

NOTICE OF PROPOSED CLASS ACTION SETTLEMENT WITH ATTACHED CLAIM FORM

THIS IS NOT A SOLICITATION. THE SENDING OF THIS NOTICE BY FACSIMILE HAS BEEN APPROVED BY THE COURT.

To: All persons and entities to which Defendants transmitted one or more facsimiles, from October 13, 2012 through August 30, 2018, that (1) provided information regarding goods or services offered by Defendants, and/or (2) did not include a proper opt out notice because it did not (a) provide a toll free telephone number and facsimile number where the fax recipient may make a request to the sender not to send any future ads and/or (b) inform the fax recipient that the sender's failure to comply within 30 days of such a request is unlawful.

A. WHY HAVE YOU RECEIVED THIS NOTICE? The Court ordered us to send you this Notice because your fax number is contained on a list of fax numbers to which alleged unsolicited advertisements were sent by fax and you appear to be a member of the Settlement Class defined above.

B. WHAT DOES THE SETTLEMENT PROVIDE? The Settlement, in exchange for a dismissal of the class action and release of all claims against Defendants, creates a fund of \$15,500,000.00 (the "Settlement Fund"). Each Settlement Class Member who files a valid and timely Claim Form will be eligible to receive a cash payment under the Settlement. It is estimated that, if eligible, you could receive up to \$335.00. Actual payments could vary from this estimate.

C. WHAT IS THIS LAWSUIT ABOUT? Plaintiff ARcare, Inc. ("Plaintiff") filed a class action lawsuit alleging that QIAGEN North American Holdings Inc. and QIAGEN LLC (together, "Defendants") violated the Telephone Consumer Protection Act, 47 U.S.C. § 227 ("TCPA") by sending unsolicited faxes and/or by sending faxes without specific opt-out language required under the TCPA. Defendants deny the claims and further deny that they did anything wrong. No trial has been held on the merits of any allegation against Defendants or their defenses. Defendants agreed to the Settlement without admitting any fault or liability.

D. WHAT ARE YOUR OPTIONS?

- 1. Return a completed Claim Form.** To receive a share of the Settlement Fund, you must complete, sign and return a Claim Form on or before November 19, 2018. You may submit your Claim Form online at the Settlement Website www.QIAGENtcpaSettlement.com, by fax to 888-628-3492, or by mail to: *ARcare v. QIAGEN TCPA* Settlement Administrator P.O. Box 404088, Louisville, KY 40233-4088. The Claim Form is enclosed.
- 2. Do nothing.** If you do nothing, you will remain in the Settlement Class. You will be bound by the judgment entered by the Court and you will release your claims against Defendants, but you will receive nothing.
- 3. Opt out of the Settlement.** You have the right to exclude yourself from the Settlement by sending a written request for exclusion. If you opt out, you will not receive a Settlement Payment, and you will not be legally bound by anything that happens in this Lawsuit. Your request must list your name, telephone number, fax number, street address, and the name and number of this case, and must request exclusion (for example, "Exclude me from the ARcare case"). You must mail your exclusion request postmarked no later than November 19, 2018 to the Settlement Administrator at the following address: *ARcare v. QIAGEN TCPA* Settlement Administrator P.O. Box 404088, Louisville, KY 40233-4088.
- 4. Object to the Settlement.** If you do not exclude yourself, you can object to the Settlement if you don't like any part of it. To object, you must file a written objection with the Clerk's Office of the Circuit Court of Lonoke County, Arkansas, 2nd Street Court Building, 119 E. 2nd Street, Lonoke, Arkansas 72086, with copies to (i) Class Counsel at the address in paragraph E below, and (ii) Defendants' counsel, Robert Milligan, Seyfarth Shaw LLP, 2029 Century Park East, Ste. 3500, Los Angeles, CA 90067. Objections must be postmarked no later than November 19, 2018, and must include: your name, address, telephone number and fax number; a sentence certifying belief that you are a Settlement Class Member; the factual basis and legal grounds for the objection; the identity of any witnesses you may call to testify; and copies of any exhibits you may seek to offer into evidence. It must also reference the case name and number.

