

**I DO NOT WISH SYSTEMS INTEGRATION SOLUTIONS, INC. TO DISCLOSE MY
CONTACT INFORMATION**

If you do **NOT** wish Systems Integration Solutions, Inc. to disclose all, or any portion of, your contact information to the attorneys for Plaintiffs, **you must sign and return this postcard**. Do NOT return this postcard if you do not object to disclosure of your contact information by Systems Integration Solutions, Inc.

I, _____ (print your name), have reviewed and understand the Legal Notice in connection with the lawsuit titled Xu v. Systems Integration Solutions, Inc.

I do NOT wish to have the following contact information disclosed to Plaintiffs' attorneys in connection with this lawsuit:

- ☐ Do not disclose my email address
- ☐ Do not disclose my address
- ☐ Do not disclose my telephone number
- ☐ Do not disclose ANY of my contact information

Please check the box or boxes indicating any information that you do NOT want disclosed.

Please sign and date: _____
Signature Date

Settlement Services, Inc.
PO Box 10643
Tallahassee, FL 32302-2643