

CLAIM FORM

To the best of my knowledge, information, and belief, I _____
[your name]

received an unsolicited facsimile advertisement from Gil Kerkbashian at

_____ a total of _____ times on
[your fax number] [number]

[the date(s) you received the fax(es)]

Date: _____

Printed Name:

Signature:

Current Address:

Telephone No.:

Current Email (optional):

Mail Your Completed Claim Form To:

Inland Bank Unsolicited Fax Settlement Administrator
P.O. Box 3614
Minneapolis, MN 55403-0614

YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE DECEMBER 20, 2017