

ARcare, Inc. v. Cynosure, Inc.
Settlement Administrator
P.O. Box 404115
Louisville, KY 40233-4115



CYU

«Barcode»

Postal Service: Please do not mark barcode

Claim#: CYU-«Claim8»-«CkDig»

«FirstNAME» «LastNAME»

«Name1»

«Addr1» «Addr2»

«City», «State»«FProv» «Zip»«FZip»

«FCountry»

ARcare, Inc. v. Cynosure, Inc.
U.S. DISTRICT COURT FOR THE
DISTRICT OF MASSACHUSETTS

Case No. 1:16-cv-11547 (D. Mass.)

**Must Be Postmarked
No Later Than
August 7, 2019**

Fax Number: «FaxNumber»

PROOF OF CLAIM FORM

*You Must Complete All **THREE** Steps to Claim a Share of the Settlement Fund:*

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address											
Primary Address Continued											
City								State		Zip Code	
Foreign Province				Foreign Postal Code				Foreign Country Name/Abbreviation			

1. You Must Provide Your Contact Information.

Telephone Number:

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Fax Numbers (list all numbers):

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FOR CLAIMS PROCESSING ONLY	OB	□□	CB	□□	<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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2. **You Must Verify Ownership of the Fax Number(s) Identified Above.**

A. For Individuals

I attest under the pains and penalties of perjury that the fax number(s) above belonged to me at any point during the period between July 27, 2012 and March 13, 2019.

Sign your name here

B. For Companies

I attest under the pains and penalties of perjury that the fax number(s) identified above belonged to the entity identified below at any point during the period between July 27, 2012 and March 13, 2019. I further attest under the pains and penalties of perjury that I have the authority to act on the entity's behalf and to submit this claim.

Entity Name: _____

Sign your name here

3. **IF YOU HAVE COPIES OF CYNOSURE FAXES YOU RECEIVED, YOU MAY ATTACH THEM TO THIS FORM. IT MAY INCREASE YOUR PAYMENT.**

4. **You Must Return this Claim Form by August 7, 2019:**

Fax this Claim Form to: 1-866-298-4192

Mail this Claim Form to: *ARcare, Inc. v. Cynosure, Inc.*
Settlement Administrator
P.O. Box 404115
Louisville, KY 40233-4115

Submit your claim at www.cynosettlement.com

