

STEP 3 – CERTIFICATION

I hereby certify that:

I am an individual with a disability, as that term is defined under the Americans with Disabilities Act (the "ADA"), 42 U.S.C. §12102 and similar state and local disability laws.

I accessed Pressed Juicery’s Website and/or Mobile Applications (as both terms are defined above) on at least one occasion between September 30, 2018 and September 30, 2021, which I have verified by annexing my browsing history showing same to this Claim Form.

I certify that the above statement is true and correct, and that this is the only Claim Form that I have submitted or will submit. I also understand, acknowledge and agree that I am eligible to submit only one Claim Form as part of this settlement. I understand that this Claim Form will be reviewed for authenticity and completeness and that, if my claim is validated, I may be contacted by the Settlement Administrator to provide additional information as necessary to process the payment due to me under the Settlement.

Signature

Date

STEP 4 – METHODS OF SUBMISSION

Please complete the Claim Form above and return it by the following method:

1. By mailing via U.S. mail a completed and signed Claim Form to the Claims Administrator, postmarked no later than November 29, 2021, and addressed to:

Alejandra Zarate
CPT Group, Inc.
Case Quality Assurance Manager
50 Corporate Park
Irvine, CA 92606