

**NOTICE OF CLASS PENDENCY AND PROPOSED CLASS ACTION SETTLEMENT**

**IF YOU RECEIVED AN UNSOLICITED FAX FROM COLLEGE PHARMACY, INC. OR COLLEGE PHARMACY INFORMATION SERVICES, INC. PLEASE READ THIS NOTICE CAREFULLY.**

**IT EXPLAINS A PENDING CLASS ACTION IN THE COURT OF COMMON PLEAS, PHILADELPHIA, PENNSYLVANIA THAT YOU MAY BE PART OF AND A PROPOSED SETTLEMENT OF IT. IF YOU WISH TO BE PAID BENEFITS UNDER THIS SETTLEMENT, YOU MUST SUBMIT A PROOF OF CLAIM FORM BY JUNE 27, 2016.**

To all members of the following class certified to proceed in the matter of *Advanced Medicine Associates, P.C. v. College Pharmacy, Inc.*, Court Of Common Pleas of Philadelphia Cty, July Term 2005, No. 3484 (the "Class Action) defined as follows:

All those persons and entities in Pennsylvania to whom Defendant College Pharmacy, Inc. on December 27, 2004, successfully sent a facsimile depicted in Figure 1 (below) and whose names appear on the list of Class Members compiled and maintained by the Claims Administrator based upon the facsimile recipient being designated at the time of transmission as "prescriber prospect" or "prospect" in column "Z" of College Pharmacy's GoldMine database ("Class").

The list of Class Members is available on-line at [www.strategicclaims.net](http://www.strategicclaims.net) or on request to the Claims Administrator identified below.

**I. WHY IS THIS NOTICE BEING SENT?**

This notice is being sent to let people and companies know that the Court has certified the Class Action to proceed on behalf of the Class and that members of the class may be eligible to receive their *pro rata* share of a Settlement Fund (described below in Paragraph III) under a proposed settlement of the Class Action, if they submit a proof of claim form by June 27, 2016. The lawsuit is pending in the Court of Common Pleas of Philadelphia County (the "Court"). The hearing to approve the settlement will be held on June 8, 2016 at 12:00 p.m. before Judge Mary D. Colins, City Hall, Room 432 Philadelphia, PA., 19107.

**II. WHAT IS THE LAWSUIT ABOUT?**

Plaintiff Advanced Medicine Associates, P.C. ("Plaintiff") sued College Pharmacy, Inc., ("College Pharmacy" or "Defendant") in the Class Action alleging that it received an unsolicited facsimile advertisement from College Pharmacy or one of its business divisions, and that the sending of this fax violated a federal law called the Federal Telephone Consumer Protection Act ("TCPA"). Plaintiff sought to represent a class of persons to whom College Pharmacy sent unsolicited advertising facsimiles. College Pharmacy denies these allegations but has agreed to settle to avoid the costs and uncertainties of litigation. College Pharmacy will vigorously defend the lawsuit if the proposed settlement is not approved. On April 14, 2015, following an evidentiary hearing on class

certification, the Court certified the Class Action to proceed on behalf of the Class.

**III. WHAT IS THE PROPOSED SETTLEMENT?**

The parties to the lawsuit following the Court's certification of class have agreed to settle after extensive negotiations. Under the proposed settlement, College Pharmacy has agreed to pay into a Settlement Fund up to \$375,000. The Settlement Fund will be used to pay monetary claims to class members timely filing a claim as described below; pay the costs of class notice and settlement administration; and pay any award(s) by the Court to Class Counsel for attorney's fees and cost reimbursements and to pay Plaintiff as a class representative service fee of up to \$1,000. Class Counsel's fee and cost reimbursement application and Plaintiff's service fee application will not exceed in the aggregate \$125,000. After these amounts are deducted, each Class Member who submits a valid claim by June 27, 2016 will receive an equal share of the remaining Settlement Funds up to the statutory maximum value of a prescribed violation under the TCPA, \$500. Your share of the Settlement Fund depends on how many Class Members submit claim forms and this notice is being sent to approximately 1,013 persons or entities. Therefore, if 10% of the Class Members submit a valid claim, you may expect to recover approximately \$500. If 60% of the Class Members submit a valid claim, you may expect to recover approximately \$411. The recovery to the Class Members is estimated and is subject to change based on the costs of notice and administration.

