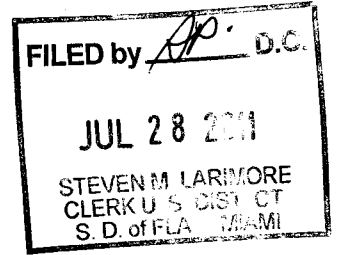


Kardonick v. JPMorgan Chase & Co., 10-cv-23235 (S.D. Fla.)

CLAIM FORM



To receive benefits from this Settlement, your claim form must be received on or before August 8, 2011. Mail your completed and signed claim form to:

Kardonick Settlement Administrator
P. O. Box 280
Philadelphia, PA 19105-0280

You must complete all four sections and sign below in order to receive any benefits from this Settlement.

1. CLAIMANT INFORMATION:

FNAME1: Stanley R. Mawskie
MI1 LNAME1:
FNAME2: Stan Mawskie
MI2 LNAME2:
ADDRESS 1: 61454 USA Highway # 136 Tecumseh, Mo. 68450
ADDRESS 2: 60454 USA Highway # 136
CITY: Tecumseh STATE: Mo ZIP: 68450 ZIP4 (optional):
DATE OF BIRTH: 5.12.1957

2. EITHER state the number that appears on the mailing label of the postcard you received here [blank], OR state the last four digits of your Social Security Number here 8297. OR state the last four digits of ANY of your Chase credit card accounts that were enrolled in a Payment Protection Product at some time between September 1, 2004 and November 11, 2010 here 1931.

3. Please check the box next to the statement that is correct about you:
[ ] I have been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.
[X] I have not been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.

4. Please check all boxes that apply. If you do not check at least one box your claim will not be paid.
[ ] I made a claim for Chase Payment Protection benefits and my claim was denied.
[X] I was billed for or enrolled in a Chase Payment Protection Product without my knowledge or consent and/or I was self-employed, retired, seasonally employed, or employed less than 30 hours per week (or less than 15 hours per week for students), or I voluntarily forfeited my job (resigned) at some point during my enrollment in a Chase Payment Protection Product.
[ ] None of the above categories apply to me, but I am not completely satisfied with the Chase Payment Protection Product(s) in which I was enrolled at some point between September 1, 2004 and November 11, 2010.

I declare that I have accurately filled out this form to the best of my knowledge.
Signature: Stanley R. Mawskie - also Stan Mawskie
Name (please print): Stanley R. Mawskie or Stan MAWSKIE
Date: July 26 - 2011

Kardonick Settlement Administrator  
P.O. Box 280  
Philadelphia, PA 19105-0280

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
PERMIT NO. 2323  
PHILADELPHIA, PA



14445

\*\*\*\*\*AUTO\*\*MIXED AADC 190

STANLEY R MANSKE

61454 US HIGHWAY 136

TECUMSEH, NE 68450-8009



*[Handwritten notes and scribbles, including "3/23/08" and "STANLEY R MANSKE"]*

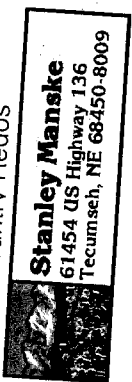
**THIS PACKAGE CONTAINS ONE (1) PAPER CLAIM FORM  
FOR THOSE WHO CANNOT FILE ON-LINE AT**

**[www.KardonickSettlement.com](http://www.KardonickSettlement.com).**

**IF YOU NEED ADDITIONAL PAPER CLAIM FORMS,  
YOU MAY USE PHOTOCOPIES OF THIS CLAIM FORM.**

*[Handwritten notes and scribbles at the bottom of the page]*

S & E Country Redos



LINCOLN NE 685

SEP 21 2011 PM 2 T



Clerk of the Court  
Southern Dist. of Florida  
400 No. Miami Ave.  
Miami, Florida 33128

33128+7716

