

<ClaimID>
<FirstName> <LastName>
<Address1>
<Address2>
<City> <State> <Zip>

CLAIM FORM

If you wish to receive a settlement payment as part of the class action settlement in *Moliga v. Marriott International, Inc., et al.*, King County Superior Ct. Case No. 23-2-19493-4 SEA, you must provide the information requested below. Please type or print clearly in blue or black ink.

This Claim Form must be submitted via mail and postmarked no later than **December 16, 2024** to:

ILYM Group, Inc.
P.O Box 2031
Tustin, CA 92781

The Notice you received with this Claim Form describes your legal rights and options. Please visit the official settlement website, www.HotelEPOALawsuit.com, or call or email the Settlement Administrator, ILYM Group, Inc., at (888) 250-6810 or claims@ilymgroup.com for more information. If your address or contact information changes, you must update the Settlement Administrator as soon as possible to ensure you receive your payment.

1. Estimated Settlement Payment

Your estimated settlement payment is expected to be at least **\$1,387.63**.

2. Settlement Class Member Information

I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and that this Claim Form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Date Signed

Address

City

State

Zip

Phone Number

Email Address (optional)

CLAIM FORMS POSTMARKED AFTER DECEMBER 16, 2024, WILL NOT BE VALID AND WILL NOT RESULT IN PAYMENT OF ANY FUNDS TO YOU