

PROOF OF CLAIM FORM

A settlement was reached in the case of *Altareek Grice v. Pepsi Beverages Company*, United States District Court, Southern District of New York, Case No. 1:17-cv-08853. You are a class member and are entitled to receive a portion of the settlement. YOUR ESTIMATED SHARE OF THE SETTLEMENT IS \$30.73, if all Settlement Class members timely submit valid claim forms. Your actual share may be larger depending on the number of claim forms submitted.

In re: *Grice v. Grayhawk Leasing, LLC, New Bern Transport Co., and/or Bottling Group, LLC (individually and collectively, "Pepsi Beverages Company" or "PBC")*

Notice ID:

Case No. 1:17-cv-08853

PIN:

Instructions to Receive Payment – Read and Follow all Instructions:

1. Make sure the address listed below is the correct address--where you want your check mailed. Make any changes to your address in the space provided to the mailing address below. It is very important we confirm your correct mailing address, to ensure Class Members receive their respective settlement payment check.
2. This Claim Form must be signed and dated to receive payment.
3. Return this Claim Form, postmarked no later than **September 4, 2018**, or otherwise deliver it to the Settlement Administrator by **September 4, 2018** at **Beverages FCRA Settlement, PO Box 23648, Jacksonville, FL 32241-3648**.
4. You may also submit a claim online at www.beveragesfcra.com on or before **September 4, 2018**.
5. If your completed Claim Form is lost in the mail or for any reason is not received at the above address, your Claim will be not considered for payment unless you have a U.S. Mail return receipt showing that the Claim Form was received at the above address or equivalent proof of timely delivery.
6. Any Claim Form (1) not postmarked by **September 4, 2018**; (2) not signed by you under penalty of perjury; and/or (3) that does not otherwise comply with the claims process is not considered a valid Claim Form. Any Claim Form that is not considered timely and valid will not be paid but you will still be bound by the Release set forth in the Joint Stipulation.
7. You may contact the Settlement Administrator to inquire how your estimated share of the settlement amount was calculated.

PLEASE PRINT CLEARLY

SECTION 1 – CORRECT Your Personal Information

Downloaded Claim Form

CORRECTED FIRST NAME



CORRECTED LAST NAME



CORRECTED MAILING ADDRESS



CITY

STATE

ZIP



COUNTRY (If other than U.S.)



SECTION 2 – OPTIONAL Contact Information

DAYTIME TELEPHONE

EVENING TELEPHONE

EMAIL

SECTION 3 – REQUIRED Signature

I wish to participate in the Settlement Benefits.

SIGNATURE

DATE (MM/DD/YYYY) **2018**

By signing this form, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. You must sign and date this Claim Form and return it to the Claims Administrator, postmarked by **September 4, 2018** to receive payment.

Administrator Use Only - Do not write below this line

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