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Your claim must be submitted online or postmarked by: May 20, 2026

SETTLEMENT CLAIM FORM

Mirmalek v. Los Angeles Times Communications, LLC
Case: 3:34-CV-01797-CRB
United States District Court for the Northern District of California



GENERAL INSTRUCTIONS

If you received Notice of the Settlement in this class action lawsuit, records indicate you are a Settlement Class Member. Settlement Class Members are all Persons who accessed LA Times online via website or mobile app in California and had their information collected by tracking technologies between January 31, 2023, to and through December 19, 2025.

To be eligible to receive any benefits from the Settlement, you must submit a completed Claim Form online or by mail. Each Settlement Class Member is entitled to submit only one Claim Form.

Please read the full notice of this Settlement (available at www.LAtimescipaysettlement.com) carefully before filling out this Claim Form.

To receive a cash payment from the Settlement Fund, you must complete and submit a Claim Form online or by mail postmarked by May 20, 2026.

Claim Forms may be filed online at www.LAtimescipaysettlement.com mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, postmarked by **May 20, 2026**, by U.S. Mail to:

Mirmalek v. Los Angeles Times Communications, LLC
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

I. PAYMENT SELECTION

If you would like to elect to receive your compensation as a Settlement Class Member through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address:

@



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III. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form is true and correct to the best of my knowledge. I affirm that I accessed LA Times online via website or mobile app in California between January 31, 2023 and December 19, 2025.

I understand that my Claim Form may be subject to audit, verification, and review and that if it is incomplete, untimely, or contains false information, it may be rejected.

Signature

____/____/____
Date (MM/DD/YYYY)

Print Name



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