

CLAIM FORM

Larry Tran, et al. v. Fastenal Company, et al.
Los Angeles Superior Court Case No. BC717323

I. Your Information

Please clearly print or type your information in the spaces below:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address (Optional): _____

**II. Please provide either: (1) an original or copy of your customer receipt, OR
(2) an original or copy of your credit or debit card statement**

You must provide proof in either one of the following two ways:

Option (1): You may attach an original or a copy of your customer receipt that contains more than the last 5 digits and/or expiration date of your credit or debit card and shows that you made a transaction at any Fastenal store in the United States at any time during the period August 22, 2016 to September 6, 2018. By completing this Claim Form you also confirm that you used your own personal card for the Fastenal transaction.

OR

Option (2): You may attach an original or a copy of your credit or debit card statement showing that you made a transaction at any Fastenal store in the United States at any time during the period August 22, 2016 to September 6, 2018. By completing this Claim Form you also confirm that you used your own personal card for the Fastenal transaction. Before providing your statement or copy of your statement, please redact (meaning you may white-out or mark-over) information contained in your credit or debit card statement to prevent it from showing things like your account numbers, your other purchases, etc. The only information that is required to show on your statement for purposes of making a claim under this Settlement is your name, address, and all of the details of your transaction from any Fastenal store in the United States, including the date and amount of your purchase.

You may make only one claim regardless of whether you have made one or more than one eligible credit or debit card transaction. Accordingly, if you had more than one eligible transaction you only need to provide proof of either one receipt or one statement showing that you made one credit or debit card transaction at any Fastenal store in the United States at any time during the period August 22, 2016 to September 6, 2018.

III. Please Sign This Form

I declare that the facts stated in this Claim Form are true and accurate.

Signature: _____

Questions? Call 1-888-380-2225 or visit www.FastenalSettlement.com

INSTRUCTIONS FOR THE CLAIM FORM

I. Deadline For Returning Your Completed Claim Form

In order to receive any benefits, you must complete and return the attached Claim Form **by no later than September 28, 2020**. You may submit the Claim Form by U.S. mail, fax, or on-line submission.

If you are mailing the Claim Form, your completed Claim Form (together with the required documentation) must be mailed to the following address **postmarked no later than September 28, 2020**:

Fastenal Settlement
c/o Atticus Administration
P.O. BOX 64053
St. Paul, MN 55164

You may also send your Claim Form (together with the required documentation) by facsimile to the following facsimile number 1-888-326-6411, **by no later than 11:59 p.m. Pacific Time on September 28, 2020**.

You may also submit your claim by completing and submitting an electronic version of the Claim Form (and uploading and submitting the required documentation) on the internet at www.FastenalSettlement.com, **by no later than 11:59 p.m. Pacific Time on September 28, 2020**.

II. You Must Complete Section I Of The Claim Form

You must complete Section I entitled "Your Information" by clearly printing or typing your information in the appropriate spaces. You must complete all of the spaces, except for your E-mail address which is optional.

III. You Must Also Provide The Necessary Document With Your Claim Form

As explained in Section II of the Claim Form, you must provide proof **in either one of the following two ways**:

Option (1): You may attach an original or a copy of your customer receipt that contains more than the last 5 digits and/or expiration date of your credit or debit card and shows that you made a transaction at any Fastenal store in the United States at any time during the period August 22, 2016 to September 6, 2018. By completing the Claim Form you also confirm that you used your own personal card for the Fastenal transaction.

OR

Option (2): You may attach an original or a copy of your credit or debit card statement showing that you made a transaction at any Fastenal store in the United States at any time during the period August 22, 2016 to September 6, 2018. By completing the Claim Form you also confirm that you used your own personal card for the Fastenal transaction. Before providing your statement or copy of your statement, please redact (meaning you may white-out or mark-over) information contained in your credit or debit card statement to prevent it from showing things like your account numbers, your other

purchases, etc. The only information that is required to show on your statement for purposes of making a claim under this Settlement is your name, address, and all of the details of your transaction from any Fastenal store in the United States, including the date and amount of your purchase.

You may make only one claim regardless of whether you have made one or more than one eligible credit or debit card transaction. Accordingly, if you had more than one eligible transaction you only need to provide proof of either one receipt or one statement showing that you made one credit or debit card transaction at any Fastenal store in the United States at any time during the period August 22, 2016 to September 6, 2018.

Although you may submit either the original or a copy of either your receipt or card statement, if you decide to send an original, it is encouraged that you make and keep a copy for yourself. We will not be responsible for original documents that are lost.

IV. You Must Sign In The Space Provided In Section III Of The Claim Form

You must also sign the Claim Form in the space provided in Section III of the Claim Form.

V. Further Information At A Later Date

The Settlement provides that, if you are a Class member and you submit a valid Claim Form by September 28, 2020, you may be entitled to an amount up to \$1,000. The actual amount you receive may be less, depending on how many valid Claim Forms are received. If, after all Claim Forms are received, your Pro-Rata Share is determined to be \$600 to \$1,000, the Settlement Administrator will thereafter provide you with a form which will enable you to prevent any withholdings if you complete and return the form certifying that you are not subject to backup withholding; if you do not return that form with your certification, you will still receive payment but mandatory backup withholding will be withheld from your payment. Regardless of whether you complete and return any other form, remember that in order to receive any benefits from this Settlement, you must complete and return the attached Claim Form by no later than September 28, 2020.