Attachment 3

Todd v. Ashley Furniture Industries, LLC

SETTLEMENT ADMINISTRATOR
P.O. BOX 5735
PORTLAND, OR 97228-5735
www.MattressClassActionSettlement.com

This Claim Form must be submitted or postmarked no later than July 17, 2026

GENERAL INFORMATION

To receive a Voucher to be used on a single purchase, you must timely submit this Claim Form. **If you fail to submit your Claim Form by the deadline, your Claim Form will be rejected.**

You are included in the Class if you fall within the following definition: *All individual end consumers who purchased an Affected Mattress in the United States between October 1, 2017, and June 30, 2024, which was designed, manufactured, produced, distributed, sold, or marketed by Ashley or Resident Home and contained fiberglass as a fire-retardant material in the inner sock of the mattress.*

The Affected Mattresses include those sold under the Ashley, Nectar, DreamCloud, and Siena brands that contained fiberglass as a fire-retardant material in the inner sock. A list of Affected Mattresses is available on the Settlement Website at **www.MattressClassActionSettlement.com**.

The easiest way to submit a Claim Form is online at www.MattressClassActionSettlement.com, or you can print out, complete, and mail this Claim Form (with any required documentation) to the mailing address above. **Claim Forms must be submitted online or by mail on or before July 17, 2026. If you would prefer to submit by mail, please use the address at the top of this form.**

CLAIM FORM INSTRUCTIONS

IMPORTANT: Please read the instructions below before completing this Claim Form.

Please note, you may only submit one single Claim Form. Multiple Claim Forms from a Class Member could result in rejection of those claims.

When submitting this Claim Form, please confirm the following:

1 – You have provided all requested claim information;

2 – Your Claim Form and any supporting documentation is submitted through the Settlement Website or by First Class Mail no later than July 17, 2026.

Note: If you received an Email Notice containing a Unique ID and PIN, you only need to complete **Section A** of the Claim Form and should **not** complete Section B.

If you did not receive an Email Notice containing a Unique ID and PIN, you **must** complete Section A **and** Section B, and you must provide proof of your mattress purchase. Proof of purchase means an itemized sales receipt, store record, photograph of the mattress product code, or other documentation showing the purchase of an Affected Mattress. If you did not receive a Notice, but believe you are part of the Class, you may contact the Settlement Administrator at **1-877-268-2879** or visit the website at **www.MattressClassActionSettlement.com**.

The amount of the Voucher will be determined on a *pro rata* (a legal term meaning equal share) basis depending on the total amount of valid Claim Forms. There may be a *pro rata* cash distribution if the Court awards less than $3,000,000 in attorneys' fees and costs.

To be valid, your Claim Form must be completely and accurately filled out, **signed and dated in Section C**, and must include all requested information. If your Claim Form is incomplete, untimely, illegible, not signed, or contains false information, it may be rejected by the Settlement Administrator.

[redacted]

A. ADDRESS INFORMATION

Please provide your name and contact information below.

First Name MI Last Name

Address

City State ZIP Code

Current Phone Number

– –

Email Address

Unique ID (If left blank, you **must** provide mattress purchase details in questions I through IV below)

B. CLAIM INFORMATION

You should only complete this section if you do not have a Unique ID.

I. Number of Mattresses Purchased: ☐

II. Between October 1, 2017, and June 30, 2024, I purchased an Affected Mattress from Resident Home or Ashley:

☐ Yes ☐ No

III. I am including proof of each claimed purchase and including receipt(s) or images of claimed mattress tag(s):

☐ Yes ☐ No

If you don't have a Unique ID or if you don't have proof of purchase documents, you **must** provide information to Questions 1 through 5 below regarding your mattress purchase details. You should also provide information responsive to Question 6, if that information is available to you to help the Administrator process your claim. **You must provide responses to Questions 1 through 5 for each mattress purchased, on separate sheets of paper if necessary.**

IV. **Please copy the following page as many times as necessary to complete Questions 1 through 6 for each mattress purchased.**

[redacted]

Mattress Purchase:

1. Brand Name of Mattress (Choose only one): ☐ Ashley ☐ Nectar ☐ DreamCloud ☐ Siena
2. Approximate Date of Purchase:

   MM – DD – YYYY

3. Store Name Where Purchased:
4. City Where Purchased:

   City State

5. Size of the Mattress: ☐ Cal King ☐ King ☐ Queen ☐ Full ☐ Twin XL ☐ Twin
6. Model or Item Name or Number of Mattress (Optional):

Mattress Purchase:

1. Brand Name of Mattress (Choose only one): ☐ Ashley ☐ Nectar ☐ DreamCloud ☐ Siena
2. Approximate Date of Purchase:

   MM – DD – YYYY

3. Store Name Where Purchased:
4. City Where Purchased:

   City State

5. Size of the Mattress: ☐ Cal King ☐ King ☐ Queen ☐ Full ☐ Twin XL ☐ Twin
6. Model or Item Name or Number of Mattress (Optional):

Mattress Purchase:

1. Brand Name of Mattress (Choose only one): ☐ Ashley ☐ Nectar ☐ DreamCloud ☐ Siena
2. Approximate Date of Purchase:

   MM – DD – YYYY

3. Store Name Where Purchased:
4. City Where Purchased:

   City State

5. Size of the Mattress: ☐ Cal King ☐ King ☐ Queen ☐ Full ☐ Twin XL ☐ Twin
6. Model or Item Name or Number of Mattress (Optional):

[redacted]

C. SIGNATURE

By signing below and submitting this Claim Form, I hereby declare under penalty of perjury that the foregoing is true and correct.

Signature

Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Print Name

THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED OR POSTMARKED BY July 17, 2026. SUBMISSIONS CAN BE MADE ONLINE OR MAILED:

Online: www.MattressClassActionSettlement.com

Mail: *Todd v. Ashley Furniture Industries, LLC*
Settlement Administrator
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