

Santiago v. American Textile Co., Inc.
Settlement Administrator
P.O. Box 301134
Los Angeles, CA 90030-1134

AMSA

«3of9 barcode»

«BARCODE»

Postal Service: Please do not mark barcode

AMSA: ClaimID: «Claim Number»

«FIRST1» «LAST1»

«ADDRESS LINE 2»

«ADDRESS LINE 1»

«CITY», «STATE»«PROVINCE» «POSTALCODE»

«COUNTRY»



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

SANTIAGO V. AMERICAN TEXTILE CO., INC.

U.S. DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

Case No. 2:23-cv-1811-CCW

**Must Be Postmarked
No Later Than
May 12, 2026**

CLAIM FORM

To qualify for a cash payment, you must submit a completed Claim Form by **May 12, 2026**.

In order to qualify for a cash payment, you must complete Sections I and II below. By signing and submitting this Claim Form, you are authorizing the Settlement Administrator to contact you for more information, if needed, to help evaluate your claim. All information you provide will be used only for purposes of administering this Settlement.

I. CLAIMANT INFORMATION

<input type="text"/>															<input type="text"/>	<input type="text"/>														
First Name															M.I.	Last Name														
<input type="text"/>																														
Primary Address																														
<input type="text"/>																														
Primary Address Continued																														
<input type="text"/>																				<input type="text"/>					<input type="text"/>					
City																				State					ZIP Code					
<input type="text"/>																														
Email Address																														
<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>					
Area Code					Telephone Number (Home)										Area Code					Telephone Number (Work)										



FOR CLAIMS PROCESSING ONLY	OB	<input type="text"/>	CB	<input type="text"/>	<input type="radio"/> DOC	<input type="radio"/> RED
					<input type="radio"/> LC	<input type="radio"/> A
					<input type="radio"/> REV	<input type="radio"/> B

II. PRODUCT(S) PURCHASED

You can file a Claim Form for:

- Up to eight (8) Products (up to \$40.00 total, at \$5.00 each) per Household *without* providing supporting Proof of Purchase documentation; and
- An unlimited number of Products (at \$5.00/each) *with* supporting Proof of Purchase documentation.

You can make both a claim for purchases without Proof of Purchase and purchases with Proof of Purchase and you will be paid for the total amount of such a combined claim (subject to the limits above regarding claims without Proof of Purchase being limited to eight (8) Products).

Tell us about the Product(s) you purchased.

Product	Quantity	Proof of Purchase Enclosed (Y/N)	Total Amount Claimed (quantity x \$5.00)
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III. PAYMENT OPTIONS

If you use this paper Claim Form, a check will be mailed to the mailing address above. If you want to receive an electronic payment, please submit your claim online at www.ThreadCountSettlement.com.

IV. CERTIFICATION

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. I further declare that (1) I purchased the above-mentioned Product(s) directly at a retail establishment or online; and (2) the Product(s) claimed above were purchased for personal use and not for purposes of resale, commercial use, or for any other purpose.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

STOP

Before mailing, did you:

- Complete Sections I and II
- Sign and date Section IV
- Enclose Proof of Purchase documentation, if any (e.g., receipt or order confirmation)

Mail this Claim Form by **May 12, 2026**, to:

Santiago v. American Textile Co., Inc. Settlement Administrator
P.O. Box 301134
Los Angeles, CA 90030-1134

OR

Submit this Claim Form at www.threadcountsettlement.com by **May 12, 2026**.

