

**Wesley Meredith, et al. v. Clayton Homes, Inc. and CMH Homes, Inc.  
In the Circuit Court of Miller County, Arkansas**

**THIS IS NOT A NOTIFICATION  
THAT YOU HAVE BEEN SUED.**

If you purchased a new manufactured home from CMH Homes, Inc. or CMH of KY, Inc. (hereafter “Clayton”), you need to send in this form to be entitled to a benefit from a class action settlement.

A state court authorized Clayton to send you this claim form. This is not a solicitation from a lawyer. Your legal rights are affected whether you act or don’t act. Read this claim form carefully.

**Settlement Administrator  
PO Box 3266  
Portland, OR 97208-3266**

PERSONALIZED WITH NAME  
AND ADDRESS HERE

**ESTA NO ES UNA NOTIFICACION DE  
QUE USTED HA SIDO DEMANDADO.**

Si usted compró una casa manufacturada nueva de CMH Homes, Inc. ó de CMH of KY, Inc. (de aquí en adelante “Clayton”), usted puede tener derecho a un beneficio de una demanda colectiva.

*Una corte estatal autorizó este aviso. Esta no es una solicitud de algún abogado. Sus derechos están afectados aunque usted tome acción o no. Lea este aviso detenidamente.*

Para solicitar una copia detallada de este aviso en español por favor llame gratuitamente al 1-866-487-6522 y una versión en español será enviada a usted. Usted también puede encontrar una copia del aviso en español en la página de internet:

[www.claytonhomessettlement.com/notaespanola.pdf](http://www.claytonhomessettlement.com/notaespanola.pdf)

**CLAIM FORM**

**IMPORTANT INFORMATION: YOU MUST COMPLETE ALL SECTIONS.**

FAILURE TO COMPLETE ALL SECTIONS OF THE CLAIM FORM MAY CAUSE  
YOUR CLAIM TO BE REJECTED AND LOSS OF YOUR SETTLEMENT BENEFIT.

**SECTION 1. CLASS MEMBER INFORMATION**

<b>Name of Home Purchaser</b>	First	Middle	Last	<b>City and State Where Home Was Purchased</b>	City	State
<b>Approximate Month and Year When Home Was Purchased</b>	_____ / _____		<b>Size of Home Purchased</b> Place an “X” in One Box	<input type="checkbox"/> Single-Wide (or Single-Section) <input type="checkbox"/> Double-Wide (or Multi-Section) <input type="checkbox"/> Other (specify) _____		
	Month	Year				

**SECTION 2. SETTLEMENT OPTION SELECTED**

**INSTRUCTIONS:**

1. You may select only one of the options by placing an “x” in the box next to the option you select.
2. Once this Claim Form is complete, please sign and submit it, along with a copy of your government-issued photo identification and any additional documents where applicable.
3. For more information, review the Settlement Notice or visit [www.claytonhomessettlement.com](http://www.claytonhomessettlement.com).

**PLACE THE COMPLETED FORM IN AN ENVELOPE, THEN ADDRESS AND MAIL THE ENVELOPE  
AND CLAIM FORM TO: Settlement Administrator, PO Box 3266, Portland, OR 97208-3266**

**I/WE SELECT OPTION 1 (Wheels and Axles Return)**

By electing this option, you will be entitled to receive a voucher for the presumed quantity of Wheels and Axles (3 axles and 6 wheels for a single-wide, and 6 axles and 12 wheels for a double-wide) removed from your manufactured home. If you think you are entitled to more than the quantity of wheels and axles noted above, you must submit a copy of your Retailer Closing Agreement that details the number of wheels and axles actually removed from your home.

**I/WE SELECT OPTION 2 (Discount Purchase Voucher)**

By electing this option, you will be entitled to a Discount Purchase Voucher which provides a discount on the future purchase of a new Clayton manufactured home from a Clayton company-owned retailer. The amount of the Discount Purchase Voucher will be \$750 if you previously purchased a single-wide, and \$1,250 if you previously purchased a double-wide or triple-wide.

**I/WE SELECT OPTION 3 (Extended Service Contract (MHESC) or Manufactured Home Protection Plan/ Home Buyer Protection Plan (MHPP/HBPP))**

By electing this option, you will be entitled, if otherwise eligible, to a \$250 credit towards the purchase of a warranty or extended service contract provided by Assurant Specialty Property. The term of coverage is for one year and includes, subject to certain terms and conditions, coverage for your home's appliances, systems, and structures. If you have an existing warranty or extended service contract in place through Assurant Specialty Property, you may add a year to the term of the policy by noting the effective dates of your existing coverage on the application provided. The product available to you and the cost to you is dependent upon your state of residence and the model year of your home. Please reference the following tables to select the appropriate coverage depending on your state of residence and the model year of your home and then complete the appropriate application for the coverage selected. Return this Claim Form, the completed application, and your portion of the cost by check made payable to American Bankers Insurance Company of Florida.

**Please Note:** Deductibles vary by state. Please view brochure available at [www.claytonhomessettlement.com](http://www.claytonhomessettlement.com) for additional information, including deductibles and exclusions. If you do not have Internet access, call 1-866-487-6522 to obtain a copy of the brochures.

**MHPP States: AL, AZ, CA, CO, DE, GA, ID, IL, IN, KS, KY, LA, MO, MS, NC, NJ, NM, NV, OH, OK, OR, SC, TN, UT, WV**

Model Year	Your Additional Cost	Additional Costs for NM Residents	Additional Cost for NJ Residents
2008	\$40	\$0	\$10
2007	\$40	\$0	\$10
2006	\$40	\$0	\$10
2005	\$40	\$0	\$10
2004	\$40	\$0	\$10
2003	\$40	\$0	\$10
2002	\$40	\$0	\$10
2001	\$40	\$0	\$10

**HBPP States: AR, FL, TX, WA, WY**

Model Year	Single Section Home	Multi-Section Home
2008	\$0	\$4
2007	\$0	\$78
2006	\$24	\$121
2005	\$42	\$154
2004	\$58	\$184
2003	\$75	\$220

**HBPP States: VA**

Model Year	Single Section Home	Multi-Section Home
2008	\$12	\$88
2007	\$79	\$187
2006	\$115	\$245
2005	\$139	\$288
2004	\$160	\$329
2003	\$183	\$377

**MHESC States**

**Home Structures, Systems and Appliances: AR, FL, TX, VA, WY**

Model Year	AR, TX, WY	FL	VA
2002	\$260*	\$770*	\$150*
2001	\$260*	\$770*	\$150*

\* Plus sales tax based on the full premium – please contact 1-866-702-8315 for sales tax amount.

If you selected Option 3, please refer to Page 4 of this packet to identify the appropriate application that you need to complete.

**SECTION 3. SIGNATURE**

I certify, under penalty of perjury, that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ADDITIONAL DIRECTIONS FOR ANY CLASS MEMBER SELECTING OPTION 3**

Only if you choose Option #3 (Protection Plan) please fill out the appropriate application.

<b>State where home is located</b>	<b>Application #</b>
AR, FL, TX, VA, WY (if year of home is 2001 through 2002)	<b>1</b>
AR, FL, TX, WA, WY (if year of home is 2003 through 2008)	<b>2</b>
VA (if year of home is 2003 through 2008)	<b>3</b>
KY	<b>4</b>
OR	<b>5</b>
AL, CA, CO, DE, GA, ID, IL, IN, KS, LA, MO, MS, NC, NM, NV, OH, OK, PA, SC, TN, UT, WV	<b>6</b>
AZ	<b>7</b>

The Application Number 1 - 7 is located on the upper right-hand corner of each application that follows this page.