

CLAIM FORM FOR FOLEY V. GREENE COMMUNICATIONS, INC., et al., ("CTVEA") SETTLEMENT

You must read the Notice of Proposed Settlement before completing this Claim Form. The capitalized terms used in this Claim Form are defined in the Settlement Agreement. A Settlement Class Member may file only one Claim Form.

SECTION A: CLAIMANT CURRENT CONTACT INFORMATION

<i>Full Name (Last, Middle, First)</i>		<i>Last four digits of Social Security #</i>
<i>Current Telephone number</i>		
<i>Current Mailing Address (Street, PO Box, Suite or Office Number, as applicable)</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

SECTION B: CLAIMANT'S CABLE TV OF EAST ALABAMA SERVICE INFORMATION

<i>Full Name as it Appeared on Your CTVEA Account (First, Middle, Last)</i>		
<i>Approximate dates of your subscription with CTVEA (for example, from August 2011 to July 2013)</i>		
<i>Residential Address at Which You Had CTVEA Service (include apartment/suite/ unit number)</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

SECTION C: CERTIFICATION AS SETTLEMENT CLASS MEMBER

I am a Settlement Class Member.

By checking the box to the left, I certify that I have reviewed the Notice of Proposed Settlement and that I am a Settlement Class Member as described in the Notice of Proposed Settlement and defined in the Settlement Agreement, and that I am no longer a customer of Cable TV of East Alabama. I also certify that I was the named subscriber to the Cable TV of East Alabama services identified above, and that no other person has the right to claim this award.

SECTION D: CERTIFICATION OF ACCURACY AND TRUTHFULNESS OF STATEMENTS

I do declare and certify, under penalties of perjury, that all of the statements and information provided in this Claim Form are true, correct and complete, to the best of my knowledge.

Signature

Date

Claims should be sent to the Settlement Administrator at:

RG/2 Claims Administration LLC

P.O. Box 59479

Philadelphia, PA 19102-9479

**YOU MUST COMPLETE AND SIGN THIS CLAIM FORM, AND THE ENVELOPE RETURNING YOUR CLAIM FORM
MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR WITH A POSTMARK
DATE *NO LATER THAN* SEPTEMBER 27, 2016.**

**IF YOUR SIGNED CLAIM FORM IS NOT MAILED TO THE SETTLEMENT ADMINISTRATOR BY THIS DEADLINE, YOU
WILL BE DEEMED TO HAVE WAIVED YOUR RIGHT TO RECEIVE ANY PAYMENT FROM THE SETTLEMENT FUND.**

**WE STRONGLY RECOMMEND SENDING YOUR CLAIM FORM VIA REGISTERED OR CERTIFIED MAIL AND
RETAINING YOUR RECEIPT AND A COPY OF YOUR CLAIM FORM FOR YOUR RECORDS.**

If you have any questions, please call the Settlement Administrator at 1-866-742-4955.