

**Lange et al. v W.B. Mason Co., Inc.**  
c/o Analytics Consulting LLC  
P.O. Box 2002  
Chanhassen, MN 55317-2002

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

Michael Lange, and Andrew DeSarno, *individually and  
on behalf of all other similarly situated employees,*

Plaintiff,

v.

W.B. MASON CO., INC., LEO MEEHAN,  
CHRIS MEEHAN, and ROGER AHLFELD,

Defendants.

Case No. 21-cv-10955

Consolidated with:

*Sanutti, et al. v. W.B. Mason Co., Inc. et al.*

*Quick et al. v. W.B. Mason Co., Inc. et al.*

Hon. Douglas E. Arpert

**SETTLEMENT CLAIM FORM**

I worked for Defendant W.B. Mason Co., Inc. as a commissioned sales representative from \_\_\_\_\_ through \_\_\_\_\_ in the state of \_\_\_\_\_, and I hereby consent to sue W.B. Mason Co., Inc. in this case and to participate in the proposed settlement.

I understand that by signing this Settlement Claim Form, if the Settlement is approved by the Judge, then as of the effective date of the Settlement, I am consenting to participate in the Lawsuits and choosing to receive my share of the Settlement Fund. I also understand that I am releasing W.B. Mason Co., Inc. and related individuals and entities from the Released Claims described in the Settlement Agreement.

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Name as it appears on your settlement notice (if different)**

\_\_\_\_\_  
**Last four digits of Social Security Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City / State / Zip Code**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone**

Send this completed form to: Lange et al. v W.B. Mason Co., Inc.  
c/o Analytics Consulting LLC  
P.O. Box 2002  
Chanhassen, MN 55317-2002  
info@WBMasonCommissionSettlement.com  
[www.WBMasonCommissionSettlement.com](http://www.WBMasonCommissionSettlement.com)