

*Chapman v. America's Lift Chairs*  
c/o Kroll Settlement Administration  
P.O. Box 5324  
New York, NY 10150-5324

**Electronic Service Requested**

UNITED STATES DISTRICT COURT FOR  
THE SOUTHERN DISTRICT  
OF GEORGIA

*Crystal Chapman v. America's Lift Chairs,  
LLC, No 4:21-cv-245*

**If you received a telemarketing call  
from America's Lift Chairs, you may be  
entitled to a payment of up to \$40 from  
a class action settlement.**

*A court authorized this Notice.*

*You are **not** being sued. This is **not** a  
solicitation from a lawyer.*

**Postal Service Please do not mark barcode**

Class Member ID:

Call records indicate that you may be affected by a Settlement<sup>1</sup> of a class action lawsuit claiming that Defendant America's Lift Chairs, LLC ("America's Lift Chairs") violated a federal law called the Telephone Consumer Protection Act ("TCPA") when their telemarketing vendor Prospects DM sent pre-recorded calls on their behalf. America's Lift Chairs denies that it violated the law.

The lawsuit is called Crystal Chapman v. America's Lift Chairs, LLC, Case. No 4:21-cv-245. Judge R. Stan Baker decided that this Settlement should be a class action on behalf of a Class, or group of people that could include you, and a Settlement has been reached affecting this Class.

The Settlement offers payments to Class Members who file Approved Claims. Your legal rights are affected whether you act or do not act. Read this Notice carefully.

**Who's Included?** The Settlement includes the following Class that the Court certified: "All users or subscribers to telephone numbers that received a pre-recorded telemarketing call by Prospects DM on behalf of America's Lift Chairs, LLC and/or that were on the national Do Not Call Registry and received a telemarketing call from Prospects DM, Inc. and any related entities on behalf of America's Lift Chairs, LLC from August 31, 2017 through June 6, 2023.

You are receiving this Notice because your name and phone number appeared in calling records obtained for this case.

**What are the Settlement Terms?** America's Lift Chairs has agreed to a Settlement Sum of \$1,700,000. The Settlement Sum will be used to pay all Settlement costs, including Settlement Administration Expenses, any attorneys' Fee Award awarded to Class Counsel by the Court, and all Approved Claims. Members of the Class who submit Approved Claims shall receive an amount not to exceed forty dollars and three cents (\$40.03), less each Class Member's share of any attorneys' Fee Award. In the event that claims exceed a certain threshold, the amount will also be reduced by each Class Member's share of Settlement Administration Expenses. Only Approved Claims will be paid. Only one claim per telephone number will be validated and deemed an Approved Claim.

America's Lift Chairs has also agreed to implement enhanced policies and procedures to ensure future compliance with the TCPA.

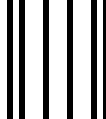
**How can I get a Payment?** By completing the Claim Form attached to this notice and submitting it by U.S. mail to the Settlement Administrator at the address on the Claim Form. You may also download or file a Claim Form online at [www.LiftChairsTCPASettlement.com](http://www.LiftChairsTCPASettlement.com) or by email to [claims@LiftChairsTCPASettlement.com](mailto:claims@LiftChairsTCPASettlement.com). If you send in a Claim Form by regular mail, it must be postmarked on or before **September 4, 2023**. The deadline to file a Claim Form online or by email is **11:59 p.m. ET on September 4, 2023**.

**What are my Other Options?** If you do not want to be legally bound by the Settlement, you must exclude yourself by **September 4, 2023** by sending the Settlement Administrator a letter that complies with the procedure set forth in the Settlement Agreement, available at the Settlement website. If you do not exclude yourself, you can share in the Settlement Sum by completing and submitting a Claim Form, and you will release any claims you may have, as more fully described in the Settlement Agreement, available at the Settlement website. Even though you submit a Claim Form, you may object to the Settlement by **September 4, 2023** by complying with the objection procedures detailed in the Settlement Agreement. The Court will hold a Final Approval Hearing on **September 7, 2023 at 10 a.m. ET** to consider whether to approve the Settlement and a request for attorneys' fees not to exceed one third of the Settlement Sum and reimbursement of expenses. If you properly object, you may appear at the hearing, either yourself or through an attorney hired by you, but you do not have to. For more information, call the Settlement Administrator or visit the Settlement website.

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Capitalized terms herein have the same meanings as those defined in the Settlement Agreement.

[www.LiftChairsTCPASettlement.com](http://www.LiftChairsTCPASettlement.com) or call 1-833-630-8585



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 36777526 NEW YORK, NY

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CHAPMAN V. AMERICA'S LIFT CHAIRS  
C/O KROLL SETTLEMENT ADMINISTRATION  
P.O. BOX 5324  
NEW YORK NY 10126-2876



Class Member ID: \_\_\_\_\_

**Chapman v. America's Lift Chairs**  
**CLAIM FORM**

Claimant Name (Required): \_\_\_\_\_

**Current Contact Information**

Street Address (Required): \_\_\_\_\_

\_\_\_\_\_  
City (Required)

\_\_\_\_\_  
State (Required)

\_\_\_\_\_  
Zip Code (Required)

Email (Optional): \_\_\_\_\_@\_\_\_\_\_

Preferred Phone Number (Required): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim.*

Telephone Number(s) for which you were the regular user or subscriber during April 7, 2017 through June 6, 2023 at which you received one or more calls promoting America's Lift Chairs:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ , ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ , ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at [www.LiftChairsTCPASettlement.com](http://www.LiftChairsTCPASettlement.com) or by writing the Settlement Administrator at Chapman v. America's Lift Chairs, c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324.**

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