

Haghayeghi v. Guess?, Inc. et al., Case 14-cv-00020., CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN MARCH 10, 2017.

PERSONAL INFORMATION. Please legibly print or type the following information:

Name (first, middle and last): _____
(First) (Middle) (Last)

Residential Street Address: _____
(Street Address)

City, State, and Zip code: _____
(City) (State) (Zip)

Telephone Number: (____) _____ - _____ Email Address (optional): _____

The above information will be used to send you your Settlement Payment or Settlement Voucher and to communicate with you if any additional information is needed for or problems arise with your claim.

CONFIRMATION OF CLASS MEMBERSHIP

I declare the following:

1. During the period of time between October 16, 2013 and November 8, 2016, inclusive, I received a text message from or on behalf of Guess.
2. The text message(s) were received at the following cell phone number: (____) _____ - _____

Guess may verify your claim. Please retain in your possession any supporting phone records.

ELECTION OF SETTLEMENT BENEFIT

Please Choose One of the Following Benefits:

- Thirty U.S. dollars (\$30) off merchandise at any Guess owned retail stores in the United States.
See Settlement for Voucher Terms and Conditions.
- Fifteen Dollars (\$15).

ACKNOWLEDGEMENT

I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I agree to release all the claims, known and unknown, stated in Section 4.4 of the Settlement Agreement. I submit to the jurisdiction of the United States District Court for the Southern District of California with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the long-form notice and Settlement Agreement at www.FHGuessSettlement.com or by writing the Claims Administrator at the email address FHGuessSettlement@AdministratorClassAction.com or the postal address Haghayeghi v. Guess?, Inc. Settlement, 1801 Market Street, Suite 660, Philadelphia, PA 19103. I agree to furnish additional information to support this claim if required to do so.

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.

Dated: _____

Signature: _____