

CLAIM FORM

<p><i>Must be received or postmarked no later than October 23, 2017</i></p>	<p>Honest Consumer Litigation Settlement c/o Claims Administrator 1801 Market Street, Suite 660 Philadelphia, PA 19103 Toll-Free: 1-855-345-8544 Website: www.THCMarketingSettlement.com</p>	<p>All Sections of the Claim Form must be completed.</p>
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You can also file a claim online at: www.THCMarketingSettlement.com

Section I - Class Member Information

Claimant Identification Number (If Applicable):

THC _____

Claimant First Name:

Claimant Last Name:

Street Address:

City:

State:

Zip Code:

Email:

Preferred Phone Number:

_____-_____-_____

Your contact information will be used by the claims administrator to contact you, if necessary, about your claim. Provision of your phone number is optional. By providing contact information, you agree that the claims administrator may contact you about your claim. Your contact information will not be used for any purpose unrelated to this settlement.

Section II – Covered Products Included in this Settlement

The products are: 4-in-1 Laundry Packs, 3-in-1 Facial Towelettes, Air + Fabric Freshener, Auto Dishwasher Gel, Bar Soap, Bathroom Cleaner, Bathroom Cleaner Concentrate, Bathtime Gift Set, Bubble Bath, Conditioner, Conditioning Detangler, Deodorant, Diapers, Discovery Set, Dish Soap, Dishwasher Packs, Dryer Cloths, Essentials Gift Bundle, Essentials Bundles, Face + Body Lotion, Floor Cleaner, Floor Cleaner Concentrate, Foaming Hand Soap, Fruit + Veggie Wash, Glass + Window Cleaner, Glass + Window Cleaner Concentrate, Hand Sanitizer Gel, Hand Sanitizer Spray, Hand Soap, Housewarming Gift Set, Kids' Toothpaste, Laundry Detergent, Mouthwash, Multi-Surface Cleaner, Multi-Surface Cleaner Concentrate, Nesting Gift Set, Oxy Boost, Rinse Aid, Shampoo + Body Wash, Soothing Bottom Wash, Stain Remover, Stain Remover Concentrate, SPF 30 Sunscreen, Toilet Cleaner, Toothpaste, Wet Mopping Pads, Wipes, and Wipes – Travel Packs purchased during the Class Period of January 17, 2012 to July 10, 2017.

Section III – Purchase and Product Information

A Settlement Class Member is eligible to obtain \$2.50 for each purchase of a Covered Product for up to 10 Products purchased during the Class Period (up to \$25 per person) without proof of purchase, and unlimited Products purchased during the Class Period with proof of purchase. However, the actual amount paid to individual claimants will depend upon the number of valid claims made. *** If you are claiming you purchased over 10 Products, please attach receipts or proof of purchase (for the purchases in excess of 10).*

INFORMATION TO MAKE A CLAIM FOR PURCHASES OTHER THAN AT HONEST.COM

I declare that I believe that, between January 17, 2012 and July 10, 2017:

1. I made a purchase of an Honest Company product at a retail location or website other than Honest.com.
2. The purchases mentioned in #1 were of the following items, in the following quantities, at the following retail locations:

(If you need additional lines to report your purchases, please photocopy this page before completing this chart for as many additional purchases you are claiming.)

Honest Product	Number of Product(s) Purchased	Amount Paid for Product (With Receipt Proof)	Amount Paid for Product (Without Receipt Proof)	Store Where Purchase Was Made	City of Purchase Location	State of Purchase Location	Approximate Date of Purchase

3. I did not receive a refund of the purchase price of any of the items mentioned in #2.

INFORMATION TO MAKE A CLAIM FOR PURCHASES AT HONEST.COM

Do you have purchases from Honest.com you wish to claim? Yes No

If yes, provide your email address associated with your Honest.com Account: _____

If yes, complete the following:

I declare that I believe that, between January 17, 2012 and July 10, 2017:

1. I made a purchase of an Honest Company product at Honest.com.

2. The purchases mentioned in #1 were of the following items, in the following quantities:

(If you need additional lines to report your purchases, please photocopy this page before completing this chart for as many additional purchases you are claiming.)

Honest Product	Number of Product(s) Purchased	Amount Paid for Product (Without Receipt Proof)	Amount Paid for Product (With Receipt Proof)	Approximate Date of Purchase

3. I did not receive a refund of the purchase price of any of the items mentioned in #2.

RECEIPTS

If you are claiming you purchased over 10 Products, please attach receipts or proof of purchase (for the purchases in excess of 10) and mail them, along with this Claim Form, to the Claims Administrator at: Honest Consumer Litigation Settlement, c/o Claims Administrator, 1801 Market Street, Suite 660, Philadelphia, PA 19103. Please be aware that if you elect the mail option, you must (a) include your name, email address, and postal address with the copies, and (b) postmark the envelope by **October 23, 2017**.

Section V – Selection of Cash or Credit

Payment may be by check or in the form of a Settlement Credit usable at Honest.com. The terms and conditions of the Settlement Credit can be found in Paragraph 1.35 of the Settlement Agreement, which is available at www.THCMarketingSettlement.com.

- Check.
- Settlement Credit.

If you select Settlement Credit, you must provide your email address associated with your Honest.com Account:

PLEASE PROCEED TO THE NEXT PAGE TO SIGN THE AFFIRMATION AND COMPLETE YOUR CLAIM FORM.

Section IV – Required Affirmation

I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I agree to release all the claims, known and unknown, stated in Section 2.5 of the Settlement Agreement. I submit to the jurisdiction of the United States District Court, Southern District of New York with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.THCMarketingSettlement.com or by writing the Claims Administrator at the email address THCSettlement@AdministratorClassAction.com or the postal address Honest Consumer Litigation Settlement, c/o Claims Administrator, 1801 Market Street, Suite 660, Philadelphia, PA 19103. I agree to furnish additional information to support this claim if required to do so.

I agree that, by submitting this Claim Form, I declare under the penalty of perjury of the laws of the United States of America that the information in this Claim Form is true and correct to the best of my knowledge, and that I purchased the Honest Product(s) claimed above during the Class Period, without returning it. I understand that my Claim Form may be subject to audit, verification, and Court review.

Dated: _____

Signature: _____

CLAIMS ADMINISTRATOR ADDRESS (where to send the completed form if submitting by mail):

Honest Marketing Litigation Settlement
c/o Claims Administrator
1801 Market Street, Suite 660
Philadelphia, PA 19103