

Jones et al. v. P2ES Holdings, LLC
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

FIRST-CLASS MAIL
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ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION
SETTLEMENT

If you were impacted by the Data Incident experienced by P2ES Holdings, LLC, you are entitled to submit a claim for monetary compensation under a class action settlement.

www.P2settlement.com

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

WHO IS A CLASS MEMBER?

In the lawsuit *Jones et al. v. P2ES Holdings, LLC*, Case No. 1:23-cv-00408-GPG-MEH (D. Colo.), you are a Class Member if your personal information was potentially compromised as a result of the cyber-attack that P2Es Holdings, LLC (“P2”) experienced in November 2021 (the “Settlement Class”).

WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?

Under the settlement, Defendant has agreed to pay \$1,250,000 into a Settlement Fund which will be distributed to Class Members who submit Valid Claims, after deducting the Service Awards, Class Counsel’s attorneys’ fees and expenses, and Costs of Settlement Administration and Administration Fees, if such awards are approved by the Court. Class Members who suffered out-of-pocket expenses as a result of the Data Incident may claim up to \$5,000 for the reimbursement of documented expenses. Class Members who spent time remedying issues related to the Data Incident may claim up to \$100. Class Members who can prove verified fraudulent activity as a result of the Data Incident may claim up to \$5,000 with documented proof. All Class Members may receive an estimated \$50 cash payment if there is a remaining balance in the Settlement Fund after payments for Valid Claims, Costs of Settlement Administration and Administration Fees, attorneys’ fees and expenses, and any Class Representative Service Awards. These cash payment amounts may not be \$50, as they will be adjusted upwards or downwards depending on the amount of Valid Claims. More information about the types of Claims and how to file them is available at the Settlement Website.

WHAT ARE YOUR RIGHTS AND OPTIONS?

Submit a Claim Form. To qualify for settlement benefits, you must timely mail a Claim Form that is attached to this Short Notice or timely complete and submit a Claim Form online at www.P2settlement.com (“Settlement Website”). Your Claim Form must be postmarked or submitted online no later than **February 26, 2024**. Kroll Settlement Administration is the Settlement Administrator.

Opt Out or Object. You can exclude yourself from the settlement or you can object to the settlement. If you do not want to be legally bound by the settlement, you must exclude yourself by **January 26, 2024**, or you will not be able to sue the Released Parties for any claims relating to the Data Incident. If you exclude yourself, you cannot submit a claim or get money from this settlement. If you stay in the Class, you may object to the settlement by **January 26, 2024**. To exclude yourself from or object to the settlement, you must follow the instructions in the Full Notice, available at www.P2settlement.com.

Do Nothing. If you do nothing, you will not receive a settlement payment and will lose the right to sue the Released Parties regarding the Released Claims. You will be bound by the Court’s decision because this is a conditionally certified class action.

Attend the Final Approval Hearing. The Court will hold a Final Approval Hearing at **9:00 a.m.** on **April 15, 2024**, to determine if the settlement is fair, reasonable, and adequate. All persons who timely object to the settlement may appear at the Final Approval Hearing.

Who is the Judge overseeing this settlement? Judge Gordon P. Gallagher, United States District Judge, District of Colorado.

Where may I locate a copy of the Settlement Agreement, learn more about the case, or learn more about submitting a Claim? www.P2settlement.com.

*** Please note that if you wish to submit a claim for compensation for out-of-pocket losses on the attached Claim Form, you will likely need to submit your claim online so you may attach all information necessary to support your request for payment.

This Notice is a summary of the proposed Settlement.

Postage
Required

Jones et al. v. P2ES Holdings, LLC
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

<<Barcode>>

Class Member ID: <<Refnum>>

CLAIM FORM

Claims must be postmarked no later than February 26, 2024. You may also submit a Claim Form online no later than February 26, 2024.

FIRST NAME : _____ LAST NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____ @ _____

Monetary Compensation

Pro Rata Cash Payment of \$50: Would you like to receive a pro rate cash payment of \$50? (circle one) Yes No
If you are a Class Member, you may receive a \$50 cash payment, which may be increased or decreased *pro rata* from funds remaining in the Settlement Fund after all claims are submitted and deductions are made from the Settlement Fund.

Lost Time: I am electing to seek reimbursement for Lost Time spent remediating issues related to the data incident.

I attest that I spent _____ hours of Lost Time, and that this Lost Time was actually spent as a result of the Data Incident.

Out-of-Pocket Expenses: I am electing to seek reimbursement for unreimbursed Out-of-Pocket Losses in the amount of \$ _____ (not more than \$5,000) on account of out-of-pocket expenses and/losses I incurred on ____/____/____ (MM/DD/YY) as a result of the Data Incident. I understand that I am required to provide supporting third-party documentation to support my claim, such as providing copies of any receipts, bank statements, or other documentation supporting my claim. I understand that "self-prepared" documents are insufficient to receive reimbursement. I understand the Settlement Administrator may contact me for additional information before processing my claim. I understand that if I lack information supporting my claim, I will likely not receive compensation for this Settlement benefit. I understand any monetary compensation I may receive under the Settlement for out-of-pocket monetary expenses is capped at \$5,000.

Verified Fraud: I am electing to seek reimbursement for one or more incidents of Verified Fraud in the amount of \$ _____ for verified incidents (\$250 per occurrence) of fraud which occurred on ____/____/____ (MM/DD/YY) as a result of the Data Incident. I understand that I am required to provide supporting third-party documentation to support my claim. I understand the Settlement Administrator may contact me for additional information before processing my claim. I understand that if I lack information supporting my claim, I will likely not receive compensation for this Settlement benefit. I understand any monetary compensation is capped at \$5,000.

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge.

Signature: _____

Date: ____/____/____ (MM/DD/YY)