

CLAIM FORM AND INSTRUCTIONS

In order for you to qualify to receive a payment related to *Mollicone et al. v. Universal Handicraft, Inc., et al.*, Case No. 17-21468-CIV-RNS (S.D. Fla.) as described in the Notice of this Settlement (the “Class Notice”), you must file a Claim Form by no later than August 21, 2018, as described below, to process your claim.

REQUIREMENT FOR FILING A CLAIM FORM

Your claim will only be considered upon compliance with all of the following conditions:

1. Please review the Notice of Proposed Class Action Settlement (the “Notice”) and have the Notice with you when you complete your Claim Form. A copy of the Notice is available at www.PlantStemCellSettlement.com.
2. You must fully, accurately and truthfully complete all required portions of this Claim Form, including the attachment of any documents requested in relation to your choice of the offered relief.
3. You must sign this Claim Form, which includes the Certification.
4. By signing and submitting this Claim Form, you are certifying under penalty of perjury that you purchased one or more of the Class Products directly from a retail store, or online at www.adorecosmetics.com on or after September 29, 2012 and ending on April 13, 2018.
5. To receive a cash payment or a gift card as part of this Settlement, you must complete and submit a completed form online at www.PlantStemCellSettlement.com or mail your completed and signed Claim Form and Certification by First Class U.S. Mail, postage prepaid, postmarked no later than August 21, 2018 to:

Adore Cosmetics Class Action Settlement
c/o Classaura Class Action Administration
1718 Peachtree St #1080
Atlanta, GA 30309

Your failure to complete and submit the Claim Form postmarked by August 21, 2018 will preclude you from receiving any payment in this Settlement. So that you will have a record of the date of your mailing of the Claim Form and its receipt by the Claims Administrator, you are advised (but are not required) to use certified mail, return receipt requested.

Submission of this Claim Form does not guarantee or ensure that you will share in the settlement fund related to *Mollicone et al. v. Universal Handicraft, Inc., et al.* If the Claim Administrator denies your Claim, you have the right to present information in a dispute resolution process. For more information about this process, see Paragraph 6.2(4)(a) of the Settlement Agreement, which is available for review at www.PlantStemCellSettlement.com.

PART A: CLAIMANT'S CURRENT INFORMATION

Provide your name and additional information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

Please Print or type

I, _____, state that my truthful and accurate name and contact information is as follows:

LAST NAME (Claimant)

FIRST NAME (Claimant)

Current Address

Current City

State

Zip Code

Telephone Number (Day)

Telephone Number (Night)

Email Address

IDENTITY OF CLAIMANT (check appropriate box)

Individual

Legal Representative (attach information showing authority to submit claim)

Other (specify on separate sheet)

PART B: PURCHASE INFORMATION

- To qualify for a cash award or a gift card, you must have purchased one or more of the following Adore Organic Innovations Products with plant stem cells (the “Class Products”) between September 29, 2012 and April 13, 2018, for personal or household use and not for resale: (i) CELLMAX Redefining Facial Cream; (ii) CELLMAX Elite Facial Serum; (iii) CELLMAX Superior Supplement Facial Thermal Mask; (iv) Essence Facial Detoxifying Cleansing Cream; (v) Essence Facial Toner; (vi) Essence Facial Milk; (vii) Essence Facial Cleanser; (viii) Snow White Facial Brightening Cream; (ix) Dreams Multi Active Night Cream; (x) Performer Sculpting Neck Serum; (xi) Essence Facial Serum; (xii) Essence Facial Hydrating Cream - normal to oily skin; (xiii) Essence Facial Hydrating Cream - normal to dry skin; (xiv) Advanced Firming Eye Cream; (xv) Advanced Firming Eye Serum; (xvi) Skin Tightening Instant Face Lift; (xvii) Golden Touch Magnetic Facial Mask; (xviii) Essence Facial Collagen Mask; (xix) Golden Touch 24k Techno- Dermis Facial Mask; (xx) Nourishing Hand and Body Lotion – Original; (xxi) Nourishing Hand and Body Lotion – Blossom; (xxii) Nature - Intensive Body Butter; (xxiii) Spirit – Calming Body Butter; (xiv) Spirit - Calming Body Peeling Scrub; and/or, (xv) Nature - Intensive Body Peeling Scrub.
- You must choose one of the following options in making your claim:
 - a. For Settlement Class Members who attach a legible copy of a sales receipt or emailed order confirmation showing their purchase of one or more of the Adore Products (a “Receipt”), you may choose one of the following options:
 - i. \$25.00 cash per Settlement Class Member. Please note that this option (i) shall have a total cap of \$50,000.00 in cash available for the entire class. Accordingly, when a total of \$50,000 in cash has been claimed by and among Authorized Claimants, this cash option shall be deemed to have been exhausted and shall no longer be available, and the remaining Authorized Claimants who submitted the required Receipt shall receive a Settlement Payment pursuant to option ii; or
 - ii. An electronic gift card for 50% of the price paid for the Adore Products reflected on the Proof of Purchase, up to a maximum gift card value of \$200.00 per any such Settlement Class Member, for use on the website: <https://www.adorecosmetics.com/>, and having a one-year expiration date. With respect to this option (ii), the combined total value of all gift cards issued to Authorized Claimants who submitted a Receipt shall not exceed \$225,000 in gift cards.
 - b. For Settlement Class Members who do not provide a Receipt, one \$50.00 electronic gift card per such Authorized Claimant for use on the website, <https://www.adorecosmetics.com/>, with a one-year expiration date. The combined total value of all gift cards issued to Authorized Claimants who filed a Claim without a Receipt shall not exceed \$100,000 in gift cards.

