

Jacqueline Jones v. I.Q. Data International, Inc.

Claim Form

Name

Claim ID (found on the front of
the Postcard above your name):

First Name:

Last Name:

Address

Street Address 1:

Street Address 2:

City:

State:

Postal Code / Zip Code:

Phone Number:

Please submit your completed claim form to::

Mail: Jacqueline Jones v. I.Q. Data International, Inc.
c/o ILYM Group, Inc.
P.O. Box 57087
Irvine, CA 92619

Postmarked no later than July 6, 2015.