

# In re: Dial Complete Marketing and Sales Litigation

United States District Court  
for District of New Hampshire  
MDL Docket No.: 11-md-2263-SM

You must accurately complete all required portions of this Claim Form and submit the Claim Form under penalty of perjury.

**YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN APRIL 12, 2019.**

## PERSONAL INFORMATION

Provide your name and contact information below.

This information will be used to deliver your Settlement Benefit and communicate with you if any problems arise with your claim. It is your responsibility to notify the Settlement Notice & Claims Administrator of any changes to your contact information after the submission of your Claim Form.

|                               |                                   |
|-------------------------------|-----------------------------------|
| First Name*                   | SHIVAM                            |
| Middle Initial                | MIDDLE INITIAL                    |
| Last Name*                    | SATYARTHI                         |
| Residential Street Address 1* | 45 WALL STREET APT 2511           |
| Residential Street Address 2  | RESIDENTIAL STREET ADDRESS LINE 2 |
| City*                         | NEW YORK                          |
| Country*                      | UNITED STATES                     |
| State*                        | NEW YORK                          |
| Zip Code*                     | 10005                             |
| Email Address*                | SHIVAMSATYARTHI@GMAIL.COM         |
| Confirm Email Address*        | SHIVAMSATYARTHI@GMAIL.COM         |
| Telephone Number*             | (443) 799-3472                    |

## CONFIRMATION OF CLASS MEMBERSHIP

|   |   |
|---|---|
| Total number of packages of the Dial Complete Product you purchased in the United States during the Class Period* | 5 |
| (Claims of more than 30 products require submission of actual purchase receipts in support of your Claim.)        |   |