

Settlement Administrator - 83037 +++
c/o Kroll Settlement Administration LLC
P.O. Box 5324
New York, NY 10150-5324

FIRST-CLASS MAIL
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ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION
SETTLEMENT

You may be entitled to submit a claim
for monetary compensation under a
class action settlement.

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

Postal Service: Please do not mark or cover barcode

<<FirstName>> <<LastName>>

<<Company>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip>>-<<zip4>>

<<Country>>

WHO IS A SETTLEMENT CLASS MEMBER?

In the Litigation *Bustos, et al. v. Riverside Medical Clinic*, CVRI2203466, you are a Settlement Class Member if you are/were a Riverside Medical Clinic ("RMC") patient or other person, who visited the website www.riversidemedicalclinic.com from September 9, 2017 through December 13, 2022 (the "Settlement Class").

WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?

The Settlement establishes a \$1.75 million Settlement Fund. Settlement Class Members who file a valid Claim Form may receive a pro rata cash payment from the Net Settlement Fund estimated at \$38.83 (adjusted up or down depending on the number of claims filed) per Claimant. The Net Settlement Fund is the amount of funds that remain in the Settlement Fund after: Notice and Claims Administration Costs (estimated at \$389,030), taxes owed, Plaintiffs' service awards (up to \$14,000), and any Attorneys' Fees, Costs and Expenses Award (up to \$612,500). More information is available on the Settlement Website.

WHAT ARE YOUR RIGHTS AND OPTIONS?

Submit a Claim Form. To qualify for a Claim Payment, you must timely mail a Claim Form that is attached to this Postcard Notice or timely complete and submit a Claim Form online at www.riversidemedicalclinic.com. You may also print a Claim Form found on the Settlement Website and mail in your claim. Your Claim Form must be postmarked or submitted online no later than **August 26, 2024**.

Opt-Out. You may exclude yourself from the Settlement and retain your ability to sue RMC on your own by submitting the Exclusion Form to the Settlement Administrator via the Settlement Website, or if mailed, postmarked no later than **July 29, 2024**. If you do not exclude yourself you will be bound by the Settlement and give up your right to sue regarding the Released Class Claims.

Object. If you do not exclude yourself, you have the right to object to the Settlement. Objection Forms must be mailed to the Settlement Administrator, postmarked no later than **July 29, 2024** and provide the reason for the objection.

Do Nothing. If you do nothing, you will not receive a cash payment and will lose the right to sue regarding the Released Class Claims. You will be bound by the Court's decision because this is a conditionally certified class action.

Attend the Final Approval Hearing. The Court has determined only that there is sufficient evidence to suggest the Settlement is fair, reasonable, and adequate. The Court will hold a **Final Approval Hearing at 8:30 a.m. PT on August 23, 2024**, to determine if the Settlement is fair, reasonable, and adequate. All persons may appear at the hearing and may state their objections orally at that time.

Who are the attorneys for the Plaintiffs and the proposed Settlement Class? The Court appointed John J. Nelson, and Alexander Wolf as Class Counsel to represent the Settlement Class. If you want to be represented by your own lawyer, you may hire one at your own expense.

Do I have any obligation to pay attorneys' fees or expenses? No. The Attorneys' Fees, Costs and Expenses Award will be paid exclusively from the Settlement Fund as awarded and approved by the Court. The Attorneys' Fees, Costs and Expenses Award will be in an amount of up to 35% (or \$612,500) of the Settlement Fund. The motion for Attorneys' Fees, Costs and Expenses will be posted on the Settlement Website after it is filed with the Court.

What is the amount of the Plaintiffs' service awards? The named Plaintiffs will seek service awards in the amount of \$3,500 each for their efforts in this case.

What am I giving up by remaining in the Settlement? By remaining in the Settlement you give up the ability to sue Riverside Medical Clinic, its agents, officers, and affiliates, for claims related to the disclosure of personal information while visiting www.riversidemedicalclinic.com from September 9, 2017, through December 13, 2022.

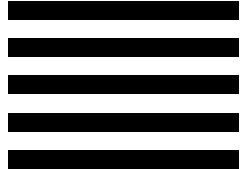
Where can I learn more, obtain a Claim Form, Objection Form, or Exclusion Form, or a copy of the Settlement Agreement? You can learn more about the Settlement, review filings and the Settlement Agreement, and obtain copies of the Claim Form, Objection Form, and Exclusion Form on the Settlement Website. You may also obtain the Settlement Agreement attached to the Declaration of John J. Nelson in support of Plaintiffs' Motion for Preliminary Approval filed on March 29, 2024, in the Superior Court of California for the County of Riverside located at 4050 Main Street, Riverside, CA 92501 and accessible online via www.riverside.courts.ca.gov.

This Postcard Notice is a summary of the proposed Settlement. Additional Information is available at www.riversidemedicalclinic.com.



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BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY ADDRESSEE

SETTLEMENT ADMINISTRATOR - +++
PO BOX 5324
C/O KROLL SETTLEMENT ADMINISTRATION
NEW YORK NY 10126-2876



<<Barcode>>

Class Member ID: <<Refnum>> +++

CLAIM FORM FOR PRO RATA CASH PAYMENT

**Claims must be postmarked no later than August 26, 2024.
You may also submit a Claim Form online no later than August 26, 2024.**

Settlement Class Members who file who file a valid Claim Form will be eligible to receive a pro rata cash payment of the Net Settlement Fund from the Defendant regarding the Website Usage Disclosure.

Class Member ID: <<refnum>>

<<firstname>> <<mi>> <<lastname>>

<<address1>> <<address2>>

<<City>>, <<State>> <<Zip>>

If different from the preprinted data on the left, please print your correct information..		
First Name _____	MI _____	Last Name _____
Address _____		
City _____	State _____	ZipCode _____

If you wish to receive a cash payment (estimated to be \$38.83, adjusted up or down depending on the number of claims filed), check the box below, sign, and return this Claim Form. A check will be mailed to the same address this Postcard Notice was mailed to.

I would like to receive a *pro rata* cash payment.

SIGNATURE: By signing my name below, I attest that I visited the Defendant's website at least once between September 9, 2017 and December 13, 2022.

Signature: _____

Dated: _____ / _____ / _____