

CLAIM FORM

A class action lawsuit entitled *Linda Roark, et al. v. GTE California Inc., et al.*, Santa Barbara Superior Court Case No. 1035862, which concerns amounts collected by Verizon California (or its predecessor, GTE California) for certain AT&T long-distance charges, has been settled, subject to final Court approval. If you received bills from Verizon California or GTE California at any time between August 1997 through December 30, 2002 for long-distance calls carried by AT&T, you may be entitled to a recovery pursuant to the Settlement.

The Settlement applies to all persons who are members of the Wrong PIC Code or Billing Date Error Classes and who do not submit a Request for Exclusion. The Classes are defined as follows:

The "Wrong PIC Code Class" is defined as all persons who, at any time between August 11, 1997 and December 30, 2002, (i) either (a) resided in any area code serviced by Verizon within the State of California, or (b) resided in any area code serviced by Verizon outside the State of California and were billed by Verizon from the State of California, and (ii) were assigned a PIC Code for long distance telephone service by AT&T at any location within Verizon's billing system rather than a PIC Code for the long distance telephone service carrier designated in the customer's profile.

The "Billing Date Error Class" is defined as all persons who, at any time between August 11, 1997 and December 30, 2002, (i) either (a) resided in any area code serviced by Verizon within the State of California, or (b) resided in any area code serviced by Verizon outside the State of California and were billed by Verizon from the State of California, and (ii) were billed for long distance telephone calls based upon the PIC Code assigned to them in Verizon's billing system on the date of the billing rather than the PIC Code assigned to them in Verizon's billing system on the date on which the calls were made.

In order to receive any payment to which you may be entitled under the Settlement in this case, you must complete this Claim Form by carefully following these instructions. 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 October 16, 2003 in an envelope with first-class postage affixed addressed to:

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 OCTOBER 16, 2003, YOUR CLAIM WILL BE REJECTED AND YOU WILL BE PRECLUDED FROM RECEIVING ANY MONEY FROM THE SETTLEMENT OF THIS LITIGATION.

No photocopies of the Claim Form will be accepted. A Claim Form will be deemed submitted when postmarked or, if submitted other than by first-class mail, on the date actually received by the Settlement Administrator.

Class Members defined above are eligible to recover for up to twelve (12) months of overcharges collected by Verizon or GTE for long-distance calls carried by AT&T. You will be notified if it is determined that you have been overcharged for more than twelve (12) months. At that time, you will be given the opportunity to seek relief from the 12-month limitation by submitting a written statement to the Settlement Administrator explaining the specific circumstances which justify an exception to the 12-month limitation.

Please provide the following information:

Name of Claimant (if Business)

Grid for Name of Claimant (if Business) - 20 boxes

Grid for Name of Claimant (if Business) - 20 boxes

Name of Claimant (if Individual)

First Name

Grid for First Name - 15 boxes

MI

Grid for MI - 1 box

Last Name

Grid for Last Name - 20 boxes

Suffix (e.g. Jr, Sr, III)

Grid for Suffix - 3 boxes

Current Address:

Street Address

Grid for Street Address - 20 boxes

Apartment Number

Grid for Apartment Number - 4 boxes

City

Grid for City - 15 boxes

State

Grid for State - 2 boxes

ZIP Code

Grid for ZIP Code - 5 boxes

Please list the telephone number or corresponding GTE or Verizon Customer Account Number for the line that is the subject of this claim Form:

Telephone Number

Grid for Telephone Number - () - -

Customer Account Number

Grid for Customer Account Number - 10 boxes

1. Between August 11, 1997 and December 30, 2002, have you placed long distance calls through AT&T (rather than the carrier assigned to your telephone line) by dialing 10-10-288? YES NO

2. If you answered "YES" to question 1, what is your best estimate of the percentage of long distance calls which you made through AT&T between August 11, 1997 and December 30, 2002 for which you dialed 10-10-288?

Grid for percentage - %

3. Between August 11, 1997 and the present, did you receive any credit(s) or refund(s) directly from AT&T in compensation for overcharges on long-distance calls that are the subject of this Claim Form? YES NO

4. If you answered "YES" to question 3, please provide the total amount of any such credit(s) or refund(s) received directly from AT&T:

Grid for dollar amount - \$, .

5. If the Settlement Administrator determines that you have a valid claim, you have the choice of receiving a payment (a) by check in the amount approved by the Settlement Administrator or (b) in the form of one or more prepaid calling cards in an additional amount to round up your claim to the nearest \$5. Please indicate below whether you would prefer to receive a check or calling card(s). I select a check I select calling card(s)

Under the penalties of perjury, I, , declare 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 declare that I am an owner or authorized officer of such entity. I understand Verizon California 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. I understand that the determination of the Settlement Administrator may be appealed within 21 days to the Superior Court of Santa Barbara County.

Signature

