

CLASS ACTION PROOF OF CLAIM FORM

1. Fill out this form completely and legibly. **It must be mailed to the Settlement Administrator at the address below and must be postmarked by _____.**

PLEASE NOTE: A Notice has been sent to your address based on information contained in the records of Lyon Financial Services, Inc., dba U.S. Bancorp Business Equipment Finance Group ("Lyon") regarding your lease. It is your responsibility to ensure that the information you provide on this form is complete and accurate, and that you or a person or entity on whose behalf you are duly authorized to act is entitled to a distribution with respect to the Lease identified below.

2. Please write the full name of the entity or person that paid PDS Charges, UCC Charges, Origination Charges, and/or Tax Charges in connection with the lease entered into with Lyon:

Name: _____

3. Please fill in the information below.

Address: _____

Telephone: _____

Lease or Account Number: _____

4. **PLEASE ATTACH A COPY OF YOUR LEASE TO THIS CLAIM FORM. If you cannot locate your Lease, please call _____ to request a copy of your Lease.**

5. **By signing your name in the space below as an authorized representative of the entity or person identified above (the "Claimant"), you are declaring, under penalty of perjury under the laws of the United States and applicable state laws, that, to the best of your knowledge, you are duly authorized to act on behalf of the Claimant, that the Claimant paid one or more of the charges at issue in the case in connection with the Lease identified above that have not been refunded, that the Claimant is a Class Member and is entitled to a distribution under the terms of the settlement, and that the Claimant agrees to be bound by all the terms of the Release and Settlement Agreement as described in the attached Notice and the Release and Settlement Agreement.**

Signature: _____ Date: _____

Your Name: _____

Your Title: _____

6. Mail this completed form to: _____

