

CERTIFICATION

1. I certify that I am a member of the Settlement Class, and have not requested exclusion from the settlement.
2. I certify that I was not aware at the time I purchased my Angie's List membership that service providers could pay Angie's List to advertise, to offer promotions and/or coupons, or to secure benefits from Angie's List.
3. I understand my Claim is subject to review by the Settlement Administrator, and I may be contacted if there are questions about my Claim or if additional information is needed to verify my Claim. I also understand that my Claim will be denied if the information I have submitted is incomplete, false, or inaccurate.
4. I certify that the foregoing information supplied by the undersigned is true and correct to the best of my knowledge.

Signature**:

Date of Certification:

		MM	-			DD	-					YYYY
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**If the Claimant is not an individual, or if the Claimant is not the person completing the Certification, please also provide the capacity of the person signing (e.g., Legal Representative, Executor, President, Trustee):

Authority of Signator:

Reminder Checklist:

1. Please electronically sign this Claim Form.
2. Keep a copy of your completed Claim Form for your records.
3. If you move or your name changes, please send your new information to Epiq Systems, Inc. via the Settlement Website.

**REMINDER: SUBMIT OR POSTMARK THIS CLAIM FORM ON OR BEFORE NOVEMBER 15, 2016,
OR YOUR CLAIM WILL BE REJECTED.**

If you have any questions about this Claim Form, visit www.MoorevALsettlement.com or call the Moore v. Angie's List Settlement Administrator at 1-888-293-9919.