

Radha Geismann, M.D., P.C. v. Rexall
c/o KCC Class Action Services
P.O. Box 404118
Louisville, KY 40233-4118



RXL

*Radha Geismann, M.D., P.C. &
John H. Lary Jr., M.D. v. Rexall, Inc. et al.*

IN THE CIRCUIT COURT OF
THE CITY OF ST. LOUIS
STATE OF MISSOURI

Case No. 1822-CC11147

Must Be Postmarked No Later Than June 24, 2019

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 Must Complete All **THREE** Steps to Claim a Share of the Settlement Fund.

1. You Must Provide Your Contact Information.

RXL- -
Claim ID

- - - -
Fax Number(s) [List all fax numbers you or your company subscribed to on or about March 5, 2013. You may attach a separate sheet.]

- -
Contact Telephone Number

Email Address

2. You Must Verify Ownership of the Fax Number(s) Listed in #1 above.

a. "The fax number(s) identified above or attached to this Claim Form was/were mine or my company's on or about March 5, 2013."

Signature: _____



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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b. "The fax number(s) identified in No. 1 above or attached to this Claim Form was not/were not mine or my company's on or about March 5, 2013." Explain when you obtained the fax number(s) identified in No. 1 above or attached to this Claim Form.

Signature: _____

3. **You Must Return this Claim Form by June 24, 2019:**

a. Fax this Claim Form to: 1-866-298-4547 fax-ready

OR

b. Mail this Claim Form to: Radha Geismann, M.D., P.C. v. Rexall
c/o KCC Class Action Services
P.O. Box 404118
Louisville, KY 40233-4118

CERTIFICATION:

By submitting this Claim Form, I certify that the foregoing information supplied by the undersigned is true, correct and accurate.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

