

CLAIM FORM AND INSTRUCTIONS

In order for you to qualify to receive compensation related to *Skarpnes, et al. v. Elixir Cosmetics OPCO LLC*, Case No. CU23-04638, as described in the Notice of this Settlement (the “Class Notice”), you must submit a Claim Form by U.S. mail or electronically on the Settlement Website at www.blsettlement.com to substantiate your claim.

REQUIREMENTS FOR FILING A CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all required portions of the attached Claim Form.
2. You must sign this Claim Form, which includes the Certification. If you file a Claim Form electronically, your electronic signature and submission of the form shall have the same force and effect as if you signed the form in hard copy.
3. By signing and submitting the Claim Form, you are certifying under penalty of perjury that you purchased (the “Products”) in the United States on or after June 1, 2019 and on or before January 19, 2024.
4. You must submit a completed Claim Form to receive a payment of up to Twenty-five U.S. Dollars (\$25.00) per unit with Proof of Purchase or a payment of up to Twenty-five U.S. Dollars (\$25.00) per household without Proof of Purchase.
5. You have two ways to complete and submit a Claim Form: (A) you may MAIL the completed and signed Claim Form and Certification by First Class U.S. Mail, postage prepaid, postmarked no later than **April 19, 2024** to:

<p style="text-align: center;">Babe Lash Settlement Administrator PO Box 231 Valparaiso, IN 46384</p>
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Or (B) you may complete and submit the Claim Form and Certification using the Settlement Website at www.blsettlement.com. If you file an electronic Claim Form and have Proof of Purchase of the Products, you must either send your Proof of Purchase to the Settlement Administrator via the website, e-mail at info@blsettlement.com or via U.S. Mail at the Settlement Administrator’s address above. If you do not have Proof of Purchase, below you must identify, to the best of your recollection or records, when and where you purchased the Products.

6. Your failure to complete and submit the Claim Form using the Settlement Website by **April 19, 2024**, or by mail by **April 19, 2024**, will preclude you from receiving any monetary payment in this Settlement. If you submit by mail, you are advised to use (but are not required to use) certified mail, return receipt requested so that you will have a record of the date of mailing.
7. Members of the same household may only submit a single Claim Form.

Submission of this Claim Form does not assure that you will receive compensation related to *Skarpnes, et al. v. Elixir Cosmetics OPCO LLC*. If the Settlement Administrator determines that your claim may be invalid, the Settlement Administrator may reject your claim subject to your right to present information to dispute the Settlement Administrator’s finding. For more information on this process, see Paragraphs 5.3 and 5.4 of the Settlement Agreement, which is available at www.blsettlement.com.

CLAIM FORM

Please print or type

I, _____, state as follows:

FIRST NAME (Claimant)*

LAST NAME/Entity (Claimant)*

Current Address*

Current City*

State*

Zip Code*

Telephone Number (Day)

Telephone Number (Night)(optional)

E-mail Address*

IDENTITY OF CLAIMANT (Check appropriate box)

- Individual Legal Representative (attach information showing authority to submit claim) Other (specify, describe on separate sheet)

Product	Quantity	Where Purchased
Babe Lash Essential Lash Serum		
Babe Lash Eyelash Serum		
Babe Amplifying Brow Serum		
Babe Brow Serum		

Please choose **one** of the following:

- (a) Check here if you received notice directly by mail or email.

If you received direct notice in the mail or via email, please submit the unique Claim ID & Pin provided in that correspondence. The unique Claim ID is an 8-digit numeric value that can be found on your Postcard Notice, or within the body of the Email Notice. The pin is a 6-digit numeric value that can also be found on your Postcard Notice, or within the body of the email notice.

Claim ID: _____ Pin: _____

- (b) Check here if you have a Proof of Purchase of the Products to submit with your claim.

If you are submitting this Claim Form by mail, please include a copy of your receipt(s) or other documentation memorializing the purchase of the Products along with this Claim Form to the Babe Lash Settlement Administrator, P.O. Box 231, Valparaiso, IN 46384.

- (c) Check here if you do not have a Proof of Purchase to submit with your claim.**

**Failure to include Proof of Purchase for claims in which a Proof of Purchase is required (individuals who did not receive notice by email or mail) results in the requirement to set forth when and where you purchased the Products and could result in the rejection of your claim. If you did not receive notice by email or mail and do not have a Proof of Purchase, set forth, to the best of your recollection of records, when and where you purchased the Products: _____.

CERTIFICATIONS*

I have read and am familiar with the contents of the Instructions accompanying this Claim Form and I certify under penalty of perjury that the information I have set forth in the foregoing Claim Form and in documents attached by me are true, correct and complete to the best of my knowledge.

I certify that I purchased the Products in the United States for personal, family, household, or professional purposes on or after June 1, 2019 and on or before January 19, 2024.

I do not have pending litigation against Elixir. I am not an officer, director, or employee, or immediate family member of the officers, directors, or employees, of Elixir or any entity in which Elixir has a controlling interest. I have not acted as a consultant of Elixir. I am not legal counsel or an employee of legal counsel for Elixir or Plaintiff. I am not a federal, state, or local government entity and I am not a judicial officer presiding over the Action or a member of their immediate family and judicial staff.

I understand that my Claim Form is subject to review by the Settlement Administrator, and that my claim will not be processed unless approved by the Settlement Administrator. I understand that if the Settlement Administrator determines that my claim is fraudulent or contains fraudulent or otherwise false information, my claim will be rejected and not paid.

I certify under penalty of perjury under the laws of the United States that all of the information provided on this Claim Form is true and correct to the best of my knowledge this ____ day of _____, 2024.

Signature

Date

Print name here: _____

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

Name of person signing: _____

Date: _____

Capacity of person signing: _____
(Executor, President, Trustee, etc.)

ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above Claim Form.
2. Enclose a copy of your Proof of Purchase, if you have the documentation, along with the Claim Form, or otherwise set forth when and where you purchased the Products.
3. Keep a copy of your Claim Form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information to the Settlement Administrator via mail or by calling the Settlement Administrator's toll-free telephone number, each listed in the Notice.

*Fields or Sections are Required to be Completed.