Fathom Realty Settlement

CLAIM FORM

Case No. 2025-013426-CA-01

Return this Claim Form to: Claim Administrator, P.O. Box 25226, Santa Ana, CA 92799. Questions, visit **www.fathomtcpasettlement.com** or call **1-833-417-4950.**

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BYJANUARY 7, 2026, BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Claim Administrator.

YOUR CONTACT INFORMATION

Name: _____ _____ _____
(First) (Middle) (Last)

Current Address: _____

(City) (State) (ZIP Code)

Telephone Number on the Date(s) you Received a Text Message: (_____)_____– _____
Email address (if any):_____

Current Phone Number: (_____)_____–_____or ☐ check if same as above
(Please provide a phone number where you can be reached if further information is required.)

Claim ID:_____

Settlement Class Member Verification

By submitting this claim form, I attest that I received more than one text message in a twelve-month period by or on behalf of Fathom Realty's former agent, Marcus Edwards, between August 15, 2021, and December 15, 2024, that my telephone number had been listed on the National Do Not Call Registry for at least thirty days at the time of the messages, and that I did not consent to receive messages from Mr. Edwards.

****

Additional information regarding the Settlement can be found at visit www.fathomtcpasettlement.com

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.

Signature:_____Date: _____

Print Name:_____

If you have questions, you may call the Claim Administrator at 1-833-417-4950.