

**CLAIM FORM**

In order to receive any payment to which you may be entitled under the Settlement in this case, you must complete this Claim Form. Your Claim Form will be rejected if you provide incomplete or inaccurate information or if you fail to sign this Claim Form under the penalty of perjury. This form must be mailed (United States postmark) on or before September 19, 2006 in envelope with first-class postage affixed addressed to: Darkside Settlement Administrator c/o Desmond, Marcello & Amster, P.O. Box 451999, Los Angeles, CA 90045.

**IF YOU FAIL TO SUBMIT YOUR CLAIM FORM ON OR BEFORE SEPTEMBER 19, 2006,  
YOUR CLAIM WILL BE REJECTED AND YOU WILL BE PRECLUDED FROM RECEIVING  
ANY MONEY FROM THE SETTLEMENT OF THIS LITIGATION.**

**Please provide the following information:**

Account Name as provided to you by Darkside (example: sf-yourname1): \_\_\_\_\_

Dates of Advertisement: \_\_\_\_\_ until \_\_\_\_\_

City Advertised In: \_\_\_\_\_

Type of Ad Purchased (check all that apply):  Base Advertisement  Visiting Advertisement

Legal Name of Account Holder \*: \_\_\_\_\_

\* The Legal Name of the Account Holder must match the legal name on the release provided to Darkside in order to receive payment.

Mailing Address of Account Holder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security or TAX ID No.: \_\_\_\_\_

Under the penalties of perjury, I, \_\_\_\_\_, (print name), declare that I actually paid Darkside Productions, Inc. for the advertisement claimed herein and that the information provided above is true and accurate to the best of my knowledge and belief. If this claim is being submitted on behalf of a business entity, I additionally declare that I am an owner or authorized officer of such entity and that the subject business entity will indemnify and defend plaintiff, plaintiff's counsel and defendant from any claim from any other party or person claiming that the business entity is not entitled to any payment under this settlement. I understand Darkside Productions, Inc. may submit any documents in its possession challenging any representation made by me in this Claim Form. I understand that my claim will be reviewed by the Settlement Administrator and may be approved or denied. The Settlement Administrator will provide me with written notice should my claim be denied.

\_\_\_\_\_

Signature

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