

**ATTACHMENT TO NON-PROPERTY DAMAGE
CLASS ACTION SETTLEMENT CLAIM FORM**

	<u>Flushmate System Serial Number</u>	<u>Installed Repair Kit</u>	<u>Installed Pressure Vessel</u>	<u>Replaced Toilet</u>	<u>Out of Pocket Expense*</u>
1.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
2.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
3.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
4.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
5.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
6.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
7.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
8.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
9.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
10.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
11.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
12.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
13.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
14.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
15.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
16.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
17.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
18.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
19.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
20.	_____ - F ____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$_____

* If you completed the installation yourself, please put "0" in this column.

If you incurred unreimbursed out-of-pocket installation expenses, please submit copies of your invoices or receipts with this Claim. If you do not have invoices or receipts, you can still submit your Claim listing the serial number or providing other proof of ownership of the Flushmate System(s) for which you are seeking reimbursement.