

**DICKSON v. LEAFILTER NORTH, LLC**

**CLAIM FORM**

**Case No. 2025-005897-CA-01**

Return this Claim Form to: Gutter TCPA Claim Administrator, c/o RG/2 Claims Administration LLC, PO Box 59479, Philadelphia, PA 19102-9479.

Questions, visit [www.GutterTCPASettlement.com](http://www.GutterTCPASettlement.com) or call 1-866-742-4955

**DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY AUGUST 20, 2025, BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.**

**YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.**

Please note that this Claim Form may be researched and verified by the Claim Administrator and the Parties.

**YOUR CONTACT INFORMATION**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_  
(City) (State) (ZIP Code)

Telephone Number at which you received a phone call from LeafFilter:  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address (if any): \_\_\_\_\_

Current Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or ☐ check if same as above  
(Please provide a phone number where you can be reached if further information is required.)

Claim ID: \_\_\_\_\_

**Settlement Class Member Verification**

By submitting this Claim Form, I attest under penalty of perjury that (a) the information I provided is accurate, (b) the telephone number at which I received a phone call from LeafFilter was my number during the period June 21, 2023 through May 22, 2025 and (c) I meet the definition of the Settlement Class, which consists of all persons in the United States who (i) visited the website <https://www.allstarpros.com> between June 21, 2023 and October 31, 2023, (ii) submitted a phone number on the website <https://www.allstarpros.com>, (iii) did not submit a request to receive information relating to gutters, and (iv) received a telephone call from LeafFilter. I understand that my Claim Form may be subject to audit, verification and review by the Court, the Parties or the Administrator.

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Additional information regarding the Settlement can be found at visit [www.GutterTCPASettlement.com](http://www.GutterTCPASettlement.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If you have questions, you may call the Administrator at 1-866-742-4955 or visit [www.GutterTCPASettlement.com](http://www.GutterTCPASettlement.com).