



C3A

*CLIFFORD ARMSTRONG, INDIVIDUALLY AND ON BEHALF OF
ALL OTHERS SIMILARLY SITUATED, V. CODEFIED INC.*

UNITED STATES DISTRICT COURT, EASTERN DISTRICT OF CALIFORNIA

Case No. 2:19-cv-00239(JAM)

**Must Be Postmarked No Later Than
January 20, 2020**

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		

To submit a Claim for a payment from the Settlement Fund, please fill out the Claim Form below and submit it by U.S. mail at the address below. You may also file a Claim Form online at www.HCPTCPAsettlement.com. The deadline to file a Claim Form online is 11:59 p.m. EST on January 20, 2020. If you send in a Claim Form by regular mail, it must be postmarked on or before January 20, 2020.

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Telephone Number that received one or more calls or text messages from/on behalf of Codefied				
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Telephone Number where you can be reached				
<input type="text"/>				
Email Address				



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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*I declare under penalty of perjury that to the best of my knowledge I received one (1) or more telephone calls or text messages concerning Codefied's (d/b/a Housecall Pro's) goods or services sent by or on behalf of Codefied from March 28, 2015 to October 22, 2019.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

***DENOTES INFORMATION YOU MUST PROVIDE TO HAVE A VALID CLAIM**

Questions? Visit www.HCPTCPAsettlement.com or email info@HCPTCPAsettlement.com.

To submit by U.S. Mail send to:

Codefied Settlement Administrator
P.O. Box 43503
Providence, RI 02940-3503

