

# IN RE: INTERIOR MOLDED DOORS INDIRECT PURCHASER ANTITRUST LITIGATION

United States District Court for the Eastern District of Virginia (Case No. 3:18-cv-00850-JAG)

## **Third-Party Claim Filer Acknowledgement Form**

All third-party claim filing companies that represent Class Members in the *Interior Molded Doors Indirect Purchaser Antitrust Settlement* are required to provide this Acknowledgement Form to each client. A signed copy of this Acknowledgement Form must be provided to the Settlement Administrator for each claim submission. Approval of claim submissions may be denied if a signed copy of this form is not provided.

### **Class Member Acknowledgement:**

As a Class Member in the *Interior Molded Doors Indirect Purchaser Antitrust Settlement* who is working with a third-party claim filing company, I understand that:

- I. Class Members do not need to sign up for third-party assistance in order to participate in any monetary relief.
- II. Class Members can receive no-cost assistance with filing their own claim from both the Settlement Administrator or Class Counsel.
- III. Information about the settlement and how to file a claim are available on the Settlement Website at [www.InteriorMoldedDoorSettlement.com](http://www.InteriorMoldedDoorSettlement.com).
- IV. The Settlement Administrator anticipates that payments for eligible claims will be made payable to the Class Member and distributed to the mailing address provided within the claim submission.
- V. By utilizing a third-party service provider for assistance with a claim submission, I understand and have agreed that \_\_\_\_\_ will charge me fees and/or expenses in the amount of \_\_\_\_\_% or \$\_\_\_\_\_ of my settlement award.  
(name of Third-Party Claim Filer)

By signing below, I acknowledge that I have reviewed and understand the information above:

#### **On behalf of Class Member:**

#### **On behalf of Third-Party Claim Filer:**

\_\_\_\_\_  
Class Member Name (*Individual or Business*)

\_\_\_\_\_  
Third-Party Claim Filer Company Name

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative Signature

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Authorized Representative Print Name

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Authorized Representative Print Name

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Authorized Representative Title

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Authorized Representative Title

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Date

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Date