E. WHO REPRESENTS THE CLASS? The Court appointed ARcare, Inc. as the Class Representative, and the law firm of Carney Bates & Pulliam PLLC as Class Counsel. All written correspondence to Class Counsel may be sent to the following: Randy Pulliam, Carney Bates & Pulliam PLLC, 519 W. 7th St., Little Rock, Arkansas 72201; (501) 312-8500. You will not be charged for these lawyers. Class Counsel will ask the Court for attorneys' fees of up to 30% of the Settlement Fund, plus reasonable out-of-pocket litigation expenses, not to exceed \$75,000.00. For its service as Class Representative, Plaintiff will request that the Court award it an incentive award of \$10,000.00.

F. WHEN AND WHERE WILL THE COURT DECIDE WHETHER TO APPROVE THE SETTLEMENT? The Court will hold a Final Approval Hearing at 9:00 A.M. on December 3rd, 2018 at the Circuit Court of Lonoke County, 2nd Street Court Building, 119 E. 2nd Street, Lonoke, Arkansas 72086. At this hearing, the Court will consider whether the Settlement is fair, reasonable, and adequate. If there are objections, the Court will consider them. The Court will also decide how much to pay Class Counsel and whether to award Plaintiff an incentive award.

G. WHERE CAN YOU GET MORE INFO? This Notice summarizes the Settlement. Full details are in the Settlement Agreement on file with the Court and available on the Settlement Website at www.QIAGENtcpaSettlement.com. You can also call toll free 1-855-730-8674, and the Settlement Administrator will answer any questions you have. The court files for this case are available for your inspection at the Circuit Court of Lonoke County, 2nd Street Court Building, 119 E. 2nd Street, Lonoke, Arkansas 72086. PLEASE DO NOT CONTACT THE COURT BECAUSE THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS ABOUT THIS SETTLEMENT.

ARcare v. QIAGEN TCPA Settlement Administrator
P.O. Box 404088
Louisville, KY 40233-4088



QIR

ARcare Inc. v. QIAGEN North American Holdings and QIAGEN Inc.
CIRCUIT COURT OF LONOKE COUNTY, ARKANSAS, Case No. 43CV-17-47

Must Be Postmarked No Later Than November 19, 2018

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Company 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

To be eligible for a Settlement Payment (as set forth in the Notice of Proposed Class Action Settlement) you must follow all of the instructions in this Claim Form and provide all of the information requested below. Failure to provide all of the requested information may result in your claim being rejected. Only one Claim Form may be submitted per fax number.

You may complete this Claim Form online at the Settlement Website, www.QIAGENtcpaSettlement.com, by mail or by fax. If you choose to submit this Claim Form by mail, your completed Claim Form must be sent to the address listed below, and must be postmarked **on or before November 19, 2018**. CLAIM FORMS POSTMARKED AFTER THE DEADLINE WILL BE REJECTED. Claim Forms submitted to any location other than to the address listed below will not be considered.

1. Provide your contact information:

Fax Numbers [List all numbers. You may attach a separate sheet.]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2. Please read the following statements. You must sign below to be eligible for a Settlement Payment.

I certify that the fax number(s) identified above or attached to this Claim Form was/were mine or my company's throughout the period from October 13, 2012 through August 30, 2018.

Signature: _____

Dated (mm/dd/yyyy): _____

3. Return your COMPLETED Claim Form online at www.QIAGENtcpaSettlement.com or by mail, postmarked no later than November 19, 2018 to:

ARcare v. QIAGEN TCPA Settlement Administrator
P.O. Box 404088
Louisville, KY 40233-4088
Fax: 888-628-3492

This address should only be used for submitting claims. Any other questions or requests for information sent to this address will not be responded to. If you have any questions regarding the Notice or this Claim Form, visit www.QIAGENtcpaSettlement.com or contact the Settlement Administrator at 1-855-730-8674.

Do not contact Defendants or the Court regarding this Claim Form

FOR CLAIMS PROCESSING ONLY	OR	<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
---	----	----------------------	----	----------------------	--	---