SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NEW YORK

In re Gateway Plaza Residents Litigation, Index No. 651023/2014

INSTRUCTIONS

Please fill out this Proof of Claim form as accurately and completely as possible and return the form by email or regular mail, sent or postmarked no later than **APRIL 16, 2020**, to:

Epiq Class Actions & Claims Solutions claims@GatewayPlazaSettlement.com

or

Gateway Plaza Settlement c/o Epiq P.O. Box 4098 Portland, OR 97208-4098

IMPORTANT: Your answers and responses below will determine the amount, if any, to which you are entitled. Failure to complete this form as directed may delay or prevent your participation in the distribution of the Settlement Fund.

PROOF OF CLAIM

Class	Men	nber	Naı	ne (incl	udi	ng a	ny 1	forn	ner	nan	nes t	hat	may	ha	ve b	een	use	d in	con	nec	ction	ı wi	th y	our	resi	dent	ial l	ease)
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and apartment listed.



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3	3. I certify that the foregoing answers are true, correct, and complete to the best of my knowledge, information, and belief.																													
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4	4. I submit this Proof of Claim under the terms of the Stipulation of Settlement described in the Notice, including the Release provisions of the Stipulation of Settlement.																													
5	5. I submit to the jurisdiction of the Supreme Court of the State of New York, New York County, with respect to my Claim(s) as a Settlement Class Member and for purposes of enforcing the Release.																													
ć	5.	. I further acknowledge that I will be bound by and subject to the terms of any Final Judgment that may be entered in the Action.																												
7	7. I agree to furnish additional information to the Claims Administrator to support this Claim if requested to do so.																													
8	 I have not submitted any other Claim covering the same apartment during the Class Period and know of no other Person having done so on my behalf. 															of no														
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