

Vaccaro v. Delta Drugs II, Inc.
c/o Postlethwaite & Netterville
PO Box 3593
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted On
Or Before 9/22/2022**

Vaccaro v. Delta Drugs II, Inc.

Case No. 20STCV28871

(Superior Court of the State of California for the County of Los Angeles)

IMPORTANT: Your claim *must be postmarked by and mailed to the Claims Administrator at the address listed above* by **September 22, 2022** to be considered timely and valid. You may also submit a claim online at www.DeltaDrugsSettlement.com.

SETTLEMENT CLAIM FORM

By filling out and submitting this form, you are making a claim under the terms of the Settlement Agreement to receive a pro rata portion of the settlement.

CLAIMANT INFORMATION (PLEASE PRINT)									
[] [] [] [] [] [] [] [] [] []									
First Name									
[] [] [] [] [] [] [] [] [] []									
Last Name									
[] [] [] [] [] [] [] [] [] []									
Street Address									
[] [] [] [] [] [] [] [] [] []						[] []	[] [] [] [] [] []		
City						State		Zip Code	
[] [] [] [] [] [] [] [] [] []									
Current Email Address									
[] [] [] [] - [] [] [] [] - [] [] [] []				Select Preferred Payment Option:					
Contact Phone Number				<input type="checkbox"/> Physical Paper Check					
[] [] [] [] - [] [] [] [] [] [] [] [] [] []				<input type="checkbox"/> Digital Payment (Email Address Required Above)					
Settlement Claim ID Number, if available (provided on class notice)				*Prior to disbursement, the email address provided above will be sent an email where you will be able to select from multiple payment options.					
[] [] [] [] - [] [] [] [] - [] [] [] []									
Phone Number that received communication from Delta Drugs II, Inc.									

Certification

I attest under penalty of perjury that the above phone number is or was my phone number during the period January 1, 2020, through and including May 25, 2022, that I participated in a call with Delta Drugs II, Inc. or one of its vendors, or believe that I did, and that I was not informed the call was being recorded.

This Claim Form may be researched or verified by the Settlement Administrator.

Signature: _____

Date: [] [] / [] [] / [] [] [] []

For more information, visit www.DeltaDrugsSettlement.com.
Toll Free Number: 1-833-440-2133
Claim Forms should be mailed to PO Box 3593, Baton Rouge, LA 70821.