

MOLEKULE AIR PURIFIER SETTLEMENT REQUEST FOR EXCLUSION

You Must Complete This Form If You Do Not Wish To Be Part Of The Class Action Settlement.

By signing and returning this form, I confirm that I do *not* want to be included in the Settlement of the Molekule class action lawsuit.

I understand that by opting out, I will receive no cash payment, nor coupon under this Settlement. I understand that by opting out, I cannot file an objection to the Settlement.

By opting out, I understand that I am allowed to bring or join another lawsuit raising the same legal claims against Molekule, Inc.

By providing the following information, I affirm that I want to *opt-out* of this Settlement:

Name: _____
First Name MI Last Name

Street Address: _____

Street Address2: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

[optional] Daytime Phone Number: (_____) _____ - _____

[optional] Evening Phone Number: (_____) _____ - _____

[optional] Class Member ID: _____

If you received a notice of this Settlement by U.S. mail, your Class Member ID is on the envelope or postcard.

If you received a notice of this Settlement by email, your Class Member ID is in the email.

(Sign here)

(Date)