

CLAIM FORM

Vincent Finch v. Lamps Plus, Inc.
San Diego County Superior Court Case No. GIC 875385

Must be postmarked by October 17, 2007

In order to receive a voucher under the settlement in this case, you **must** complete and sign this Claim Form and mail it prepaid, first class mail, postmarked **no later than October 17, 2007** to:

Vincent Finch v. Lamps Plus
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

I. INFORMATION ABOUT YOUR CLAIM

Name (First, Middle, Last)

(Initial if true and correct)

Current Street Address

I was requested and/or required by Lamps Plus, Inc. to provide personal identification information in connection with a credit card transaction between November 9, 2002 and July 17, 2007

City State Zip Code

Area Code Telephone Number (Work)

Address of Lamps Plus, Inc. retail store where you were requested and/or required to provide personal identification information in connection with a credit card transaction during the Class Period

Area Code Telephone Number (Home)

E-mail Address (if available)

City State Zip Code

I certify on this _____ day of _____, 2007, under penalty of perjury under the laws of the United States and the State of California that the above information is true and correct and that I want to participate in the settlement. I also hereby grant LPI the right to verify the information set forth herein above as LPI may reasonably determine prior to the issuance of my voucher and the occurrence of the Effective Date.

(Sign your name here)

(Type or print name here)