**IV. HOW DO I GET A PAYMENT?**

If you are part of the class described above, complete and submit the claim form to the Settlement's Claims Administrator:

**College Pharmacy Settlement**  
c/o Strategic Claims Services  
600 North Jackson Street - Suite 3  
Media, PA 19063  
**Fax: (610) 565-7985**  
**Email: [info@strategicclaims.net](mailto:info@strategicclaims.net)**  
**Website: [www.strategicclaims.net](http://www.strategicclaims.net)**

Claim forms must be faxed, emailed or mailed by midnight on June 27, 2016.

## **V. WHAT AM I GIVING UP?**

If the settlement becomes final, you will be releasing College Pharmacy of any claims relating in any way to their sending of unsolicited advertising facsimiles on December 27, 2004. This release is more fully explained in paragraph 12 of the Settlement Agreement. The Settlement Agreement is available for inspection at [www.strategicclaims.net](http://www.strategicclaims.net) or at the Office of the Prothonotary, Room 264, City Hall, Broad and Market Streets, Philadelphia, PA 19107 (you will need to reference case ID 050703484) or from the Claims Administrator during regular business hours.

## **VI. EXCLUDING YOURSELF FROM THE CLASS ACTION SETTLEMENT**

You will be a member of the Class whether or not it settles as proposed unless you exclude yourself from the Class. You need not take action to remain in the Class but you need to submit a Claim Form by June 27, 2016 to be eligible to receive a payment. If you remain in the Class Action, you will be represented by Class Counsel.

If you want to keep the right to sue College Pharmacy over the legal issues in this case, then you must take steps to get out of both the proposed settlement and the Class Action. This process is called asking to be excluded from – or sometimes called “opting out” – of the class. To exclude (opt-out) yourself from the Class Action and the proposed settlement, you must send a letter saying that you want to be excluded from or to opt-out of the *Advanced Medicine Associates, P.C. v. College Pharmacy, Inc.* lawsuit. Be sure to include your name, address and the telephone number for the facsimile (“fax”) machine on which you were sent the fax advertisements and a short statement to the effect you do not want to be a class member and participate in the settlement. The letter must be sent to the Settlement’s Claims Administrator at the address provided in paragraph IV and mailed by May 27, 2016. If you opt out, you will not receive any payment from the Settlement Fund, but you will not be bound by anything that happens in this lawsuit. If you opt-out, you are not entitled to object to the proposed settlement or related applications for fees and costs, should you have an objection.

## **VII. OBJECTING TO THE SETTLEMENT.**

If you do not opt-out, another right you have as a class member is that either on your own or through an attorney you hire you can tell the Court that you do not agree with the settlement or some part of it, such as related applications for related applications for fees and costs. If you do, you must explain why you think the Court should not approve the settlement or some part of it. To object, you must send a letter saying that you object to the settlement and/or to the related applications for fees and costs in *Advanced Medicine Associates, P.C. v. College*

*Pharmacy, Inc.* lawsuit. Be sure to include your name, address and the telephone number for the facsimile machine on which you were sent the fax advertisements, a statement of your objection, an explanation of the reasons you object to the settlement and documentation, if any, to support your objection postmarked by May 27, 2016. The Court will consider your views only if you properly submit an objection on time.

Objecting is simply telling the Court that you do not like something about the Settlement or a part of it. You can ONLY object if you stay in the Class. If you exclude yourself, you can’t object. Any objections or appearances must be filed with the Court and reference case ID 050703484 and copies must also be sent at the same time to Class Counsel at the address provided in paragraph VIII and Defendant’s Counsel at the address provided in Paragraph IX:

## **VIII. WHO REPRESENTS THE CLASS?**

The Court has appointed the following law firm to represent you and other members of the Class (“Class Counsel”) in this lawsuit:

Cohen, Placitella & Roth, P.C.  
Two Commerce Square,  
2001 Market Street, Suite 2900  
Philadelphia, PA 19103  
(215) 567-3500 (T) — (215) 567-6019 (fax)

This firm represents your interests in this lawsuit. You may contact them with any questions that you have about the lawsuit or the Settlement. You do not have to pay the fees of Class Counsel. You may also hire your own attorney at your own cost to appear on your behalf.

