

YOUR CLAIM MUST BE RECEIVED AND POSTMARKED NO LATER THAN NOVEMBER 11, 2006.

Silkies-Settlement Claims Administrator
c/o The Garden City Group, Inc.
P. O. Box 91055
Seattle, WA 98111-9155
Toll Free: 1-888-374-9171
CLAIM STATEMENT



Claim Number:

Control Number:

REQUIRED ADDRESS INFORMATION

YOU MUST provide your current name and mailing address here:

Name:

Address:

City/State/Zip:

I have read the Notice of Pendency and Proposed Class Action Settlement, and believe that I am eligible to receive a settlement payment. On or about _____ (approximate date) I paid for Silkies hosiery that I did not order. By placing a check next to one of the dollar amounts set forth below, I am representing that the amount I selected most closely reflects the amount I paid.

- (check the box that applies):** \$8.00
 \$14.00

Telephone Number: () -

Email Address:

(Your email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you information relevant to your claim.)

Your Address at the time you paid for Silkies that you did not order:

Street

City

State

Zip Code

Reminder: Your Claim Statement is subject to verification by the Claims Administrator and HCI, and must be sent by regular, first-class mail and postmarked by **November 11, 2006** to be eligible for payment under the Settlement.

I declare under the penalty of perjury under the laws of my state of residence and the laws of the state of California that the foregoing is true and correct. Executed this ____ day of _____, 2006 at _____(city), _____(state).

Your Signature

Please Print Your Name