

Leary v. MEI
c/o KCC Class Action Services
P.O. Box 404000
Louisville, KY 40233-4000



MGY

Leary v. McGowen Enterprises, Inc.,

Case No. 17-CV-02070

**Must Be Postmarked
No Later Than
July 2, 2018**

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN JULY 2, 2018.

The above information will be used to send you your Settlement Payment and to communicate with you if any additional information is needed or problems arise with your claim. The Claims Administrator will determine the sufficiency of documentation and may request additional documentation from you. Please retain in your possession all supporting records.

1. Class Member Declaration

- I declare that between May 5, 2013 and January 8, 2017, I purchased a vehicle from Car Sense Inc. and accepted the LifeTime Engine Guarantee offered by Car Sense Inc.

2. Oil Change Declaration and Proof

To receive payment under the settlement (\$30), you must provide proof that you paid for a professional oil change between May 5, 2013 and January 8, 2017 for the vehicle that you purchased from MEI. Attach a copy or a photograph of a professional oil change receipt as proof.

- I declare that between May 5, 2013 and January 8, 2017, I paid for a professional oil change for the vehicle that I purchased from Car Sense Inc. A copy or photograph of my receipt showing that professional oil change is attached to this form.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Signature: _____ Dated: _____

<input type="text"/>
Email Address (optional)

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Telephone Number				



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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