

TYSEN HANSEN v. ASP AESTHETICS LP – TEXT MESSAGE SETTLEMENT

CLAIM FORM

Case No. 2025LA001594

Return this Claim Form to: Hansen v. ASP Aesthetics LP c/o Settlement Administrator, PO Box 16, West Point, PA 19486.
Questions, visit www.ASPTCPAsettlement.com or call (888) 542-0068.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY JUNE 11, 2026, BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Address: _____

(City) (State) (ZIP Code)

Cellular Telephone Number where you received a Text Message from ASP AESTHETICS LP:
(_____) _____ - _____

Email address (if any): _____

Current Phone Number: (_____) _____ - _____ or check if same as above
(Please provide a phone number where you can be reached if further information is required.)

Settlement Class Member Verification

By submitting this Claim Form, I attest that to the best of my knowledge, that between April 4, 2021 and February 10, 2026, I received a text message from Defendant after I notified Defendant that I no longer wanted to receive text messages.

Additional information regarding the Settlement can be found at www.ASPTCPAsettlement.com.

Signature: _____ Date: _____

Print Name: _____

**If you have questions, you may call the Settlement Administrator at (888) 542-0068
or visit www.ASPTCPAsettlement.com.**