YOU MUST COMPLETE AND MAIL THIS CLAIM FORM SO THAT IT IS RECEIVED BY OCTOBER 20, 2008 IN ORDER TO RECEIVE ANY BENEFITS.

❑ **Name of owner of facsimile number:**

Name																									

❑ **My address is:**

Address																									
City/St/Zip																									

❑ **Fax number (including area code):**

Fax				-				-				

❑ **Telephone number:**

Phone				-				-				

I submit this Claim form under penalties of perjury and state that I am (or the business or entity I represent is) entitled to receive the settlement benefit being sought and that I (and/or the business or entity that I represent) had ownership, authority or control over the fax number listed above on or after December 2, 1999. I swear or affirm that I do not have an established business relationship with PCS International, Ltd. I also did not give consent to the sending of the facsimile to me.

_____

Signature

_____

Print Name

RETURN TO: First Class, Inc.
Dembo v. PCS International, Ltd.
5410 West Roosevelt Rd., Unit 222
Chicago, Illinois 60644-1570