RehabCare Settlement Administrator P.O. Box 43034 Providence, RI 02940-3034

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Must Be Postmarked No Later Than September 7, 2017

R. Fellen, Inc., et al. v. RehabCare Group, Inc., and Cannon and Associates LLC, dba Polaris Group

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

Case No. 14-CV-02081

CLASS MEMBER

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Questions? Call 1-866-683-9606 or visit www.rehabcaresettlement.com

FOR CLAIMS

ONLY

(b) By mail to: RehabCare Settlement Administrator, P.O. Box 43034, Providence, RI 02940-3034

Taxpayer Identification Number Certification - Substitute IRS Form W-9

Enter your Taxpayer Identification Number:														
Print name as shown on your income tax return:														
Name														

Under penalties of perjury, I certify that:

- 1. The taxpayer identification number shown on this form is my correct taxpayer identification number, 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. person (including a U.S. resident alien).

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