## **IX. WHO REPRESENTS THE DEFENDANT?**

Defendant College Pharmacy is represented by:

Mayers, Mennies & Sherr, LLP  
3031 Walton Road  
P.O. Box 1547  
Blue Bell, PA 19422

## **X. CAN I GET MORE INFORMATION?**

This notice is intended only as a summary of the lawsuit and proposed settlement. It is not a complete statement of the lawsuit or the proposed settlement. You may inspect the pleadings and other papers (including the proposed Settlement Agreement) that have been filed in case ID: 050703484, at the Office of the Prothonotary, Room 264, City Hall, Broad and Market Streets, Philadelphia, PA 19107. If you have questions about this notice or the proposed settlement, you may contact Class Counsel at the address and phone number listed above. **DO NOT CONTACT THE COURT OR DEFENDANT FOR INFORMATION.**

Figure 1



# Attention!

## MESOTHERAPY USERS

BLT Cream is now available at College Pharmacy. It is a topical analgesic commonly used to relieve pain and itching by deadening the nerve endings in the skin.

Popular uses include:

- Before any type of injection
- Before Mesotherapy treatments
- Before laser hair removal
- Before immunizations or stitches
- Before plastic surgery / Botox injections
- Before allergy testing

For more information on BLT Cream and other products used for Mesotherapy contact:

**College Pharmacy**

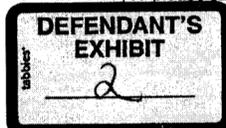
Phone: (800) 888-9358 or Fax: (800) 556-5893

[www.collegepharmacy.com](http://www.collegepharmacy.com)

[info@collegepharmacy.com](mailto:info@collegepharmacy.com)

Dr. Name \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
 Address \_\_\_\_\_ Contact: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Info Fax is strictly an information source provided by College Pharmacy and includes medication and health topics of general interest and awareness. It is not a solicitation of any kind and is provided as a courtesy to our customers, healthcare prescribers, and upon specific requests. If you feel you have received this fax in error and have no interest in receiving this information, we apologize for the inconvenience and ask that you please call College Pharmacy at (800) 888-9358 ext. 1325 to terminate any further transmissions.



**SETTLEMENT CLAIM FORM**

***Advanced Medicine Associates, P.C. etc. v. College Pharmacy, Inc.***  
***Court Of Common Pleas of Philadelphia Cty, July Term 2005, No 3484***

**TO RECEIVE A PAYMENT UNDER THIS SETTLEMENT AGREEMENT, THIS  
CLAIM FORM MUST BE FAXED OR POSTMARKED ON OR BEFORE JUNE 27, 2016  
TO THE FOLLOWING ADDRESS:**

**College Pharmacy Settlement**  
c/o Strategic Claims Services  
600 North Jackson Street - Suite 3  
Media, PA 19063  
Toll Free (866)-274-4004

**Or via fax to:  
(610) 565-7985**

In order for your claim to be processed you must complete every part of this section. The information you provide will be treated as confidential. Any compensation provided in response to your claim will be issued to the name and street address you provide. Please print clearly in blue or black ink.

Name of person or entity that subscribed to this fax line (If under a former or different name on December 27, 2004, please include that name and your current name): \_\_\_\_\_

Current mailing address of subscriber of fax line:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

In order to validate your claim please provide documentary evidence that you or your company is (was) the subscriber or regular authorized user of the fax line listed on the mailing label. Acceptable documentary evidence would include, for example, a bill for the fax number, your letterhead or business card, a printout of your website showing the number.

By submitting this claim form, I am verifying that I owned or leased the facsimile machine and subscribed to or was authorized to regularly use the telephone facsimile number(s) identified above in December, 2004.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**IT IS YOUR RESPONSIBILITY TO KEEP A CURRENT ADDRESS  
ON FILE WITH THE CLAIMS ADMINISTRATOR**

*If you have a question about completing this form, please contact Strategic Claims Services.*