

Office of the Claims Administrator
c/o Analytics LLC, 2 Gold/201 Pearl Class Action
P.O. Box 2006
Chanhassen, MN 55317-2006
1-855-312-2838

PROOF OF CLAIM FORM

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW:
Name:
Address:
City, State, and Zip Code:

Please complete and sign this Proof of Claim form and return to the address set forth below, **no later than October 15, 2014**. Please note that you may also fill this form out online at: <http://www.2goldstreetclassaction.com>.

Name: _____ Telephone: _____

Email: _____

1. Please provide a good faith estimate of the total amount of costs and expenses that you incurred as a result of the displacement from your apartment at 2 Gold Street or 201 Pearl Street between October 29, 2012 and February 15, 2013:

\$ _____

2. Do you have documentation such as credit card statements, invoices, receipts, contracts, new lease agreements, etc., to support your damages estimate?

Yes No

3. If you received funds from any collateral source including insurance, FEMA, or other government or relief agency, that were intended to compensate you for losses and expenses resulting from Hurricane Sandy, please provide an estimate of the total amount of funds that you received:

\$ _____

4. If there is additional information you would like to provide at this time, please visit the following website, <http://www.2goldstreetclassaction.com>, and click on the questionnaire entitled "**Individual Costs and Expenses**."

Please return this form in the enclosed envelope to:

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If you have questions about this form, please call: 1-855-312-2838.

Name (printed): _____ Signature: _____

Date Signed: _____