

**Your Claim
Form Must be
Postmarked by
10/28/2018**

***Richard McMillin v.
Fogle Enterprises, Inc. et al.
Case No. 14AF-CC00154-01***

FOG

CLAIM FORM

PLEASE NOTE: you may only make a claim in the above case if: (1) you went to a restaurant owned and operated by Fogle Enterprises, Inc. between February 28, 2009 and February 28, 2014; (2) you made a purchase from the restaurant; AND (3) you paid a Community Development Fund, CDF, or similarly identified or described fee (“CDF Fee”) with your bill. At the end of this Claim Form, you will be required to certify under penalty of perjury that you meet these requirements.

To make a claim in the above case, please complete and mail this form, postmarked no later than **October 28, 2018** to:

Fogle Settlement Administrator
1650 Arch Street, Ste 2210
Philadelphia, PA 19103

Or, you may submit this form online by going to:

www.FogleSettlement.com

PERSONAL INFORMATION

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

DINING INFORMATION

Identify how many times you made a purchase at each of the following restaurants owned and operated by Fogle Enterprises, Inc., between February 28, 2009 and February 28, 2014:

FALL CREEK STEAK AND CATFISH HOUSE	_____ times	WHIPPER SNAPPERS	_____ times
PEPPERCORNS	_____ times	BALDKNOBBERS	_____ times
GREAT AMERICAN STEAK & CHICKEN HOUSE	_____ times	PLANTATIONS	_____ times

BILLING INFORMATION

For each dining experience identified above in the “Dining Information” section, please either: (1) provide a receipt or credit/debit card statement evidencing the total amount of your bill, **OR** (2) provide some other documentary evidence¹ of your visit (e.g. a photograph, etc.), as well as an approximation of the amount of your bill. Do not include information for any dining experience where you specifically asked to have the CDF Fee removed from your bill.

	Approximate Date	Restaurant	Approximate Bill
Dining Experience 1			
Dining Experience 2			
Dining Experience 3			
Dining Experience 4			
Dining Experience 5			
Dining Experience 6			
Dining Experience 7			

¹ Please contact the Settlement Administrator if you do not have any documentary evidence.

CERTIFICATION

I hereby make this certification under penalty of perjury. The information provided above is true, accurate, correct and complete to the best of my knowledge and belief. I am aware that if any statements in this form are willfully false, I may be subject to punishment.

Signature

Date