

CLAIM FORM

Your claim must
be submitted
online or
postmarked by:
May 11, 2026

Gregory Allen v Storr Office Environments, Inc.
Case No. 5:24-cv-00713-D-RN
Eastern District of North Carolina, Western Division

Storr
Data Settlement

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES**

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Claims Administrator identified you as an individual residing in the United States whose Personal Information was potentially compromised in the Data Incident discovered by Storr Office Environments, Inc. ("Storr") in May 2024, and may have been sent a notice of the breach.

To receive any Settlement benefits, you must submit the Claim Form below by May 11, 2026.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.StorrDataSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Storr Data Settlement
c/o Analytics Consulting LLC
PO Box 2002
Chanhassen MN 55317-2002

A. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number (optional)

B. PROOF OF CLASS MEMBERSHIP

Enter the Claim Number and PIN provided on your Postcard Notice:

Claim Number

PIN

C(i). OPTION 1 BENEFITS: CREDIT MONITORING SERVICES

All Settlement Class Members are eligible to claim one (1) year of single-bureau credit monitoring with at least \$1,000,000 in identity theft protection insurance:

Check this box if you wish to receive one (1) year of free identity protection and credit monitoring service.

C(ii). OPTION 1 BENEFITS: LOST TIME

All Settlement Class Members are eligible to receive reimbursement for up to three (3) hours of Lost Time at a rate of \$25 per hour (for a maximum total of \$75) for time actually spent responding to issues raised by the Data Security Incident. Lost Time may be claimed alone or in combination with claims for Out-of-Pocket Losses and/or Credit Monitoring Services.

Hours claimed (up to 3 hours – check one box): 1 Hour 2 Hours 3 Hours

I swear under penalty of perjury that, to the best of my knowledge and belief, any claimed lost time was spent related to the Data Incident.

C(iii). OPTION 1 BENEFITS: OUT-OF-POCKET LOSSES

All Settlement Class Members are eligible for reimbursement of Out-of-Pocket Losses, not to exceed \$750 per Settlement Class Member, with supporting third-party documentation for out-of-pocket expenses actually incurred because of the Data Security Incident and which have not already been reimbursed by a third party or other source, including costs for fraud or identity protection, professional fees, credit repair services, and other expenses, so long as the costs were incurred between May 1, 2024, and the end of the Claims Period. Third-party documentation supporting claimed Out-of-Pocket Losses is REQUIRED.

Check this box if you are claiming Out-of-Pocket Losses in the amount of \$_____.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation																							
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D. OPTION 2 BENEFIT: ALTERNATIVE CASH PAYMENT

All Settlement Class members are eligible to receive a cash payment of \$40 as an alternative to claiming any other Settlement benefit. You are **not** entitled to this Alternative Cash Payment if you have made a claim under OPTION 1 [C(i), C(ii), and/or C(iii)].

Check this box if you wish to receive a cash payment of \$40.

E. FORM OF PAYMENT

You may choose to receive your payment by check or by electronic payment.

To receive an electronic payment, you must submit your Claim Form online at www.storrdatasettlement.com and select an electronic payment option.

If you do not select a payment method, your payment will be issued by check and mailed to you.

F. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature

Printed Name

Date Signed

**TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT
WWW.STORRDATASETTLEMENT.COM NO LATER THAN MAY 11, 2026.**