

PROOF OF CLAIM FORM

TO BE ELIGIBLE TO RECEIVE A PAYMENT OF UP TO \$460.38 FROM THE SETTLEMENT FUND, YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY DECEMBER 13, 2025 AND IT MUST BE VALIDATED.

IMPORTANT NOTE: You must complete and return this claim form by U.S. Mail by **December 13, 2025** in order for its validity to be considered to receive payment. To complete this claim form, read the instructions below in Step 1; provide the requested information in Step 2; sign the form in Step 3; and submit the claim as explained in Step 4.

Each individual in the Settlement Class is entitled to submit only one claim form.

STEP 1 - DIRECTIONS

In the spaces below, neatly print your (i) name, (ii) address, and (iii) the dates you worked for Viakable Manufacturing or, if you did not work for Viakable Manufacturing, check that you did not work for Viakable Manufacturing.

STEP 2 - CLAIMANT INFORMATION

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street)

(City) (State) (Zip Code)

Check One: ☐ Dates of Work With Viakable Manufacturing: ____/____/20____ until ____/____/20____ or ☐ Present
OR

☐ I have not been employed by Viakable Manufacturing at any time after June 19, 2019.

STEP 3 - CERTIFICATION

I certify under penalty of perjury that all the statements above in Step 2 are true to the best of my knowledge. I understand that the Settlement Administrator will seek to verify my responses against the employment records of Viakable Manufacturing.

Signature: _____ Date: _____

STEP 4 - METHOD OF SUBMISSION

After completing this form, please mail it by U.S. Mail, postage prepaid, to the Settlement Administrator at:

Rocio Salinas v. Viakable Manufacturing
c/o Analytics Consulting LLC
PO Box 2002

Chanhassen, MN 55317-2002

Email: bipaviakablesettlement@noticeadministrator.com

To be considered, forms must be received by the Settlement Administrator by the Claims Deadline, which is **December 13, 2025**.