

## OPT-OUT FORM

### *Mabry TCPA Settlement*

Only use this Form if you want to request exclusion from (i.e., opt-out) of the proposed settlement class. For more information on the proposed settlement, please visit [www.MabryTCPASettlement.com](http://www.MabryTCPASettlement.com).

### Section I - Instructions

**This form must be received by the Settlement Administrator no later than February 13, 2023.**

This Opt-Out Form may be submitted in one of three ways:

1. Electronically through [www.MabryTCPASettlement.com](http://www.MabryTCPASettlement.com).
2. Mail to: *Mabry TCPA Settlement, c/o A.B. Data, Ltd., P.O. Box 173071 Milwaukee, WI 53217*
3. Email to [info@MabryTCPASettlement.com](mailto:info@MabryTCPASettlement.com)

To be effective as an opt-out from the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than February 13, 2023**. If this form is not postmarked or received by this date, you will remain a member of the Settlement Class.

**Opting out of the Settlement Class is not the same as objecting to the Settlement Agreement.**

If you request exclusion from the Settlement Class prior to **February 13, 2023**, you will not be bound by the terms of the Settlement Agreement and therefore cannot argue that the Settlement Agreement should not be approved. More information about objecting to the Settlement is available at [MabryTCPASettlement.com](http://MabryTCPASettlement.com).

### Section II - Settlement Class Member Information

**Claimant Name (Required):**

**Claimant Telephone Number (Required):**

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\* Your claimant telephone number was the number you were called on. If you do not have your claimant telephone number, call or email the Settlement Administrator for assistance at 1-877-307-7871 or [info@MabryTCPASettlement.com](mailto:info@MabryTCPASettlement.com).

**Current Contact Information**

**Street Address (Required):**

**City (Required):**

**State (Required):**

**Zip Code (Required)**

**Email (optional):**

**Preferred Phone Number:**

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*Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your request for exclusion. Provision of your phone number is optional.*

**Section III – Attestation, Opt-Out Request, Signature, and Submit**

Through the submission of this form, I attest under the penalty of perjury that I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I further attest that I request exclusion from the Settlement Class in *Johansen v. Eric Mabry, et. al., S.D. Oh. Case No. 2:21-cv-36*. By signing below, I agree to the submission of this Opt-Out Form.

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Signature

Date