

Notice of Opt-Out

Your Notice of Opt-Out must be submitted online or if mailed, postmarked no later than **July 14, 2022.**

Lash Boost Settlement Administrator
P.O. Box 4357
Portland, OR 97208-4357
www.LBSettlement.com

Only use this Notice of Opt-Out if you want to request exclusion from (i.e., opt-out of) the proposed Settlement Class in *Lash Boost Cases*, JCCP Case No. CJC-18-004981 (Cal. Super. Ct., S.F. Cty.). For more information on the proposed Settlement, please review the Full Notice and the Settlement Agreement that is available at www.LBSettlement.com.

Section I – INSTRUCTIONS

This Notice of Opt-Out must be postmarked to the Settlement Administrator no later than July 14, 2022.

This Notice of Opt-Out may be submitted in one of two ways:

1. Electronically through the Settlement Website, www.LBSettlement.com; **OR**
2. By printing and mailing the Notice of Opt-Out to Lash Boost Settlement Administrator, P.O. Box 4357, Portland, OR 97208-4357.

If you do not opt out separately following the directions outlined in the Settlement Agreement and Full Notice or submit this Notice of Opt-Out form via U.S. Mail with a postmark of **July 14, 2022**, or submit online by **July 14, 2022**, you will remain a member of the Settlement Class and be bound by the terms of the Settlement Agreement.

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 **July 14, 2022**, 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 www.LBSettlement.com.

Section II – CLASS MEMBER INFORMATION

Claimant Name (Required):

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claimant Identification Number* (Optional):

Claim Identification Number (*Your Claimant Identification Number was on the notice of the Settlement you received by email or by postal mail, if you received such notice.)

Current Contact Information

Mailing Address (Required)

City (Required)	State (Required)	ZIP Code (Required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address (Optional)

Phone Number (Required) (Cell phone preferred)
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Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your opt-out.

Section III – ACKNOWLEDGEMENT

By submitting this Notice of Opt-Out, either by mailing it via U.S. Mail or submission through the Settlement Website, I verify my desire to be excluded from the Settlement arising from the *Lash Boost Cases*, JCCP Case No. CJC-18-004981. I acknowledge and understand that by opting out of the Settlement, I will not receive any Settlement Benefits and I cannot object to the Settlement.

Signature:

Date: - -
MM DD YYYY