

Must Be Postmarked
No Later Than
May 5, 2015

ALRS1



*Rosenow v. Alltel Corporation and
Alltel Communications, Inc.*

CIRCUIT COURT OF SALINE COUNTY,
ARKANSAS

Case No. CV 2006-182-3

Claim Form

CLAIM FILING INSTRUCTIONS

Please read carefully the Notice describing a Settlement that has been preliminarily approved by the court in a class action lawsuit entitled *Rosenow v. Alltel Corporation and Alltel Communications, Inc.*, Case No. CV 2006-182-3, in the Circuit Court of Saline County, Arkansas, which concerns the Early Disconnect Penalty and/or Early Termination Fee charged by Alltel.

If you are a member of the Class you may claim benefits under the Settlement. The Class is defined as: Arkansas residents, excluding Alltel's employees, officers, directors and agents, who have paid Alltel's early termination fee from February 15, 2001 through November 10, 2014.

It is important to read and follow these instructions carefully. Failure to follow the instructions could result in the rejection of your claim for benefits. In order to receive any benefit to which you may be entitled under the Settlement, you must complete and return the Claim Form that accompanies these instructions no later than May 5, 2015.

Step One—Complete the Claim Form and Sign the Certification

In order to be eligible for any refund, you must sign the Certification. This information will assist the Settlement Administrator in determining if you are entitled to relief pursuant to the Settlement.

Step Two—Mail the Claim Form to the Settlement Administrator

You must submit the Claim Form to the Settlement Administrator on or before the deadline of May 5, 2015.

The completed Claim Form, if mailed, must be postmarked on or before May 5, 2015. The completed Claim Form may be mailed by inserting it into an envelope, affixing first class postage, and mailing the envelope to the following address:

Rosenow v. Alltel Settlement Administrator
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael CA 94912-8060

You also may complete the Claim Form on-line at www.AlltelETFSettlement.com, on or before the deadline of May 5, 2015.

IF YOU FAIL TO SUBMIT YOUR CLAIM FORM ON OR BEFORE MAY 5, 2015, YOUR CLAIM WILL BE REJECTED AND YOU WILL BE PRECLUDED FROM RECEIVING ANY PAYMENT FROM THE SETTLEMENT OF THIS LITIGATION.

No paper Claim Form will be accepted without an original signature. A Claim Form will be deemed submitted when postmarked.

FAILURE TO FILL OUT THE CLAIM FORM COMPLETELY MAY RESULT IN THE REJECTION OF YOUR CLAIM. No benefits will be made available until after approval of the Settlement by the Court becomes Final, including exhaustion of any appeals from the approval of the Settlement.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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CLAIM FORM

Class Action Settlement in *Rosenow v. Alltel Corporation and Alltel Communications, Inc.*

If you want to participate in the Settlement, please read the Notice and Claim Filing Instructions. To obtain relief under the Settlement, you must complete this form and submit it to the address below, postmarked on or before by May 5, 2015, or complete the Claim Form on-line at www.AlltelETFSettlement.com, on or before May 5, 2015.

Certification: I hereby certify, to the best of my knowledge and belief, that: (1) I held an account with Alltel; (2) between February 15, 2001 and November 10, 2014, I paid one or more Early Termination Fees or Early Disconnect Penalties ("ETF") charged by Alltel; (3) at the time I paid the ETF(s), my billing address was within the State of Arkansas.

Signature of Claimant

Date

NOTE: IF YOU DO NOT SIGN THE CERTIFICATION, YOU WILL NOT BE ABLE TO RECEIVE ANY RELIEF PURSUANT TO THE SETTLEMENT AND SHOULD NOT SUBMIT THIS CLAIM FORM. If you have signed the Certification, please continue below.

Please note that Alltel may submit any documents in its possession challenging any representation made by you in this Claim Form and that your claim will be reviewed by the Settlement Administrator and may be approved or denied. The Settlement Administrator may provide you with written notice if your claim is denied. Please also note that if you are notified by the Settlement Administrator that your claim has been denied or reduced, the determination of the Settlement Administrator may be appealed to the Circuit Court of Saline County, Arkansas.

Account Information:

Name of Account Holder:

First Name

M.I.

Last Name

Address to which Alltel bills were sent when ETF was charged:

Primary Address

Continuation of Primary Address

City

State

Zip Code

Address to which refund check should be sent (if different):

Primary Address

Continuation of Primary Address

City

State

Zip Code

Alltel wireless phone number(s) charged ETF:

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