

Your claim must be submitted online or postmarked by: August 4, 2025

Ramirez v. The Paradies Shops, LLC
No. 1:21-cv-03758-ELR
United States District Court, Northern District of Georgia
Ramirez Class Action Settlement Claim Form

**PAR
CLAIM**

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive settlement benefits.

The Settlement Class includes all individual U.S. residents to whom Paradies sent notice of the 2020 Ransomware Attack.

Excluded from the Settlement Class are: (1) the Judge and Magistrate Judge presiding over the Litigation, any members of the Judges' respective staffs, and immediate members of the Judges' respective families; (2) officers, directors, members and shareholders of Defendant; (3) persons who timely and validly request exclusion from and/or opt-out of the Settlement Class and the successors and assigns of any such excluded persons; and (4) any person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity or occurrence of the Ransomware Attack or who pleads *nolo contendere* to any such charge.

Settlement Class Members may submit a Claim Form for:

- (i) **Ordinary Out-of-Pocket Losses and Ordinary Attested Time** up to \$1,000 per individual.
 - **Ordinary Out-of-Pocket Losses:** Documented, unreimbursed costs, losses, or expenditures incurred in responding to notice of the Ransomware Attack;
 - **Ordinary Attested Time:** at \$30/hour for up to 5 hours for time spent responding to receiving notice of the Ransomware Attack;
- (ii) **Extraordinary Losses and Extraordinary Attested Time** up to \$25,000 per individual.
 - **Extraordinary Losses:** Documented, unreimbursed costs, losses, or expenditures fairly traceable to the Ransomware Attack and not reimbursable as Ordinary Out-of-Pocket Losses. Examples include costs, losses or expenditure incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of personal information;
 - **Extraordinary Attested Time** at \$30/hour for up to 10 hours for time spent remediating identity theft, fraud, or misuse of my information related to the Ransomware Attack;
- (iii) **Credit Monitoring Services:** Three (3) years of identity theft protection and credit monitoring services at no cost to you.

Ordinary Out-of-Pocket Losses and Extraordinary Losses **must be documented**. Documentation can include receipts or other documentation not "self-prepared" by the Settlement Class Member that documents the unreimbursed cost, loss, or expenditure incurred. "Self-prepared" documents, such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation. Claims, even if approved, may be reduced pro rata based on the availability of funds.

Residual Cash Payments: Settlement Class Members who do not exclude themselves from the Settlement will receive one or more pro rata payment if there are available funds in the Settlement Fund. You do not need to submit a Claim Form to receive a Residual Cash Payment.

This Claim Form may be submitted electronically *via* the Settlement Website at www.RamirezClassAction.com or completed and mailed, including any supporting documentation, to: *Paradies Ransomware Attack Settlement, c/o Claims Administrator*, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

QUESTIONS? VISIT WWW.RAMIREZCLASSACTION.COM OR CALL TOLL-FREE 1-888-820-4048

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

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

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

Notice ID Number, if known

II. ORDINARY OUT-OF-POCKET LOSSES

☐ Check this box if you are claiming **Ordinary Out-of-Pocket Losses** (up to a total of \$1,000.00).

Ordinary Out-of-Pocket Losses are unreimbursed costs, losses, or expenditures incurred by a Class member in responding to notice of the Ransomware Attack or in the response to the Ransomware Attack that were incurred between October 8, 2020 and the Claims Deadline, August 4, 2025.

Ordinary Out-of-Pocket Losses may include, without limitation, the following: (1) costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency; (2) other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs.

You must submit supporting documentation demonstrating actual, unreimbursed cost, loss or expenditure. Complete the chart below describing the supporting documentation you are submitting along with a brief description of the nature of the cost, loss or expenditure is not apparent.

Description of Documentation Provided	Amount
Example: Receipt for credit repair services	\$100

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TOTAL AMOUNT CLAIMED:

III. ORDINARY ATTESTED TIME

- ☐ Check this box if you are requesting compensation for **time spent responding to receiving notice of the Ransomware Attack** (which will be calculated and paid at a rate of \$30 per hour for a maximum of 5 hours). You must attest to and briefly describe (1) the actions taken in response to receiving notice of the Ransomware Attack; and (2) the time associated with each action.

I hereby attest I spent: ____ hours responding to receiving notice of the Ransomware Attack, as follows:

IV. EXTRAORDINARY LOSSES

- ☐ Check this box if you are claiming **Extraordinary Losses** (up to a total of \$25,000.00).

Extraordinary Losses are unreimbursed costs, losses, or expenditures incurred by a Settlement Class Member that are fairly traceable to the Ransomware Attack, and are not reimbursable as Ordinary Out-of-Pocket Losses. Extraordinary Losses may include, without limitation, the unreimbursed costs, losses, or expenditures incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of the Settlement Class Member's personal information.

Extraordinary Losses will be deemed "fairly traceable" if (1) the timing of the unreimbursed cost, loss, or expenditure occurred on or after October 8, 2020; and (2) the personal information used to commit identity theft or fraud consisted of the same type of personal information that was provided to Defendant prior to the Ransomware Attack.

You must submit supporting documentation demonstrating actual, unreimbursed cost, loss or expenditure. Complete the chart below describing the supporting documentation you are submitting along with a brief description of the nature of the cost, loss or expenditure is not apparent.

Description of Documentation Provided	Amount
Example: Unreimbursed loss resulting from fraud or identity theft	\$100

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TOTAL AMOUNT CLAIMED:	

V. EXTRAORDINARY ATTESTED TIME

- ☐ Check this box if you are requesting compensation for **time spent remedying identity theft, fraud, or other misuse of their information related to the Ransomware Attack** (which will be calculated and paid at a rate of \$30 per hour for a maximum of 10 hours). You must attest to and briefly describe (1) the actions taken to remedy identity theft, fraud, or other misuse of their information related to the Ransomware Attack; and (2) the time associated with each action.

I hereby attest I spent: ____ hours to remedy identity theft, fraud, or other misuse of their information related to the Ransomware Attack, as follows:

VI. CREDIT MONITORING SERVICES

- ☐ Check this box if you wish to enroll in Credit Monitoring Services for three (3) years.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

VII. PAYMENT SELECTION

Please select from **one** of the following payment options:

- ☐ **PayPal** - Enter your PayPal email address: _____
- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____
- ☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:
Mobile Number: ____ - ____ - ____ or Email Address: _____
- ☐ **Virtual Prepaid Card** - Enter your email address: _____
- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

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VIII. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim is considered complete and valid. I understand my claim, even if approved, may be reduced based on availability of funds.

Signature

Printed Name

Date