

MN Orthodontics Data Settlement
c/o Settlement Administrator
PO Box 2009
Chanhassen, MN 55317-2009

**THIS NOTICE IS ONLY A SUMMARY.
FOR MORE INFORMATION VISIT
WWW.MNORTHODODATASETTLEMENT.COM.**

The Court will hold a hearing in this case via video on June 5, 2026, at 10:00 a.m. CT, to consider whether to approve the Settlement. The Court will also consider Class Counsel's request for attorneys' fees and costs of up to \$135,000, and \$2,000 service award for the Plaintiff. You may attend the hearing at your own cost, but you do not have to.

WHEN WILL THE COURT APPROVE THE SETTLEMENT?

The Court has appointed Leanna A. Loginov of Shamis & Gentile, P.A. and Brittany Resch of Strauss Borrelli PLLC to represent the Settlement Class ("Class Counsel").

WHO REPRESENTS ME?

If you do nothing, you will not receive Settlement benefits and will lose the right to sue regarding any issues relating to this action. You will be bound by the Court's decisions because this is a conditionally certified class action.

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Object. If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than **MAY 11, 2026**, and provide the reasons for the objection. Please visit the Settlement Website at www.MNOrthoDataSettlement.com for more details.

Do Nothing. If you do nothing, you will not receive Settlement benefits and will lose the right to sue regarding any issues relating to this action. You will be bound by the Court's decisions because this is a conditionally certified class action.

Opt Out. You may exclude yourself from the Settlement and retain your ability to sue Defendant on your own by mailing a written request for exclusion to the Settlement Administrator

2026. Claims will be subject to a verification process. be postmarked or submitted online no later than **JUNE 10, 2026**. Claims will be subject to a verification process. you must timely submit a Claim Form, available online at www.MNOrthoDataSettlement.com. Your Claim Form must **Submit a Claim Form.** To receive a Settlement benefit,

WHAT ARE YOUR RIGHTS AND OPTIONS?

More information about the types of claims and how to file them is available at www.MNOrthoDataSettlement.com. Cash Payment of \$25 in lieu of Credit Monitoring services. \$1,000,000 in identity theft insurance; OR (ii) an Alternative of single-bureau Credit Monitoring services with at least to submit claims for one of the following: (i) two (2) years Claims. As a Settlement Class Member, you are eligible Under the Settlement, Defendant has agreed to pay Valid

WHAT ARE THE SETTLEMENT BENEFITS?

Data Incident. February 2025, including all those who received notice of the Orthopedics, P.A. Data Incident that occurred in or around compromised in the Minnesota Orthodontics and Dentofacial United States and your Private Information was potentially 3249 (Washington County, MN) because you reside in the *and Dentofacial Orthopedics, P.A., Case No. 82-cv-25- and Dentofacial Orthopedics, P.A., Case No. 82-cv-25-* in the lawsuit *Ashley Burgess v. Minnesota Orthodontics* You have been identified as a Settlement Class Member **WHO IS A SETTLEMENT CLASS MEMBER?**

MN Orthodontics Data Settlement

Complete this Claim Form, tear at the perforation, and return by U.S. Mail no later than **JUNE 10, 2026**.

NAME: _____

ADDRESS: _____

CREDIT MONITORING SERVICES

Check this box if you would like to claim two (2) years of free identity protection and credit monitoring services.

ALTERNATIVE CASH PAYMENT

Check this box if you wish to receive a cash payment of \$25.

You are **not** entitled to this Alternative Cash Payment if you have claimed Credit Monitoring Services above.

FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive your Alternative Cash Payment in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.MNOrthoDataSettlement.com.

ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature (REQUIRED): _____ Date: _____

**NOTICE OF CLASS ACTION
SETTLEMENT**

**You may be entitled
to submit a claim for
monetary compensation
under a class action
settlement.**

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