIGN AND SUBMIT THE CLAIM FORM.

I have received notice of the Settlement, and I submit this Claim Form under the terms of the Settlement. I also submit to the jurisdiction of the United States District Court for the Central District of California with regard to my claim and for purposes of enforcing the release of claims in the Settlement Agreement. I further acknowledge that I am bound by the terms of any Court judgment that may be entered in this Action and may not bring or continue pursuing any of the Released Claims against HP and/or the other Released Parties in a separate action. I agree to furnish additional information to support this claim if required to do so.

I hereby certify that the foregoing certifications and all other information I have provided in support of my claim are true and correct.

Signature: _____

Dated: _____

— —

Home Telephone Number

* * * *

PLEASE SEND THIS CLAIM FORM TO:

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Claims Administrator
P.O. BOX 404017
Louisville, KY 40233-4017

