

Mt. Baker Claims Administrator
P.O. Box 1711
Baton Rouge, LA, 70821

**Your Claim Form must be
postmarked or submitted online
no later than August 19, 2026**

In re: Mt. Baker Imaging, LLC, Data Security Litigation, No. 25-2-00463-37

CLAIM FORM

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim Form if you are a living person residing in the United States whose Private Information was potentially or actually compromised in the Data Security Incident, perpetrated between approximately January 20, 2025 and January 25, 2025, and announced on the Mt. Baker website on or about March 26, 2025.

The easiest way to submit a claim is online at www.MtBakerDataSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

(1) Pro Rata Cash Fund Payment:

All Settlement Class Members are eligible to make a claim for a cash fund payment, regardless of whether they make a claim for Out-of-Pocket Losses. The *pro rata* cash fund payments will evenly distribute the net amount of the Settlement Fund, after payment of all approved claims for Out-of-Pocket Losses, Medical Identity-Theft Protection and Monitoring, Notice and Administration Expenses, and any Fee and Expenses Award, and Service Awards, to each Settlement Class Member who submits an approved claim.

(2) Compensation for Out-Of-Pocket Losses:

All Settlement Class Members may submit a claim for reimbursement of documented Out-of-Pocket losses incurred as a direct result of the Data Security Incident, up to \$5,000.

Examples of the kind of documented Out-of-Pocket losses that may be claimed include unreimbursed losses relating to fraud or identity theft, unreimbursed costs of credit monitoring incurred between the time of the Data Security Incident and the time the claim is submitted, postage, copying, scanning, faxing, mileage and other travel-related charges, parking, notary charges, research charges, cell phone charges (only if charged by the minute), long distance phone charges, data charges (only if charged based on the amount of data used), text message charges (only if charged by the message), bank fees, accountant fees, and attorneys' fees, all of which must be fairly traceable to the Data Security Incident and must not have been previously reimbursed by a third party.

(3) Medical Identity-Theft Protection and Monitoring:

All Settlement Class Members may submit a claim for Medical Identity-Theft Protection and Monitoring, the costs of which will be paid out of the Settlement Fund. Settlement Class Members are eligible to receive two (2) years of Medical Shield Complete, a medical information protection and monitoring service offered through CyEx. This service monitors medical and healthcare data to determine whether consumers' private health information is at risk or has been exposed to medical fraud and comes with single-bureau credit monitoring. Class Members may claim this service regardless of whether they make a claim for Out-of-Pocket Losses or *Pro Rata* Cash Fund Payments.

Claims must be submitted online or mailed by August 19, 2026.

Use the address at the top of this form to mail your Claim Form.

Please note: the Claims Administrator may contact you to request additional documents to process your claim. Your Settlement benefits may decrease depending on the number of claims filed.

For more information and complete instructions visit www.MtBakerDataSettlement.com.

Please note that Settlement Benefits will be distributed after the Settlement is approved by the Court and becomes final.

Compensation for Out-of-Pocket Losses

You can receive reimbursement for up to a total of \$5,000.00 for documented Out-of-Pocket expenses directly related to the Data Security Incident and incurred by a Settlement Class Member on or after January 20, 2025, through the time of Claim submission.

Settlement Class Members seeking Compensation for Out-of-Pocket Losses must complete and submit a Claim Form to the Claims Administrator in a form substantially similar to this current form, postmarked or submitted online on or before August 19, 2026. The Claim Form must be verified by the Settlement Class Member with a statement that his or her claim is true and correct, to the best of his or her knowledge and belief. Notarization shall not be required. Claims for Out-of-Pocket Losses must be attested to and supported by third party documentation substantiating the full extent of the amount claimed. Failure to provide such supporting documentation, as requested on the Claim Form, shall result in denial of a claim. Expenses must be fairly traceable to the Data Security Incident and must not have been previously reimbursed by a third party. Expenses must be attested to and supported by documentation substantiating the full extent of the amount claimed. Examples of the kind of documented Out-of-Pocket losses that may be claimed are listed below.

Expense Type	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Security Incident)
<i>Unreimbursed losses relating to fraud or identity theft incurred between the time of the Data Security Incident and the time of claim submission. (Provide a detailed description).</i>	Amount: \$ _____ Date: ____ / ____ / ____	
<i>Unreimbursed costs of credit monitoring incurred between the time of the Data Security Incident and the time of claim submission.</i>	Amount: \$ _____ Date: ____ / ____ / ____	
<i>Unreimbursed postage, copying, scanning, faxing, mileage and other travel-related charges, parking, cell phone charges (only if charged by the minute), long distance phone charges, data charges (only if charged based on the amount of data used), or text message charges (only if charged by the message).</i>	Amount: \$ _____ Date: ____ / ____ / ____	
<i>Notary charges, research charges, bank fees, accountant fees, or attorneys' fees.</i>	Amount: \$ _____ Date: ____ / ____ / ____	
<i>Other Out-of-Pocket losses that can be fairly traceable to the Data Security Incident and not previously reimbursed by a third party.</i>	Amount: \$ _____ Date: ____ / ____ / ____	

I attest that the losses or expenses claimed were incurred as a result of the Data Security Incident.

Medical Identity-Theft Protection and Monitoring

All Settlement Class Members may submit a Claim for Medical Identity-Theft Protection and Monitoring, the costs of which will be paid out of the Settlement Fund. Settlement Class Members are eligible to receive two (2) years of Medical Shield Complete, a medical information protection and monitoring service offered through CyEx. This service monitors medical and healthcare data to determine whether consumers' private health information is at risk or has been exposed to medical fraud and comes with single-bureau credit monitoring. Class Members may claim this service regardless of whether they make a claim for Out-of-Pocket Losses or Cash Fund Payments. Settlement Class Members will need to submit a claim and enroll in the program to receive this benefit.

- I wish to receive and am eligible to claim two (2) years of Medical Shield Complete, a medical information protection and monitoring service offered through CyEx.**

Payment Selection

Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment:

- Venmo – Enter the mobile number or email address associated with your Venmo account:

- PayPal – Enter the mobile number or email address associated with your PayPal account:

- Zelle – Enter the mobile number or email address associated with your Zelle account:

- Physical Check - Payment will be mailed to the address provided above.

Signature

I affirm under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Printed Name

Signature

Date