PEOPLE OF THE STATE OF CALIFORNIA V. EVIG, LLC

Napa County Superior Court, Case No. 21CV000242

CLAIM FORM

To request a refund, please complete this form and return it by **November 3, 2023**.

CONTACT INFORMATION

(Please ty	pe or print the follo	wing information): Fil	l in the following	blanks with comp	olete information.
CPT ID: _	(as referenced on the Postcard Notice you received)				
Name:					
Fir	st Name	MI Last	Name		
Address:	Address 1				
	Address 2				
	City		State	Zip Code	Zip4 (optional)
Email Address:					
CERTIFIC	ATION				
<i>and/or Fi</i> that I did	ber & Spice – from E	jury that I purchased a vig, LLC dba Balance of efund for this purchas wledge.	f Nature betweer	n February 23, 2	2017 and June 23, 2
Signature			Date		

INSTRUCTIONS

- Complete the contact information above.
- Sign and date the Claim Form.
- Email this completed and signed Claim Form to EvigSettlement@cptgroup.com or mail it to:

The People of the State of California v. Evig, LLC

c/o CPT GROUP INC. 50 CORPORATE PARK IRVINE, CA 92606