

Exhibit F

**Lenorowitz v. Mosquito Squad of Fairfield and Westchester County,
United States District Court for the District of Connecticut,
Case No. 3:20-cv-01922-OAW**

**A Court authorized this notice.
You are not being sued. This is not a solicitation from a lawyer.**

Records indicate you may have you received a prerecorded voice message from Mosquito Squad of Fairfield and Westchester County in April or May of 2019, marketing or promoting Mosquito Squad's services and a class action settlement may affect your rights.

**You May Be Entitled To A \$189 Voucher or \$90 Cash If You Return A Claim Form
Claim Forms are available at www._____.com.**

The purpose of this Notice is to inform you that a proposed Settlement has been reached in the lawsuit entitled *Samuel Lenorowitz v. Mosquito Squad Inc.*, U.S.D.C. District of Connecticut, Case No. 3:20-cv-01922-OAW. Because your rights will be affected by this settlement, it is extremely important that you read this Notice carefully.

What is this notice? This notice summarizes the proposed settlement. For the precise terms and conditions of the settlement, please see the settlement agreement available at www._____.com, by contacting class counsel at Ari H. Marcus, Marcus & Zelman, LLC, 701 Cookman Avenue, Suite 300, Asbury Park, New Jersey 07712, ari@marcuszelman.com, or by accessing the Court docket in this case. PLEASE DO NOT TELEPHONE THE COURT OR THE COURT CLERK'S OFFICE TO INQUIRE ABOUT THIS SETTLEMENT OR THE CLAIM PROCESS.

What are the Settlement Terms? Mosquito Squad will create a Settlement Fund, sufficient to cover: (1) vouchers for a one-time Pest Treatment Voucher (valued at \$189) to each Settlement Class Member who submits timely and valid Claim Forms and elect this benefit; (2) cash payments of \$90 to each Settlement Class Member who submits timely and valid Claim Forms and elect this benefit; (3) an award of attorneys' fees and costs to Class Counsel, in an amount not to exceed \$380,000, as approved by the Court; (4) a service award to Plaintiff, in an amount not to exceed \$5,000, as approved by the Court; and (5) the costs of notice and administration of the Settlement. **Claim Forms are available at www._____.com.**

***Pest Treatment Voucher is good for two years from date of issuance for a one-time tick or general pest spray treatment. For use within Rockland County and Westchester County, New York and Fairfield County and New Haven County, Connecticut. Fully transferrable for use within these counties.**

Who is included? The Settlement Class includes "All persons within the United States, other than any of Plaintiff's counsel, who received a pre-recorded voice message, on either a cellular phone or a residential landline, from or on behalf of the Defendant, placed via the Mobile Sphere platform, marketing or promoting Defendant's services during the time period of April 1, 2019 to the present".

All Settlement Class Members are eligible to submit a Claim Form and receive their choice of a cash or voucher payment. If you timely submit a properly completed claim form and select the **voucher** option, you will receive a fully transferable one-time tick or general pest (e.g., roach, mice, etc.) spraying good for two years from date of issuance for residents of properties in Rockland County and Westchester County, New York and Fairfield County and New Haven County, Connecticut from Mosquito Squad, which is valued at \$189. If you timely submit a properly completed claim form and select the **cash** option, you will receive \$90. Your settlement payment amount will be the same regardless of which method of payment you choose. Checks may be deposited into a bank account or cashed at a bank by the expiration date on the check (**180 days after the issuance date stated on the check**); after a check expires, it may no longer be deposited or cashed.

How to receive a Settlement Benefit? To receive your choice of a benefit, you must submit a Claim Form. A Claim Form can be completed at www._____.com. You may also get a Claim Form by downloading it from www._____.com. **Read the instructions carefully, fill out the form completely and accurately, and submit it.** To be valid, the Claim Form must be completed fully and accurately and submitted timely. The Claim Form must also include the written, electronic or oral affirmation set forth on the Claim Form. A Claim Form may be submitted by mail to the Settlement Administrator at: _____, c/o _____ or by filling out a form online at: _____. If you are submitted your Claim Form online, it must be submitted no later than _____. If you are mailing your Claim Form to the Settlement Administrator, it must be postmarked by _____.

If you do not want to be legally bound by the Settlement or if you do not like the Settlement, you may exclude yourself or object to the Settlement. For instructions on how to exclude yourself from the Settlement, object to the Settlement, or appear at the Final Approval Hearing, please use the following link to the Settlement Website: www._____.com.

Final Approval: The Court will hold a hearing on **[insert date]**, at **[insert time]**, at the United States District Court for the District of Connecticut, **[insert address]**, to consider whether to approve the Settlement. You may appear at the hearing, either yourself or through an attorney hired by you, but you are not required to do so. For more information, call **[insert number]**, or visit **[insert URL]**.