

EXCLUSION REQUEST FORM

Nolen et al. v. Fairshare Vacation Owners Association, 6:20-cv-00330-PGB-EJK (M.D. Fla.)

**This is NOT a Claim Form. It EXCLUDES you from the Class Action.
DO NOT use this form if you wish to remain IN the Class Action.**

Name of Class Member: _____

Address: _____
Street City, State Postal Code

Telephone: _____ Email: _____

I understand that by asking to be excluded, I will not be eligible to receive any money or benefits from this lawsuit even if the Plaintiffs obtain them from a trial or from any settlement between Fairshare and the Plaintiffs.

If you wish to opt out of this Class Action, please check the box below.

By checking this box, I affirm that I wish to be excluded from this Class Action.

Date Signed

Signature of Class Member

To be effective as an exclusion from this Class Action, this form must be completed, signed and sent by regular mail, **postmarked** no later than **JANUARY 17, 2022**, to the address listed below.

The consequences of returning this Exclusion Request Form are explained at www.CWPclassaction.com.

You must mail this form in an envelope postmarked NO LATER THAN JANUARY 17, 2022, to the Notice Administrator at the following address:

**Class Action Exclusion Request
Attn: Nolen et al. v. Fairshare Vacation Owners Association
P.O. Box 4778
Portland, OR 97208-4778**

Questions? Visit www.CWPclassaction.com or call 1-855-675-3120