

CLAIM FORM

YOU MUST FILL OUT AND SUBMIT THIS FORM TO OBTAIN REIMBURSEMENT FOR (1) EXPENSES YOU INCURRED TO REPAIR THE SHADOW EFFECT IN YOUR TELEVISION (2) MONEY YOU PAID TO SAMSUNG IN CONNECTION WITH AN EXCHANGE FOR A REPLACEMENT TELEVISION AS A RESULT OF THE SHADOW EFFECT OR (3) ISF RE-CALIBRATION AS A RESULT OF THE SHADOW EFFECT

You may receive reimbursement for money you paid: (1) for repair of the Shadow Effect and any costs you incurred to ship your Television to an authorized service center for such a repair; (2) to Samsung in connection with an exchange for a replacement television as a result of the Shadow Effect; or (3) ISF re-calibration which needed to be re-done because of a Shadow Effect repair. To receive this reimbursement you must complete and submit this form and a legible copy of a receipt showing the expense for which you are seeking reimbursement.

PART I. MY CONTACT INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip: _____ - _____

Television Serial Number (located at the right side of the Television):

Amount of Money Requested for Reimbursement: _____

PART II. ATTESTATION

To receive reimbursement you must check boxes "A", "B" and "C" below to attest that you paid the charge for which you are seeking reimbursement, that you have not previously received reimbursement for this charge from Samsung, and that you are a member of the Class in this Lawsuit, and you must provide the information requested in "E" below. In the case of your seeking reimbursement for ISF re-calibration, you must also check Box "D" to attest that you previously paid for an ISF Calibration of your Television before the Settlement was final. Check each box if you attest that the statement is true.

- A.** I paid the charge for which I am seeking reimbursement.
- B.** I did not previously receive reimbursement for this charge from Samsung.
- C.** I purchased or received as a gift one of the following Samsung DLP televisions: HL-P Series (all models), HL-R Series (all models), HL-S Series (all models) or HL-T Series (models 4675SX/XAA, 5055S, 5055WX/XAA, 5075SX/XAA,

5675SX/XAA, 5076SX/XAA, 5676SX/XAA, 6156S, 6156WX/XAA, 6176SX/XAA, 6756WX/XAA, and 7288WX/XAA. I am not a: (a) Samsung employee; (b) person who acquired a Television for commercial use or resale; (c) claims aggregator; or (d) person who claims to be an assignee of rights associated with the Televisions.

D. I paid for an ISF Calibration and had previously paid for an ISF Calibration which needed to be redone due to the repair of the Shadow Effect in my Television.

E. In the space below, provide a general description of the problem you experienced with your Television and the approximate date that the problem occurred:

TO BE VALID, YOU MUST MAIL: (1) THIS COMPLETED PROOF OF CLAIM; AND (2) A LEGIBLE COPY OF A RECEIPT SHOWING THE EXPENSE FOR WHICH YOU ARE SEEKING REIMBURSEMENT TO THE FOLLOWING ADDRESS:

Samsung Electronics America, Inc.
Attention: Light Tunnel Settlement Administrator
356 Centerpointe Blvd
Simpsonville, SC 29681

YOU MUST MAIL THIS COMPLETED PROOF OF CLAIM NO LATER THAN 180 DAYS AFTER THE SETTLEMENT BECOMES FINAL ACCORDING TO ITS TERMS. FOR CURRENT INFORMATION ON WHEN THE SETTLEMENT WILL BECOME FINAL, PLEASE GO TO WWW.SAMSUNG.COM/DLPTVSETTLEMENT.