

In the Matter of Arrow Outlet, LLC Claims Administration Procedure and Forms

The following terms set out the claims administration procedures to be followed in implementing the consumer refunds to be provided by Arrow Outlet, LLC (Arrow), pursuant to the Settlement Agreement between Arrow and the Department of Legal Affairs, Office of the Florida Attorney General (Department).

1. For purposes of the Settlement Agreement, the term “Eligible Consumer” shall mean a person who: (a) purchased bids at Arrow’s penny auction site, www.arrowoutlet.com; and (b) was a Florida resident at the time he or she purchased those bids, or is now a Florida resident.

2. The term “Claims Administrator” shall be Purvis Gray & Company, or such other person or entity designated by the Department.

3. Eligible consumers must submit the attached Claim Form, with the supporting documentation described therein, to the Claims Administrator postmarked by not later than 90 days after the Effective Date of the Settlement Agreement.

4. The Claims Administrator shall review all claims to verify eligibility. The Claims Administrator shall submit a report to the Department of its findings and proposed payments to Eligible Consumers by not later than 150 days after the Effective Date. The Department shall have final say on determinations of eligibility and payments to eligible consumers.

5. Within 30 days of the Department notifying the Claims Administrator of its final approval of payments to eligible consumers, the Claims Administrator shall issue and mail checks from the Settlement Funds to the approved Eligible Consumers.

6. Within 60 days of issuance of checks, the Claims Administrator shall provide a final accounting affidavit to the Department listing: (a) payments made to Eligible Consumers; (b) any checks returned as undeliverable or as uncashed; and (c) payments made from the Settlement Funds to the Claims Administrator for fees and costs incurred in providing claims administration services. At the same time that the Claim Administrator delivers the accounting affidavit to the Department, the Claims Administrator shall also deliver the balance of the remaining Settlement Funds to the Department.

[See below for Instructions and Claim Form]

**STATE OF FLORIDA
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LEGAL AFFAIRS**

**IN THE MATTER OF
ARROW OUTLET, LLC**

Case No.: L12-3-1082

CLAIM FORM INSTRUCTION SHEET

Please be sure to read the following information before you fill out the attached Claim Form:

1. Please print or type the information you are providing so that it is legible.
2. Be sure to sign the claim form and enclose the required supporting documentation.
3. If your claim satisfies the requirements set out in the Claim Form, you will receive a refund of a portion of the money you paid in purchasing bids on www.arrowoutlet.com. The amount of the refund will depend largely on the total amount of eligible claims received.
4. **NOTE** -- Your claim form, including all supporting documentation, is subject to inspection under Florida's public records law, Chapter 119, Fla. Stat.

PROMPTLY RETURN THE CLAIM FORM TO THE ADDRESS BELOW:

Arrow Outlet Claim Processor
Purvis Gray & Co.
Attn. David Gaitanis
222 NE 1st Street
Gainesville, FL 32601

All claims must be postmarked and submitted no later than AUGUST 16, 2014.

**STATE OF FLORIDA
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LEGAL AFFAIRS**

**IN THE MATTER OF
ARROW OUTLET, LLC**

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CLAIM FORM

Please complete the following:

NAME (Mr./Mrs./Ms.) _____
Print or type name

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE: Home (_____) _____ Cell (_____) _____

EMAIL ADDRESS: _____

1. I certify that I purchased bids from Arrow Outlet, LLC, which did business as an online auction site through the website www.arrowoutlet.com.
2. I have enclosed a receipt, credit card statement, cancelled check or other documentation showing that I purchased bids for the sum of \$ _____. [*Note* – you should black out or redact credit card account numbers and bank account routing numbers on any documents you submit with your claim]
3. I have enclosed proof that I am a Florida resident, or was a Florida resident at the time that I purchased bids from Arrow Outlet, LLC. Such documents might include a copy of a driver’s license, a utility bill with your name and address, etc.
4. Of the dollar amount stated in paragraph 2, above, I certify that I have not previously obtained a refund of any portion of that money, or if I have already obtained a partial refund, I certify that the total amount that I have received as a partial refund is \$ _____.
5. I understand that my claim may be paid in full, or in part, depending upon the total amount of claims received. In exchange for and effective immediately upon receipt of payment of my claim through this process, whether it be a full or partial payment, I hereby release all claims that I may have against Arrow Outlet, LLC, and its managers, members, employees and contractors.

I agree to the foregoing release, and further swear that the representations made herein are true and provide my signature subject to the penalty provisions of Section 837.06, Florida Statutes*.

(Your Signature)

The Office of the Attorney General reserves the right to request additional information relating to your claim.

*837.06 false official statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or 775.083.