

XPO Logistics, Inc. TCPA Settlement  
 c/o KCC Settlement Administrator  
 P.O. Box 404040  
 Louisville, KY 40233-9844



**XLE**

*Leung et al v. XPO Logistics, Inc.,*  
 USDC, NORTHERN DISTRICT OF  
 ILLINOIS, EASTERN DIVISION

Case No. 15-cv-03877

**Your Claim Form Must Be  
 Submitted On Or Before  
 January 30, 2018**

**Claim Form**

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. IF THIS CLAIM FORM IS SUBMITTED ONLINE, YOU MUST SUBMIT AN ELECTRONIC SIGNATURE.

**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

1. CLAIMANT INFORMATION:

EMAIL ADDRESS (if applicable)

—  —

CELLULAR TELEPHONE NUMBER (where you received the call(s))

2. AFFIRMATION:

By signing below, I declare, that the information above is true and accurate. This Claim Form may be researched and verified by XPO Logistics, Inc. and the Settlement Administrator.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

QUESTIONS? VISIT [www.XPOTCPASettlement.com](http://www.XPOTCPASettlement.com) OR CALL 844-454-4160 or Class Counsel at 866-726-1092.



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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