

Jane Doe v. Lima Memorial Hospital et al., No. CV20220490

EXCLUSION REQUEST FORM

You must complete and mail this Exclusion Request, or submit a written request for exclusion, signed and postmarked by **July 10, 2024**, to the following address:

LMH Settlement Administrator
 Exclusions
 P.O. Box 2714
 Portland, OR 97208-2714

You must include all information below and sign this form for it to be effective.

I, the undersigned, wish to be excluded from the Settlement Class in *Jane Doe v. Lima Memorial Hospital et al., No. CV20220490*.

First Name:		MI:		Last Name:	
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Address:

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City:		State:		ZIP:	
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Unique ID (if known):

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Signature:

Date:

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