

Your claim must be
submitted online or
postmarked by:
**SEPTEMBER 26,
2025**

**CLAIM FORM FOR COMMERCEV3, INC.
DATA SECURITY SETTLEMENT**

Robert Morris v. CommerceV3, Inc.
Lake County, Florida Circuit Court
Case No. 2024-CA-41

**COMMERCE
V3, INC.**

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES OR AN
ALTERNATIVE CASH PAYMENT**

GENERAL INSTRUCTIONS

If you were a customer of Revival Animal Health, Inc. (“Revival”), a merchant that uses CommerceV3, Inc.’s (“CV3”) e-commerce platform to enable its customers to place online orders for pet medication, and you were notified by Revival that your name, billing address, payment card number, CVV code, and payment card expiration date (“Personal Information”) were potentially compromised in a cyberattack against CV3 (the “Data Incident”), you are a member of the Settlement Class and eligible to complete this Claim Form to request **either**: compensation for documented unreimbursed out-of-pocket expenses up to a total of \$500 (“Ordinary Losses”), monetary losses up to a total of \$5,000 (“Extraordinary Losses”), and up to 4 hours of lost time at \$20 per hour; **or** an alternative cash payment of \$40 without the need to prove any loss.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel; and
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after November 24, 2021 through May 29, 2025.

Extraordinary Losses include compensation for proven monetary loss, professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services incurred as a result of the Data Incident.

Lost Time spent dealing with the Data Incident will be compensated at a rate of \$20 per hour for up to four hours, if at least one full hour was spent dealing with the Data Incident. Claims for lost time are included within the \$500 cap on Ordinary Losses. Claimants must attest to the accuracy of any request for compensation for lost time.

Compensation for the above losses (except lost time) will only be paid if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the Data Incident;
- The loss occurred between November 24, 2021 and September 26, 2025;
- You made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance; and
- Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

No payment shall be made for emotional distress, personal/bodily injury, or punitive damages.

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In lieu of claiming compensation for Ordinary or Extraordinary Losses and Lost Time, members of the Settlement Class may elect to receive a one-time payment of up to \$40 as a result of the Data Incident.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.CV3Settlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

CV3 Settlement Administrator, c/o RG/2 Claims Administration, LLC
P.O. Box 59479, Philadelphia, PA 19102-9479

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

☐ Check this box to certify that you were a customer of Revival Animal Health, Inc. in the United States who received a Notice Letter that your Personal Information was potentially compromised in the Data Incident.

Enter the Claim ID Number provided on your Notice:

Claim ID Number

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III. COMPENSATION FOR ORDINARY LOSSES

Members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following documented out-of-pocket expenses, not to exceed \$500, as a result of the Data Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (if charged based on the amount of data used), postage, or gasoline for local travel.	<div><div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div><div>(mm/dd/yy)</div></div>	<div><div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div></div>
Examples of Supporting Documentation: <i>Phone bills, gas receipts, postage receipts; list of locations to which you traveled (e.g., police station, IRS office), why you traveled there (e.g., police report or letter from IRS) and number of miles traveled.</i>		
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after November 24, 2021 through May 29, 2025.	<div><div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div><div>(mm/dd/yy)</div></div>	<div><div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div></div>
Examples of Supporting Documentation: <i>Receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services.</i>		

IV. COMPENSATION FOR EXTRAORDINARY LOSSES

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Other monetary losses relating to fraud or identity theft, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, incurred as a result of the Data Incident.	<div><div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div><div>(mm/dd/yy)</div></div>	<div><div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div></div>
Examples of Supporting Documentation: <i>Invoices or statements reflecting payments made for professional fees/services.</i>		

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V. COMPENSATION FOR LOST TIME

All Settlement Class Members who have spent time dealing with the Data Incident may claim up to four (4) hours for lost time at a rate of \$20 per hour.

Hours claimed (up to 4):

☐ **1 Hour (\$20)** ☐ **2 Hours (\$40)** ☐ **3 Hours (\$60)** ☐ **4 Hours (\$80)**

Attestation (You must check the box on the next page to obtain compensation for lost time)

☐ I attest and affirm, under penalty of perjury, that any claimed lost time was spent related to the Data Incident between November 24, 2021 and May 29, 2025.

VI. ALTERNATIVE CASH PAYMENT

As an alternative to claiming compensation for Ordinary Losses, Extraordinary Losses, and Lost Time above, members of the Settlement Class who submit a valid and timely claim may elect to receive a one-time \$40 payment without the need to document losses or attest to time spent as a result of the Data Incident. To claim this alternative cash payment, please check the box below.

NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, Extraordinary Losses, and Lost Time, and by checking the box below, you will forfeit any other claim for compensation included in this Claim Form.

☐ Check this box if you wish to receive an alternative cash payment of \$40.

VII. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____ - ____ - ____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided above.

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VIII. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information I have supplied in this Claim Form is true and correct, and that this form was executed on the date set forth below.

Signature

Printed Name

Date