UNITED STATES DISTRICT COURT,
NORTHERN DISTRICT OF OHIO,
EASTERN DIVISION

Lenart v. Visionworks of America, 16-CV-2505

Must Be Postmarked No Later Than May 15, 2017

Settlement Claim Form

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Email Address

Area code — Telephone number

To receive a cash payment from this Settlement, your Claim Form must be postmarked or received on or before May 15, 2017. You may submit your Claim Form online at www.EyeglassesSettlement.com or mail your complete and signed Claim Form to Visionworks Settlement Administrator, P.O. Box 43456, Providence, RI 02940-9967.

You must complete all sections and sign below in order to receive any benefits from this Settlement.

Between June 8, 2013, and September 15, 2016, I made a "Buy One, Get One Free" purchase of eyeglasses at a Visionworks store in Illinois. For each Buy One, Get One Free purchase in this time period, state the month, year, and amount of each purchase:

Month & Year: /	Purchase Amount: $.
Month & Year: /	Purchase Amount: $.
Month & Year: /	Purchase Amount: $.
Month & Year: /	Purchase Amount: $.
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Month & Year: /	Purchase Amount: $.

I declare, under penalty of perjury, that I have accurately filled out this form to the best of my knowledge.

Signature _____ Dated (mm/dd/yyyy): _____

For more information on the case and the Settlement, visit www.EyeglassesSettlement.com or contact the Claims Administrator at 866-664-9035.

FOR CLAIMS PROCESSING ONLY	OB	CB	◯ DOC ◯ LC ◯ REV	◯ RED ◯ A ◯ B