

LDSCO Data Incident  
Settlement Administrator  
P.O. Box 301134  
Los Angeles, CA 90030-1134



**LOH**

VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*Kohn, et al. v. Loren D. Stark Company, Inc.*

UNITED STATES DISTRICT COURT,  
SOUTHERN DISTRICT OF TEXAS

Case No. 4:23-cv-03035

**Must Be Postmarked  
No Later Than  
December 17, 2024**

## Claim Form

*Kohn, et al. v. Loren D. Stark Company, Inc.*

Case No. 4:23-cv-03035

United States District Court, Southern District of Texas

**SUBMIT BY December 17, 2024**

This Claim Form should be filled out online or submitted by mail if you received a notification from Loren D. Stark Company, Inc. (“LDSCO”) that your personal information was or may have been compromised in the data security incident in or about October 2022 (the “Data Incident”), and you had out-of-pocket losses as a result of the Data Incident, and/or you wish to claim a pro rata cash payment. You may get a check or electronic payment if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment. The Settlement establishes a \$750,000.00 fund to compensate Settlement Class Members for their out-of-pocket losses and/or claims for pro rata cash payments, as well as for the costs of notice and administration, certain taxes, service award payment(s), and attorneys’ fees awards and costs as awarded by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, [www.LDSCOdatasettlement.com](http://www.LDSCOdatasettlement.com), or call 1-866-644-9953 for more information.

If you wish to submit a claim for a Settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. The **DEADLINE** to submit this Claim Form online (or have it postmarked for mailing) is **December 17, 2024**.

*Si necesita ayuda en español, comuníquese con el administrador al 1-866-644-9953.*

### 1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	M.I.	Last Name	
<input type="text"/>			
Primary Address			
<input type="text"/>			
Primary Address Continued			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	ZIP Code	
<input type="text"/>			
Email Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Area Code	Telephone Number (Home) (Required)	Area Code	Telephone Number (Work)

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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**2. PAYMENT ELIGIBILITY INFORMATION.**

Please review the Notice and Sections III through V of the Settlement Agreement (available at [www.LDSCOdatabasettlement.com](http://www.LDSCOdatabasettlement.com)) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed. Please provide as much information as you can to help us figure out if you are entitled to a Settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Fill in the circle for each category of benefits you would like to claim. **You may submit a claim for one or more of these benefits, including that you may receive an Out-of-Pocket Loss payment and/or a Pro Rata Cash payment.**

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

**a. Out-of-Pocket Losses Resulting from the Data Incident:**

**I incurred unreimbursed charges as a result of the Data Incident.**

Examples: unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after October 18, 2022 through December 17, 2024 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after October 18, 2022 through December 17, 2024. **I understand that any monetary compensation I may receive under the Settlement is capped at \$5,000.00.**

Total amount for this category: \$ \_\_\_\_\_

*If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.*

*If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between October 18, 2022 through December 17, 2024, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose.)*

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

**b. Pro Rata Cash Payment of up to \$70.00:**

I would like to claim a pro rata cash payment.

The Settlement provides for a pro rata cash payment of up to \$70.00 to any Class Member who timely claims it.

**If you would like to receive payment for your approved claim via electronic means please file your claim online at [www.LDSCOdatabasettlement.com](http://www.LDSCOdatabasettlement.com).**

**3. SIGN AND DATE YOUR CLAIM FORM.**

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**4. MAIL YOUR CLAIM FORM, OR SUBMIT YOUR CLAIM FORM ONLINE.**

This Claim Form must be:

Postmarked by December 17, 2024 and mailed to: LDSCO Data Incident Settlement Administrator, P.O. Box 301134, Los Angeles, CA 90030-1134;

OR

Emailed by midnight on December 17, 2024 to [info@LDSCOdatabasettlement.com](mailto:info@LDSCOdatabasettlement.com); OR

Submitted through the Settlement Website by midnight on December 17, 2024 at: [www.LDSCOdatabasettlement.com](http://www.LDSCOdatabasettlement.com).