

Must Be Postmarked
No Later Than
July 8, 2013



STETS2

STETSON, et al. v. WEST PUBLISHING CORP., et al.

Claim Form

<<Barcode>> <<ClaimID>>
<<FirstName>> <<LastName>>
<<Addr1>> <<Addr2>>
<<City>>, <<State>> <<Zip>>

If you are a Member of the Class, as defined below, then, in order to receive a distribution from the Settlement, you must return this Claim Form, **POSTMARKED no later than July 8, 2013**, to the following address: BAR/BRI Claims Administration, c/o Gilardi & Co. LLC, P.O. Box 808054, Petaluma, CA 94975-8054

Do not submit your Claim Form to the Court.

Pursuant to the Court's order, this is a Claim Form that must be properly and timely filled out, signed, and returned in order for you to receive any payment as a result of the Settlement reached in *Stetson, et al. v. West Publishing Corp., et al.* Pursuant to the Settlement, Members of the Class are entitled to receive a payment. The Class consists of:

All persons and entities who paid for a BAR/BRI full-service bar review course provided by Defendant West Publishing Corporation from August 1, 2006, through and including March 21, 2011.

The completed Claim Form and any information submitted with it are confidential and will be used only for purposes of administering the Settlement. No other Class Member will see this information.

THE INFORMATION YOU PROVIDE ON THIS CLAIM FORM WILL BE USED TO CALCULATE THE AMOUNT OF PAYMENT DUE YOU PURSUANT TO THE SETTLEMENT AND THE PLAN OF ALLOCATION, AS APPROVED BY THE COURT. FOR MORE INFORMATION REGARDING THE SETTLEMENT AND PLAN OF ALLOCATION, OR IF YOU HAVE ANY QUESTIONS CONCERNING THIS CLAIM FORM, WRITE TO, CALL, OR GO ON-LINE AT:

BAR/BRI Claims Administration
c/o Gilardi & Co. LLC
P.O. Box 808054
Petaluma, CA 94975-8054
Tel: 888-293-3337
www.gilardi.com/barbrisettlement

**DO NOT CONTACT THE COURT IF YOU HAVE QUESTIONS
CONCERNING THIS CLAIM FORM**



FOR CLAIMS PROCESSING ONLY	<input type="radio"/> REV	<input type="radio"/> OZ
	<input type="radio"/> LC	<input type="radio"/> DOC

DATE OF BAR EXAM FOR WHICH
YOU PURCHASED BAR REVIEW

/
Month Year

STATE OF BAR EXAM FOR WHICH
YOU PURCHASED BAR REVIEW

State

AMOUNT PAID FOR
BAR REVIEW COURSE

\$
Amount

THIS BAR REVIEW COURSE WAS PURCHASED FOR

First Name

Last Name

DATE OF BAR EXAM FOR WHICH
YOU PURCHASED BAR REVIEW

/
Month Year

STATE OF BAR EXAM FOR WHICH
YOU PURCHASED BAR REVIEW

State

AMOUNT PAID FOR
BAR REVIEW COURSE

\$
Amount

THIS BAR REVIEW COURSE WAS PURCHASED FOR

First Name

Last Name

As a Member of the Class, you will be subject to and bound by the terms of the Release contained in the Settlement Agreement, which provides that:

In addition to the preclusive effect of any final judgment entered in accordance with this Settlement, upon the Judgment becoming Final under Paragraph 60(e), the Released Parties shall be released and forever discharged from any and all manner of claims, demands, actions, suits, causes of action, damages whenever incurred, liabilities of any nature whatsoever (including costs, expenses, penalties, and attorney’s fees), known or unknown, suspected or unsuspected, in law or equity, whether class, individual, or otherwise in nature, that any Member of the Class who has not successfully excluded himself, herself, or itself from the Settlement (including any of their past, present or future officers, directors, agents, employees, employers, legal representatives, trustees, parents, associates, affiliates, licensees, subsidiaries, partners, creditors, heirs, executors, administrators, purchasers, predecessors, successors, and assigns, in their capacities as such) (collectively, “Releasing Persons”), ever had, now has, or hereafter can, shall, or may have, whether directly, representatively, derivatively, or in any other capacity, concerning or relating to any conduct alleged in the Complaint in the Action, and including without limitation all claims that have been asserted or could have been asserted in any litigation against the Released Parties or any of them for any conduct alleged in the Complaint in the Action (collectively with all claims referenced in the next paragraph, the “Released Claims”), whether or not a Releasing Person objects to the Settlement or submits a Claim Form.

In addition to the release of claims as specified in the preceding paragraph, upon this Settlement becoming final, each Member of the Class who has not successfully excluded himself or herself from the Settlement will be deemed to have waived and released any and all provisions, rights, and benefits conferred by § 1542 of the California Civil Code, which states:

Section 1542. Certain Claims not Affected by General Release. A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.



Moreover, each such Member of the Class will be deemed to have waived and released any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code. Each Class Member may hereafter discover facts other than or different from those which he, she, or it knows or believes to be true with respect to the claims which are the subject matter of the provisions of the preceding paragraph, but each Member of the Class waives and fully, finally, and forever settles and releases, upon the Judgment becoming Final, any known or unknown, suspected or unsuspected, contingent or non-contingent claim with respect to the subject matter of the provisions of the preceding Paragraph, whether or not concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

I acknowledge reading the Release specified above and certify under penalty of perjury that the information provided above is true and correct and that the submission of false information may subject me to civil and/or criminal penalties.

Signature: _____ Date: _____

This Claim Form must be signed by the Class Member or his, her, or its authorized representative.

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