Bottom Inside

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-	INITED STATES DISTRICT COURT CASTERN DISTRICT OF MISSOURI
(Timothy Miles v. Medicredit, Inc., Case No. 4:20-cv-1186-JAR (E.D. Mo.)
	CLAIM FORM
[admin] ID: «[Admin] ID» «First Name» «Last Name» «Address1»	Name/Address Changes:
«City», «State» «Zip»	
	Is from Medicredit, Inc. to my cellular telephone between December 16, 2017 and lections with Medicredit and I wish to participate in this settlement.
	OVE, send your CHANGE OF ADDRESS to the inistrator at the address on the backside of this form.
Signature:	Telephone number on which I received the call(s):
Date of signature:	
and mail this claim	ent you must enter all requested information above, sign m form, postmarked on or before [Month] [day], 2022. through the settlement website, www.MilesTCPASettlement.com.
exclusion to the Claims	n the class action settlement you must mail a written request for Administrator, postmarked on or before [Month] [day], 2022. he information required by the Court's [month] [day], 2022 Order.

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