

ADVANCED DERMATOLOGY V. MTI, INC.

OPT-OUT FORM

(Submit this form if you do NOT want your per capita share of the Settlement Fund & and you want to be excluded from the settlement)

Your Information

1. Individual - First Name: _____ Last Name: _____
 Business - Business Name: _____
Contact Name (for business): _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Daytime Phone: _____
5. Fax Number(s): _____
6. Email: _____

Certification

Under 28 U.S.C. § 1746, I declare under penalty of perjury that: By submitting this opt-out form, I certify that the information I have provided herein is true and correct to the best of my personal knowledge and belief. I also certify I do NOT want any share of the settlement, I do NOT want a rebate coupon, and I want to be excluded from the settlement.

Signature

Date Signed (MM-DD-YYYY)

Your mailed opt-out form must be postmarked on or before October 11, 2021.

Return the Opt-Out Form to: MTI SETTLEMENT
PO BOX 23680
JACKSONVILLE, FL 32241-3680

THIS OPT-OUT FORM WILL NOT BE RETURNED TO YOU. PLEASE RETAIN A COPY FOR YOUR RECORDS.

Administrator Use Only – Do Not Write Below This Line

451

Docket Label

Received Date

Postmark Date