

CLASS ACTION CLAIM FORM

COMPLETE THIS FORM IF YOU WANT TO BE ELIGIBLE TO RECEIVE ANY MONEY AS PART OF THE SETTLEMENT IN THE LAWSUIT CALLED *TILTON ET AL. V. AMEN CORNER, LLC ET AL.*, CASE NO. 2022CV32318, ARAPAHOE COUNTY DIST. CT. (THE “SUMMIT VIEW INN” CASE).

TO MAKE A TIMELY CLAIM, COMPLETE AND RETURN THIS FORM ON OR BEFORE MAY 28, 2026. INDIVIDUALS THAT SUBMIT A LATE CLAIM FORM MAY STILL BE ELIGIBLE TO RECEIVE A DELAYED SETTLEMENT PAYMENT IF FEASIBLE, BUT ONLY WHILE FUNDS REMAIN AVAILABLE.

THIS FORM CAN BE COMPLETED ONLINE AT WWW.SUMMITVIEWINNSETTLEMENT.COM

OR COMPLETED AND RETURNED BY MAIL TO:

SUMMIT VIEW INN SETTLEMENT
C/O RG/2 CLAIMS ADMINISTRATION
P.O. BOX 59479
PHILADELPHIA, PA 19102-9479

REQUIRED CONTACT INFORMATION

Current Mailing Address: _____

Current Phone Number: _____

Current Email Address: _____

REQUIRED PAYMENT INFORMATION

TO RECEIVE PAYMENT, YOU MUST PROVIDE THE FOLLOWING INFORMATION NECESSARY TO PROCESS A PAYMENT. YOU MUST ALSO FILL OUT THE NECESSARY TAX INFORMATION AT THE END OF THIS FORM.

I would like to receive any settlement payment by the following payment method:

- Check via first class mail to the mailing address listed above
- Venmo Email: _____
- Paypal Email: _____

OPTIONAL INFORMATION MAY BE NECESSARY TO VERIFY YOUR CLAIM

WHILE THIS INFORMATION IS NOT REQUIRED IN ORDER TO RECEIVE PAYMENT, SUCH INFORMATION MAY BE NECESSARY IN ORDER TO VERIFY YOUR CLAIM. IF THE SETTLEMENT ADMINISTRATOR IS NOT ABLE TO VERIFY YOUR CLAIM GIVEN THE AVAILABLE INFORMATION, YOU WILL NOT RECEIVE A SETTLEMENT PAYMENT.

List any former names or aliases that you used at the time you occupied a unit at SVI:

List the names of any other individuals that shared a unit with you at SVI:

List the approximate time(s) that you occupied a unit at SVI to the best of your recollection:

List the room number(s) of the unit(s) you occupied at SVI to the best of your recollection:

Please provide any other information or context about your time at SVI that you believe may be relevant to confirming your occupancy at SVI:

SIGNATURE

I would like to receive a settlement payment as part of the Class Action Settlement in *TILTON ET AL. V. AMEN CORNER, LLC ET AL.* (THE "SUMMIT VIEW INN" CASE).

I understand that, if I am eligible to receive a settlement payment and my claim can be verified, it will be transmitted to be using the payment instructions provided above.

Print your name: _____

Signature

Date

**** TO RECEIVE PAYMENT, YOU MUST ALSO COMPLETE THE "SUBSTITUTE FORM W-9" ATTACHED BELOW ****

SUBSTITUTE FORM W-9:

I. CLAIMANT NAME AND ADDRESS INFORMATION:

Name (as shown on your income tax return). _____

Business name (if different than above). _____

Mailing Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

II. Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the claimant. For most individuals, this is your Social Security Number. The Internal Revenue Service (“I.R.S.”) requires such taxpayer identification number. If you fail to provide this information, your claim may be subject to a 24% backup withholding. This 24 percent tax will be taken from payments to ensure the IRS receives the tax due on this income. This is known as Backup Withholding and may be required because you failed to provide a correct taxpayer identification number for reporting on the required information return.

Social Security Number: _____ or

Tax Payer Identification Number: _____

Entity Type - Select One:

- (Individual/sole proprietor)
- (Partnership)
- (LLC)
- (Corporation)
- (Trust)
- (S-Corp)
- (Estate)
- (Other: _____)

Exemptions (codes apply only to certain entities, not individuals):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

III. CERTIFICATION:

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I CERTIFY THAT ALL OF THE INFORMATION I PROVIDED ON THIS SUBSTITUTE FORM W-9 IS TRUE, CORRECT AND COMPLETE.

Signature