

HCN

**In The Circuit Court of Clay County, Missouri
Sharon Noble v. Heartland Chevrolet, Inc.
Case No. 10CY-CV09183**

1. If you wish to apply for a gift card, you must either file this claim form, or submit your claim via the settlement website or telephone.
2. To be eligible for a gift card, you must have purchased or leased a vehicle from Heartland Chevrolet, Inc. on or between August 10, 2005 and August 27, 2009 and paid a "Processing Fee," "Administrative Fee," "Doc Fee," "Delivery Fee" or similar fee as part of that transaction.
3. You are NOT eligible to receive a gift card if you are or were a wholesale customer of Heartland Chevrolet, Inc. or if you are an officer, director or employee of Heartland Chevrolet, Inc.
4. If you have more than one qualifying purchase or lease, please make copies of this form and complete a separate form for each vehicle.
5. You must submit your completed claim postmarked no later than March 20, 2012. Send your completed form to:
Heartland Chevrolet Settlement Administrator, P.O. Box 6177, Novato, CA 94948-6177
6. QUESTIONS? Visit the settlement website at www.heartlandchevroletsettlement.com or call toll-free, 1-888-845-2754.

CLAIM FORM

CLAIMANT INFORMATION

- If you received a postcard in the mail, write the number that appears above your name as the Claim Number, complete the Claimant Information. You do not need to complete the Verification Information, but you must sign the Declaration at the end of this claim form.
- If you DO NOT have a Claim Number, leave that item blank and complete the entire claim form.

Claim Number: _____

Individual Name: _____
First Name MI Last Name

Company Name: _____
(if applicable)

Mailing Address: _____
Street Address or P.O. Box

Telephone: _____
City State Zip Code
() ()
Daytime Evening

Email Address: _____

VERIFICATION INFORMATION

I purchased or leased a vehicle from Heartland Chevrolet, Inc.. I am providing **all** of the following items, to confirm that I purchased or leased the vehicle from Heartland Chevrolet, Inc.:

1. Date or approximate date of purchase or lease of the vehicle (year is required): _____ / _____
Month Year
2. Manufacturer of Vehicle: _____ Model of Vehicle: _____ Model Year of Vehicle: _____

DECLARATION [REQUIRED FOR ALL CLAIMS]

I declare that all of the information submitted on this claim form is true and correct to the best of my knowledge.

Signature of Claimant or Company Officer

Date (mm/dd/yyyy)