

**Edgar Fierro v. Can't Live Without It, LLC d/b/a S'Well Bottle, et al.**  
**SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
**FOR THE COUNTY OF SAN JOAQUIN**  
**CASE NO. STK-CV-UMC-2018-0012053**

**CLAIM FORM**

**IN ORDER TO BE ELIGIBLE TO RECEIVE MONEY FROM THE CLASS ACTION SETTLEMENT OF THE LAWSUIT IDENTIFIED ABOVE, YOU MUST COMPLETE IN FULL, SIGN, DATE, AND MAIL OR SUBMIT ONLINE THIS CLAIM FORM ON OR BEFORE FEBRUARY 16, 2019, ADDRESSED AS FOLLOWS:**

<b>S'WELL BOTTLE CLASS ACTION SETTLEMENT</b> c/o ILYM Group, Inc. P.O. Box 2031 Tustin, CA 92780 Phone: (888) 250- 6810
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**INCOMPLETE AND/OR UNTIMELY CLAIM FORMS WILL BE REJECTED!**

**I. INSTRUCTIONS:**

1. To be eligible to participate in this settlement and receive a monetary recovery, you must have, while residing or located in California, placed a phone call to Can't Live Without It, LLC's ("S'well") toll-free telephone numbers at some time between March 16, 2017 and February 13, 2018 and spoke with a representative without having been first informed or without having first consented to recordation of such call.
2. Your completed Claim Form must be postmarked or submitted online on or before February 16, 2019 or it will be rejected. Your Claim Form must be filled out completely and signed, or it will be rejected. If you move, please send the Settlement Administrator your new address. It is your responsibility to keep a current address on file with the Settlement Administrator.
3. For additional details and information, please read the Notice of Class Action Settlement ("Notice") and visit the settlement website at [www.CaliforniaSwellCallRecording.com](http://www.CaliforniaSwellCallRecording.com).

**II. PERSONAL INFORMATION**

Please legibly print the following information using black or blue ink (not pencil or red or green ink):

Name (first, middle and last): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Telephone Number from which you called S'well: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Social Security Number (which will be used for tax reporting purposes only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IV. RELEASE OF CLAIMS**

I have received the Notice. I submit this Claim Form under the terms of the Settlement Agreement, including the release of claims which are described in the Notice. I also submit to the jurisdiction of the Superior Court of the State of California for the County of San Joaquin with respect to my claim as a Class Member and for purposes of enforcing the release of claims provided by the Settlement Agreement. I attest that I am a member of the Settlement Class as defined in the Notice.

I declare under penalty of perjury under the laws of the State of California that everything I have written on this Claim Form is true and correct, and that it was signed on the date set forth below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print name)