

## REQUEST TO ARBITRATE

According to the records of Sea Breeze Dental Care and/or Unicorn Financial, you financed all or part of your dental treatment with Sea Breeze Dental Care through Unicorn Financial. Therefore, if you elect, you are entitled to participate in a one (1) hour *binding* arbitration before a neutral arbitrator. The arbitration shall not include an attorney for any party, but each party may put on evidence. The arbitrator may award you compensation if, and only if, he or she determines that the fact that you financed your dental treatment, in whole or in part, through Unicorn Financial: (1) resulted in you paying more than was originally agreed upon in your treatment plan; (2) resulted in any promised treatment not being completed; and/or (3) resulted in you receiving lesser quality treatment than you would have received in the absence of financing your Sea Breeze dental treatment plan through Unicorn Financial.

You must submit this Request to Arbitrate to the Settlement Administrator in order to participate in the binding arbitration. Your Request to Arbitrate will be rejected if you provide incomplete or inaccurate information or if you fail to sign this form under the penalty of perjury. You will be notified of the date, time, and location of your arbitration hearing by a letter mailed to the address which you provide below. This form must be postmarked on or before September 25, 2007 and mailed in an envelope with first-class postage affixed addressed to: Settlement Administrator, Desmond, Marcello & Amster, 6060 Center Drive, Suite 825, Los Angeles, California 90045.

**Please provide the following information *if* you desire to participate in such an arbitration:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please check the applicable boxes *if* you desire to participate in such an arbitration:**

a.  I received dental treatment from Sea Breeze Dental Care located in Santa Barbara, California between April 1, 2002 and February 18, 2005 which I financed, in whole or part, through Unicorn Financial.

b.  I wish to participate in a one (1) hour *binding* arbitration, and I will appear in person at the arbitration.

c.  I wish to participate in a one (1) hour *binding* arbitration, but I cannot appear in person. Instead, in advance of the arbitration, I will submit a written explanation of my claim and I will participate in the arbitration by telephone.

**You must check box (a) in order to be eligible for arbitration of your claim. If you wish to request arbitration, then you must also check either box (b), or box (c). If you do not wish to request arbitration, then you do not need to check any boxes and you do not need to complete and return this form.**

Under penalty of perjury under the laws of the State of California, I, \_\_\_\_\_, (print name), declare that the above information is true and correct.

\_\_\_\_\_  
Signature

WARNING: FAILURE TO COMPLETELY FILL OUT THIS REQUEST TO ARBITRATE  
FORM MAY RESULT IN THE REJECTION OF YOUR REQUEST TO ARBITRATE

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