

March 25, 2019

CLAIM FORM

Briny Woods, Greg Abraham, et al. vs. Montage Hotels & Resorts, LLC, KT Hotels, LLC, PBLH, LLC, RGC Gaslamp, LLC, and 1715 Thames Street Master Tenant, LLC

*Superior Court for the State of California in and for the County of Imperial
Case No. ECU000671*

PLEASE READ THE CLASS NOTICE CAREFULLY TO DETERMINE WHETHER YOU ARE ELIGIBLE TO SUBMIT A CLAIM FOR A MONETARY AWARD FROM THE NET SETTLEMENT PROCEEDS. YOU MUST COMPLETELY FILL OUT AND SUBMIT THIS CLAIM FORM EITHER (1) ELECTRONICALLY ON THE SETTLEMENT WEBSITE: OR (2) BY U.S. MAIL TO THE SETTLEMENT ADMINISTRATOR POSTMARKED NO LATER THAN MAY 24, 2019 LATE CLAIM FORMS WILL BE DENIED.

If you have any questions about your eligibility, or about submitting this Claim Form, you may contact the Settlement Administrator toll-free at (888) 250-6810 or visit www.montagefactasettlement.com. Please note that submitting this Claim Form does not guarantee that you will receive a monetary award from the Net Settlement Proceeds. You must properly fill out, sign and return this Claim Form, provide any required supporting documentation, and wait for the Settlement Administrator to evaluate your Claim Form and for the Court to decide whether to grant final approval to the proposed settlement.

ELIGIBILITY

You must be a member of the Settlement Class in order to submit a claim. The Settlement Class is defined as: “All persons in the United States who were provided with an electronically printed receipt at the reception desk at one or more of the Covered Hotels during the Covered Periods on which more than then last five digits of the person’s credit or debit card number and/or expiration date was printed.” The “Covered Hotels” means the Pendry Hotel San Diego, the Pendry Hotel Baltimore, and the Montage Hotel Palmetto Bluff. The “Covered Periods” means, for the Pendry Hotel San Diego, the time period from January 1, 2017 through June 20, 2017, for the Pendry Hotel Baltimore, the time period from March 1, 2017 through June 30, 2017, and for the Montage Hotel Palmetto Bluff, the time period from November 1, 2014 through June 30, 2017.

REQUIRED INFORMATION

I. Personal Information. Please provide the following information:

Name (first, middle and last): _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Telephone Number: _____

Alternate Phone: _____

Social Security/Tax I.D. Number: *(for tax reporting purposes only)*: _____

Please note: If you provide incomplete, incorrect, or inaccurate information, your claim may be denied. The information you provide above will be used for processing of your claim and will not be used or released for any other purpose.

III. Claim Information

Please review the statement below and CHECK THE BOX if it applies to you.

I made at least one credit or debit card transaction and was provided with an electronically printed receipt at the reception desk on which more than then last five digits of my credit or debit card number and/or expiration date was printed at the Pendry Hotel San Diego, during the time period from January 1, 2017 through June 20, 2017; at the Pendry Hotel Baltimore, the time period from March 1, 2017 through June 30, 2017, and at the Montage Hotel Palmetto Bluff, the time period from November 1, 2014 through June 30, 2017.

BY MY SUBMISSION OF THIS FORM, I HEREBY CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

By signing below, I acknowledge that I have read, understand, and agree to be bound by the conditions of this Claim Form.

Date: _____ Signature: _____