

Your claim must be
postmarked by:
OCTOBER 13, 2018

CLAIM FORM
***In re: Lumber Liquidators Chinese-
Manufactured Laminate Flooring Litigation***
In the United States District Court
for the Eastern District of Virginia
Case No. 1:15-md-02627 and Case No.1:16-md-02743

LLA

PART 1: CLAIMANT INFORMATION

Claim Number:

(Your Claim Number is printed on the Postcard Notice you received by Mail or E-mail; if unavailable, leave blank)

Claimant Name: _____
First Name Last Name

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____

Email Address: _____

Settlement Class (Please choose **ONE** of the three options listed below,
as well as the relevant Benefit Selection, if applicable):

- 1) CARB1 (if you purchased Chinese-made laminate flooring from Lumber Liquidators
between January 1, 2009 and December 31, 2010)
- 2) CARB2/DURABILITY (if you purchased Chinese-made laminate flooring from
Lumber Liquidators between January 1, 2011 and May 31, 2015)

Settlement Benefit Selection if my claim is deemed to be eligible:

Voucher for Store Credit **OR** Cash Reimbursement

- 3) CARB1 & CARB2/DURABILITY
(if you purchased Chinese-made laminate flooring from Lumber Liquidators between
January 1, 2009 and December 31, 2010 **and** between January 1, 2011 and May 31, 2015)

Settlement Benefit Selection if my claim is deemed to be eligible:

Voucher for Store Credit **OR** Cash Reimbursement

PLUS CARB1 Benefit

PART 2: SUPPORTING DOCUMENTATION

Supporting Documentation that shows your purchase(s) during the Time Period(s) of which you are claiming you purchased the Class Flooring is required. You must attach documentation (such as a receipt) to evidence your Class Purchase of Chinese-made Laminate Flooring.

PART 3: SIGNATURE

I declare under penalty of perjury that:

(i) I purchased Chinese-made laminate flooring from Lumber Liquidators during the eligible date range as indicated by my selection above, and

(ii) all information I provided in this Claim Form and in the attached Supporting Documentation is true and correct.

Signature: _____ Date: ____ / ____ / ____
M M D D Y Y Y Y

Print Name: _____

If submitting by mail, mail your Claim Form and Supporting Documentation to:

Laminate Settlement
c/o Settlement Administrator
1801 Market Street, Suite 660
Philadelphia, PA 19103

If submitting online, complete the electronic Claim Form available at: www.LaminateSettlement.com.

BE SURE TO SIGN THE CLAIM FORM AND SUBMIT IT WITH YOUR SUPPORTING DOCUMENTATION TO THE SETTLEMENT ADMINISTRATOR POSTMARKED OR SUBMITTED ELECTRONICALLY NO LATER THAN OCTOBER 13, 2018.