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Must Be
Postmarked No
Later Than
January 24, 2020

Lipozene Settlement Exclusion Request Form

For Office Use Only

ELECTION TO OPT OUT OF CLASS ACTION SETTLEMENT

Do NOT Sign This Form Unless You Want To Exclude Yourself From The Settlement Class.

Do NOT Sign This Form If You Want To Receive A Cash Payment From This Settlement.

Settlement Class Member Information

_____	_____	_____
First Name	M.I.	Last Name

Street Address		

Street Address 2		
_____	_____	_____
City	State	Zip Code

By completing, signing, and returning this form, I wish to be excluded from the class action lawsuit named *Duran v. Obesity Research Institute, LLC*, Case No. 37-2013-00048664-CU-BT-CTL.

Signature: _____

Dated: ___ / ___ / _____

To exclude yourself from the Settlement Class, this request must be mailed and **postmarked no later than January 24, 2020:**

Lipozene Settlement
c/o Claims Administrator
PO Box 59269
Philadelphia, PA 19102-9269



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