CLAIM FORM

Nicole Whitcraft v. CellNetix Labs, LLC and CellNetix Pathology, PLLC
Case No. 24-2-02706-8 SEA

Superior Court of the State of Washington, County of King

Claims must be postmarked no later than January 26, 2026. You may also submit a Claim Form online no later than January 26, 2026.

This claim form should be filled out online or submitted by mail if you are an individual residing in the United States whose Private Information was potentially impacted in the Incident, including all those who were sent notice that your personal information was potentially accessible by an unauthorized third-party who gained access to CellNetix's systems (the "Incident") in December 2023.

The settlement notice describes your legal rights and options. Please visit the official Settlement Website, **www.CellnetixDataSettlement.com**, or call **1-866-742-4955** for more information.

The Settlement establishes a $227,500 fund to compensate Settlement Class Members for their out-of-pocket expenses and/or lost time, or an alternative compensation, as well as for the costs of notice and administration, certain taxes, service award payment(s), and attorney fee awards and costs as awarded by the Court.

You can submit a claim for documented out-of-pocket expenses as a result of the Incident and/or lost time, or a claim for alternative compensation. You may get a check or electronic payment if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. The deadline to submit this claim form online (or have it postmarked for mailing) is **January 26, 202**6.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

_____

Telephone: _____ Email: _____

2. CLASS MEMBERSHIP:

☐ Please check this box if you received a Notice related to this class action settlement, and you have your unique Notice ID.

Notice ID (Included on the mailed Notice, if known): _____

☐ Please check this box if you have not received a Notice but believe that you should be included in the Settlement Class. You must provide documentation demonstrating that you were impacted by the data Incident and that you are a Settlement Class Member.

3. MONETARY REIMBURSEMENT *(YOU MAY CLAIM ONE OR BOTH OUT-OF-POCKET AND TIME LOST BENEFITS. ALTERNATE COMPENSATION CAN ONLY BE CLAIMED IN NO OTHER BENEFITS ARE CLAIMED)*:

Check the box for each category of benefits you would like to claim. **You may submit a claim for one or more of these benefits, including that you may receive each Documented Out-of-Pocket Expense and/or Time Lost payment, or Alternative Compensation payment.**

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described below.

a. Documented Out-Of-Pocket Expenses resulting from the Incident:

☐ **Check this box if you wish to submit a claim for Documented Out-Of-Pocket Expenses.** All Settlement Class Members may submit a claim for up to five thousand dollars and zero cents ($5,000.00) for actual, documented, and unreimbursed monetary losses occurring between December 2023 and the date the Claim is submitted, that are fairly traceable to the Incident, to be paid out of the Settlement Fund.

Total amount for this category $ _____ (not more than $5,000)

Examples of kinds of documented out-of-pocket losses that may be claimed include, in part: (i) unreimbursed losses relating to fraud or identity theft; (ii) postage; (iii) copying, faxing, scanning; (iv) mileage for travel; (v) notary charges; (vi) cell phone charges (only if charged by the minute); or (vii) bank fees or professional fees such as fees for accountants and attorneys.

Settlement Class Members must also have made reasonable efforts to avoid, or seek reimbursement for, such losses, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. Settlement Class Members with losses must submit substantial and plausible documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

Supporting documentation must be provided. Failure to provide sufficient supporting documentation for Documented Out-of-Pocket Expenses, referenced above, as requested on the Claim Form, shall result in denial of that portion of Documented Out-of-Pocket Expenses for which such documentation is not provided.

b. Reimbursement for Time Lost:

☐ **Check this box if you wish to submit a claim for Time Lost.** All Settlement Class Members may submit a claim for up to three (3) hours of time compensated at the rate of $30 per hour (for a total of $90) for actual, documented, and for lost time they reasonably spent responding to the Data Security Incident occurring between December 2023 and the date the Claim, that are fairly traceable to the Incident, to be paid out of the Settlement Fund.

Total Number of Hours _____ @ $30/hour for a total of $_____

c. Alternative Compensation:

☐ **Check this box if you wish to receive an Alternative Compensation Payment.**

Settlement Class Members who do not submit approved Settlement Claims for Out-of-Pocket Losses or Attested Time may elect to receive Alternative Compensation payments. These payments will be calculated by first deducting from the Settlement Fund claims for Out-Of-Pocket Losses, Attested Time, and all other expenses, claims, fee awards, costs, and service awards, and allocating the remainder evenly to all eligible Alternative Compensation claimants.

4. PAYMENT PREFERENCE:

☐ Check here if you would like to receive payment for your approved claim, if any, via electronic means.

Please provide the email address for an electronic payment notification:

_____

5. CERTIFICATION:

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me.

_____	_____	____/____/_____
Signature	**Print Name**	**Date**

6. MAIL YOUR CLAIM FORM, OR SUBMIT YOUR CLAIM FORM ONLINE.

This claim form must be postmarked by **January 26, 2026** and mailed to: **CellNetix Data Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479**; OR emailed by midnight on **January 26, 2026** to **info@rg2claims.com**; OR submitted through the Settlement Website by midnight on **January 26, 2026** at: **www.CellnetixDataSettlement.com**.