

Active Advantage Class Action
c/o Claims Administrator
P.O. Box 43425
Providence, RI 02940-3425



ANM

Weight v. The Active Network, Inc.,
Case No. 37-2014-00004713-CU-AT-CTL

**Must Be Postmarked
No Later Than
January 9, 2017**

«Barcode»

Postal Service: Please do not mark barcode

Claim#: ANM-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»



Active Advantage Claim Form

Use this claim form only if you are a California consumer who, from January 1, 2010 through December 31, 2013, enrolled in Active Advantage on a pop up page; have not already received a full refund of Active Advantage membership fees; and have not used Active Advantage to obtain a discount or other benefit (except a discount or benefit received at the time of initial enrollment).

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address

Primary Address Continued

City

State

Zip Code

Email Address for Administrator to contact you regarding your Claim

Email Address used with Active Advantage Membership (if different than above and if known)

Area code

Telephone number

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I affirm that I paid fees for Active Advantage for which I am seeking a refund, and I do not believe I have previously received a refund of my Active Advantage fees or have used Active Advantage to obtain a discount or other benefit (except a discount or benefit received at the time of initial enrollment).

Signature: _____

Dated: _____

Please submit your claim either online at www.ActiveSettlement.com or mail this completed Claim Form postmarked by January 9, 2017 to:

Active Advantage Claims Administrator, P.O. Box 43425, Providence, RI 02940-3425



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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