

In re Nexus 6P Products Liability Litigation
c/o KCC Class Action Services
P.O. Box 404135
Louisville, KY 40233-4135



NXB

In re Nexus 6P Products Liability Litigation
UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF CALIFORNIA
No. 5:17-cv-02185-BLF (N.D. Cal.)

**Must Be Postmarked
No Later Than
September 3, 2019**

REQUEST FOR EXCLUSION

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

IF YOU DO NOT WANT TO PARTICIPATE IN THE SETTLEMENT, YOU MUST SIGN AND FILL OUT THIS FORM ACCURATELY AND IN ITS ENTIRETY, AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL TO THE ADDRESS BELOW SO THAT IT IS POSTMARKED ON OR BEFORE SEPTEMBER 3, 2019.

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IT IS MY DECISION TO BE EXCLUDED FROM THE SETTLEMENT CLASS AND NOT TO RECEIVE ANY MONEY UNDER THE SETTLEMENT.

I hereby affirm under oath that (1) I am the person identified above and the information provided in this Request for Exclusion is, to the best of my knowledge, true and correct, and (2) I am in the United States and purchased a Nexus 6P smartphone in the United States, other than for resale, between September 29, 2015 and May 3, 2019, and (3) I am not an officer, director, employee, subsidiary, or affiliate of Huawei or Google; a judge assigned to the case or a member of their immediate family; or counsel for any of the parties. I have decided to be excluded from the Settlement Class, and I have decided not to participate in the proposed Settlement. I understand that by submitting this Request for Exclusion, I will not have any rights as a member of the Settlement Class under the Settlement, I will not receive any payment as part of the Settlement, I will not be bound by any further orders or judgments in this case, I will not be entitled to submit an objection to the Settlement, and I will keep the right, if any, to sue on the claims alleged in the case at my own expense.

Signature: _____

Dated: _____
mm/dd/yyyy

Print Name: _____



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<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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