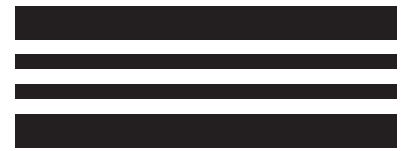


DeSouza v. AeroCare Holdings
Settlement Administrator
P.O. Box 8060
San Rafael, CA 94912-8060



ADSZ

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*Tyler DeSouza v. AeroCare Holdings, LLC;
AdaptHealth Corp.*

U.S. DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA

Case No. 22-cv-1047

**Must Be Postmarked
By November 21, 2023**

Claim Form

CLAIMANT INFORMATION

<input type="text"/>				<input type="text"/>			
First Name				Last Name			
<input type="text"/>							
Street Address							
<input type="text"/>							
Street Address (continued)							
<input type="text"/>				<input type="text"/>		<input type="text"/>	
City				State		ZIP Code	

(This Claim Form should be used only if a claim is being mailed in and not mailed in using the prepaid postcard or not being filed online.)

APPLICABLE TELEPHONE NUMBER

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Telephone Number at which you received text messages from the AdaptHealth Parties				

(Your telephone number(s) must be listed in our records as having received a text message from the AdaptHealth Parties and included in the Settlement. If you are not certain which of your telephone numbers may have received a text message, you may submit each of them separately on a separate Claim Form.)

CERTIFICATION

By submitting this Claim Form, I certify that I received more than one text message from the AdaptHealth Parties inviting me to order CPAP supplies, after I had replied “stop” or its equivalent to one of the AdaptHealth Parties’ text messages.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Please submit your completed Claim Form, postmarked no later than November 21, 2023, to:

DeSouza v. AeroCare Holdings Settlement Administrator, P.O. Box 8060, San Rafael, CA 94912-8060



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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