- If the value of claims received from all Authorized Claimants exceeds the maximum Settlement Fund, then the Settlement Payments to each Authorized Claimant will be reduced *pro rata* so that each Authorized Claimant receives a portion of the offered relief. Therefore, the exact amount of any cash payment or electronic gift card ultimately received by each Authorized Claimants will depend upon the total number of Authorized Claimants and cannot be guaranteed.
- If you are making a claim with a Receipt, you must either: (1) email a copy of your Proof of Purchase memorializing the purchase of the Adore Products *along with your completed Claim Form* to www.PlantStemCellSettlement.com; or (2) mail your Proof of Purchase *along your completed Claim Form* to Plant Stem Cell Settlement c/o CLASSAURA, 1718 Peachtree Street #1080, Atlanta, GA 30309.

You must fill out the following chart with the information needed to identify the purchase transaction(s) for which you are making a claim:

TOTAL NUMBER OF ADORE PRODUCTS PURCHASED

List each of the Adore Products that you purchased on or after September 29, 2012 and April 13, 2018 along with details relating to the location from which you made the purchase, the quantity of each product you purchased, and the date of purchase (*or, the approximate date if you no longer have the receipt*) within the chart below:

Name of Product Purchased	Purchased Online at adorecosmetics.com (Yes / No)	No. of Products Purchased	Approximate Dates of Purchase	City and State of Purchase

Please choose one of the following:

- a. Check the box here if you are requesting a \$25.00 cash payment by enclosing a receipt or emailed order confirmation as proof of purchase with this claim form.

- b. Check the box here if you are requesting an electronic gift card for 50% of the price paid reflected on your receipt or emailed order confirmation, up to a maximum gift card value of \$200, for use on the website, <https://www.adorecosmetics.com/>, and having a one-year expiration date.

- If you are making a claim with a receipt or emailed order confirmation, you must either: (1) email a copy of your Proof of Purchase memorializing the purchase of the Adore Products *along with your completed Claim Form* to www.PlantStemCellSettlement.com; or (2) mail your Proof of Purchase *along your completed Claim Form* to Plant Stem Cell Settlement c/o CLASSAURA, 1718 Peachtree Street #1080, Atlanta, GA 30309..

- c. Check the box here if you are submitting this Claim Form *without* a Receipt and are requesting one electronic gift card in the amount of \$50.00 for use on the website, <https://www.adorecosmetics.com/>, with a one-year expiration date.

***Failure to include a receipt or emailed order confirmation will result in a reassignment to the option listed under section C above.**

***Submission of false or fraudulent information will result in the claim being rejected in its entirety.**

PART C: CERTIFICATION UNDER PENALTY OF PERJURY

I have read and am familiar with each of the Instructions accompanying this Claim Form and I hereby certify under penalty of perjury that the information I have set forth within the foregoing Claim Form and the documents attached or submitted with the Claim Form are true, authentic, correct and complete to the best of my knowledge and are submitted in good faith.

I certify that the Claimant purchased the Class Products on or after September 29, 2012 to April 13, 2018, either directly from Defendants at <https://www.adorecosmetics.com/> or in person at the following retail location _____.
(Name of Retailer(s) and State(s) of purchase).

The number of Class Products purchased between September 29, 2012 and April 13, 2018 is _____. (Insert Quantity).

The Claimant is not an officer, director, agent, servant or employee of the Defendants or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; the Claimant did not purchase the Class Products for resale or distribution to others; the Claimant has not received a refund or partial refund of his/her purchase price of any of the Class Product(s) indicated on this Claim Form; and the Claimant has not requested exclusion from the Settlement.

I CERTIFY UNDER PENALTY OF PERJURY OF THE LAWS OF THE UNITED STATES THAT ALL OF THE INFORMATION PROVIDED IN THIS CLAIM FORM AND ALL DOCUMENTS PROVIDED WITH THIS CLAIM FORM ARE TRUE, AUTHENTIC AND CORRECT TO THE BEST OF MY KNOWLEDGE THIS ____ DAY OF _____, 2018.

Signature

Print name here: _____

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

Name of person signing: _____

Capacity of person signing: _____
(Executor, President, Trustee, etc.)

ACCURATE CLAIMS PROCESSING TAKES TIME; THEREFORE, WE THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Sign the above Claim Form.
2. Enclose a copy of your Receipt, if you have it, along with the Claim Form.
3. Keep a copy of your Claim Form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information to the Claim Administrator to the Claims Administrator via the Settlement Website, email, U.S. mail or by calling the Claims Administrator's toll-free telephone number, each of which is listed in the Notice.

REMINDER

If you don't postmark this Claim Form on or before August 21, 2018, your claim for payment will be rejected.