

# **OPT-OUT FORM**

*Vaccaro v. Delta Drugs II, Inc.*  
No. 20STCV28871

***This is NOT a Claim Form. It EXCLUDES you from this Settlement.  
DO NOT use this Form if you wish to remain IN this Settlement.***

Name of Class Member: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Postal Code

Phone Number that Received Communication from Delta Drugs II, Inc: \_\_\_\_\_

I understand that by opting out of this Settlement, I will not be eligible to receive any money that may result from the settlement of this lawsuit. I do not wish to receive compensation under the terms of the Settlement or to otherwise participate in the Settlement.

**If you wish to opt out of this Settlement, please check the box below.**

By checking this box, I affirm that I wish to be *excluded* from this Settlement.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Class Member or Legal Representative

**This form must be mailed and postmarked to the Claims Administrator at the address below NO LATER THAN September 22, 2022.**

Vaccaro v. Delta Drugs II, Inc.  
c/o Claims Administrator  
PO Box 3593  
Baton Rouge, LA 70821-5098