Exhibit D

<Mailing 39713118.1:11713-0008
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. XXX

ELECTRONIC SERVICE REQUESTED

COURT APPROVED LEGAL NOTICE

In Re ESO Solutions, Inc. Breach Litigation

Case No. 1:23-cv-01557-RP

A federal Court has authorized this Short Notice ("Notice"). This is not a solicitation from a lawyer.

To all Persons who received a Notice Letter from ESO and were residents of Texas at the time ESO distributed the Notice Letter, a proposed class action settlement may affect your rights

For more information on the proposed settlement, including how to submit a Claim, exclude yourself, or submit an objection, please visit or call:

www.website.com

(XXX) XXX-XXXX

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

Postal Service: Please do not mark barcode

<<FirstName>> <<LastName>>
<<Company>>
<<Address1>>
<<Address2>>
<<City>>, <<State>> <<Zip>>-<<zip4>>
<<Country>>

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A proposed settlement has been reached in a class action lawsuit known as *In Re ESO Solutions, Inc. Breach Litigation*, in the United States District Court for the Western District of Texas, Case No. 1:23-cv-01557-RP

Why am I receiving this Notice? You are receiving this Notice because the records of ESO Solutions, Inc. (ESO or Defendant) show the potential compromise of Private Information of Plaintiffs and Class Members as a result of the Data Incident. In response to the Data Incident, Defendant sent a Notice Letter informing affected individuals that their Private Information may have been compromised. You are therefore likely a Class Member eligible to receive Settlement Benefits under this settlement.

Who is a Class Member? You are affected by the settlement and potentially a Class Member if you are a Person who received a Notice Letter from ESO and were a resident of Texas at the time ESO distributed the Notice Letter.

What are the Settlement Benefits? -- The settlement provides the following Settlement Benefits available to Class Members who submit Valid Claims: (a) Reimbursement for Out-of-Pocket Losses; and (b) *Pro Rata* Cash Payments. Please visit **www.website.com** for a full description of the Settlement Benefits and documentation requirements.

How do I submit a Claim Form for Settlement Benefits? You must submit a Claim Form online at **www.website.com** or use the attached Claim Form to be eligible to receive a Settlement Benefit. Your completed Claim Form must be submitted online or mailed to the Settlement Administrator at <Mailing Caption>, c/o Kroll Settlement Administration LLC, P.O. Box XXXX, New York, NY 10150-XXXX and **postmarked by DATE. TO RECEIVE AN ELECTRONIC OR ACH PAYMENT FOR YOUR VALID CLAIM, YOU MUST FILE A CLAIM FORM ONLINE AT WWW.WEBSITE.COM.**

What are my other options? If you **Do Nothing**, you will be legally bound by the terms of the settlement, and you will release your claims against Defendants and other Related Entities as defined in the Settlement Agreement. You may **Opt-Out** of or file an **Objection** to the settlement by **DATE.** Please visit **www.website.com** for more information on how to opt-out of or object to the settlement.

Do I have a lawyer in this case? Yes, the Court appointed Bryan L. Bleichner of Chestnut Cambronne PA, Gary M. Klinger of Milberg Coleman Bryson Phillips Grossman, PLLC, John A. Yanchunis of Morgan & Morgan Complex Litigation Group, and Bruce W. Steckler of Steckler Wayne & Love, PLLC to represent you and other Class Members. You will not be charged directly for these lawyers; instead, they will receive compensation from the Settlement Fund (subject to Court approval). If you want to be represented by your own lawyer, you may hire one at your own expense.

The Court's Final Fairness Hearing. The Court is scheduled to hold a Final Fairness Hearing on **DATE at TIME CT**, to consider whether to approve the settlement, Class Counsel's request for Attorneys' Fees, Costs, and Expenses at or below one-third (33.33%) of the Settlement Fund, or approximately $252,475.00, plus the reasonable litigation expenses actually incurred, and Service Awards of
$2,500 to each of the Plaintiffs. You may appear at the hearing, either yourself or **through an attorney hired by you, but you don't have to.**

This Notice is only a summary. For more information or to change your address, visit **www.website.com** or call toll-free **(XXX) XXX-XXXX.**

Postage Required

BRM

39713118.1:11713-0008

Class Member ID: 39713118.1:11713-0008

VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED QR CODE

POSTCARD CLAIM FORM

To submit a Claim for *Pro Rata* Cash Payment, please complete the below form, sign, and mail this portion of the postcard to the Settlement Administrator by **no later than DATE**. ***Note:*** Claims for reimbursement of Out-of-Pocket Losses require supporting documentation and therefore must be submitted online at **www.website.com** or mailed to the Settlement Administrator with a separate Claim Form. To receive a *Pro Rata* Cash Payment from this settlement via electronic payment, you must submit a Claim Form electronically at **www.website.com** by **DATE**.

Class Member ID: <<refnum>>
<<firstname>> <<mi>> <<lastname>>
<<address1>> <<address2>>
<<City>>, <<State>> <<Zip>>

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

First Name Last Name

Address

City State ZipCode

(_____) _____ - _____ _____@_____
Telephone Number **Email Address**

Pro Rata Cash Payment

☐ Yes, I would like to receive a cash payment the amount of which will be determined *pro rata* to exhaust the Settlement Fund following the payment of any a Attorneys' Fees, Costs, and Expenses and/or Service Awards for Plaintiffs, Settlement Administration Costs, Administration Fees, as well as all Valid Claims for Out-of-Pocket Loss reimbursements.

SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury that the information supplied in this Claim Form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information

Signature: Print Name: Dated: / /

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