

CLAIM FORM

Case No. 2025-0124608-CA-01

Return this Claim Form to: BSF TCPA Settlement, PO Box 2009, Chanhassen, MN 55317-2009.
Questions, visit www.BSFTCPASettlement.com or call **1-877-719-8391**.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY JUNE 18, 2026, BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Claim Administrator.

YOUR CONTACT INFORMATION

Name: _____
First Middle Last

Current Address: _____
City State ZIP Code

Telephone Number that you received a Text Message from Big Sandy Furniture, Inc. at:

(_____) _____ - _____

Email address (if any): _____

Current Phone Number: (_____) _____ - _____ or check if same as above
(Please provide a phone number where you can be reached if further information is required.)

PLEASE CHECK ONE OF THE FOLLOWING BOXES TO SIGNIFY YOUR CHOICE (IF NONE IS CHECKED YOU WILL RECEIVE A VOUCHER):

- I elect to receive up to \$250.00 in a voucher which can be used to purchase Defendant's products and goods.
- I elect to receive up to \$100.00 in cash payment.

Claim ID: _____

SETTLEMENT CLASS MEMBER VERIFICATION

By submitting this claim form, I attest that to the best of my knowledge, that I received a text message from Big Sandy Furniture, Inc.

Additional information regarding the Settlement can be found at www.BSFTCPASettlement.com.

Signature: _____ Date: _____

Print Name: _____