Exhibit C

Settlement Administrator - XXXXXX
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION SETTLEMENT

Records indicate that your Private Information may have been impacted by a Data Incident between February 21, 2024 and March 1, 2024.
You may be eligible for benefits from a class action settlement.

www.[website].com

Class Member ID: <<Refnum>>
Enrollment Code: <<MonitoringCode>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>
<<Address>>
<<Address2>>
<<City>>, <<ST>> <<Zip>>-<<zip4>>
<<Country>>

A Settlement has been reached with American Renal Management LLC d/b/a Innovative Renal Care ("Defendant" or "IRC") in the class action lawsuit, *In re American Renal Management LLC Data Breach Litigation,* Case No. 3:25-cv-00248-EJR, about a data incident between February 21, 2024 and March 1, 2024 in which an unauthorized actor accessed IRC's computer systems potentially impacting personally identifiable information of IRC employees, former employees, and patients (the "Data Incident"). The Plaintiffs allege negligence, breach of implied contract, unjust enrichment, and violations of various consumer protection act statutes, among other claims. The Defendant denies all allegations and any wrongdoing.

Who is included in the Settlement? The Defendant's records indicate you are a Settlement Class Member. The Settlement Class consists of all living persons who were sent a notice from IRC regarding potential impact from the Data Incident discovered by Defendant on or around February 29, 2024 or otherwise determined to have potentially had their personal information impacted by the Data Incident.

What does the Settlement provide? If approved by the Court, the Defendant will pay $900,000 into a Settlement Fund to resolve the Litigation. The Settlement Fund will provide cash payments and credit monitoring to Settlement Class Members who submit Valid Claims as well as all Settlement Administration Costs, any Service Awards, and attorneys' fees and litigation expenses. The Settlement Class Benefits include compensation of documented Out-of-Pocket Losses of up to $5,000 per Settlement Class Member and/or a Pro Rata Cash Payment estimated to be $100. Additionally, all Settlement Class Members can also submit a claim for two (2) years of Credit Monitoring.

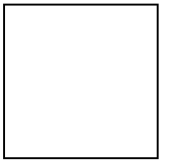
How do I get Settlement Class Benefits? You must submit a Claim Form by **Month XX, 2026** to receive Settlement Class Benefits. Claim Forms must be submitted online at **www.[website].com** by 11:59 p.m. XT, or mailed postmarked by **Month XX, 2026**. Please visit the website for a full description of the Settlement Class Benefits and how to submit a Claim Form.

What are my other options? If you do nothing, you will not receive Settlement Class Benefits, you will remain a Settlement Class Member, and you will give up your rights to sue the Defendant for the claims resolved by this Settlement. If you do not want any benefits, but you want to keep your right to sue the Defendant for the claims resolved by this Settlement, you must exclude yourself from the Settlement Class (called "opting out"). If you do not opt out, you may object to the Settlement and ask the Court for permission to speak at the Final Approval Hearing. The Opt-Out and Objection Deadline is **Month XX, 2026**.

The Court's Final Fairness Hearing. The Court will hold a hearing on **Month XX, 2026** to decide whether to approve Settlement, Class Counsel's request for $300,000 for attorneys' fees plus reasonable out-of-pocket litigation expenses, and the $2,500 Service Awards to the Representative Plaintiffs. You or your lawyer may attend the hearing at your own expense.

For more information or to update your address: Visit www.[website].com for complete details about the Settlement and instructions on how to act on your rights and options. You may also call (XXX) XXX-XXXX for more information.

_____
_____
_____



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New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORM

Claim Forms must be postmarked no later than **Month XX, 2026**.

If you wish to receive your cash payment electronically or want to submit a claim for **Documented Monetary Loss,** you MUST submit a Claim Form online or use the full Claim Form available on the Settlement Website.

Class Member ID: <<refnum>> <<first-name>> <<mi>> <<lastname>> <<ad-dress1>> <<address2>> <<City>>, <<State>> <<Zip>>

If different from the preprinted data on the left, please print your correct address information.

Address

City State Zip Code

Check the box next to the benefit(s) you are claiming:

You may claim both Credit Monitoring and a Pro Rata Cash Payment using this Claim Form. If you also wish to claim Documented Monetary Loss, you must use the Claim Form available at www.[website].com.

☐ **Credit Monitoring:** Yes, I want to receive two (2) years of one-bureau Credit Monitoring, including dark web monitoring, identity theft insurance coverage for up to $1,000,000.00, and fully managed identity recovery services.

☐ **Pro Rata Cash Payment**: Yes, I want to receive a *pro rata* (proportional) cash payment estimated at $100.*

*Payment amount to be determined after all costs, fees, and awards have been deducted and all Valid Claims submitted.

By signing below, I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this Claim Form are true and correct to the best of my knowledge or recollection:

Signature:	**Date (MM/DD/YYYY)**: