

State of Maryland  
Office of the Attorney General  
C/O DRAM Claims Administrator  
PO Box 3065010  
Des Moines IA 50306-5010

**IMPORTANT LEGAL MATERIALS**



<<NAME1>>  
<<NAME2>>  
<<NAME3>>  
<<NAME4>>  
<<ADDRESS1>>  
<<ADDRESS2>>  
<<CITY>> <<STATE>> <<ZIP>>  
<<COUNTRY>>

<<Date>>

**BRIAN E. FROSH**  
*Attorney General*



**ELIZABETH F. HARRIS**  
*Chief Deputy Attorney General*

**THIRUVENDRAN VIGNARAJAH**  
*Deputy Attorney General*

**STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL**

Dear Claimant:

I am pleased to enclose a check for payment of your claim in the DRAM Antitrust Litigation Settlement.

The settlement resolves a lawsuit filed by my office against domestic and foreign manufacturers of Dynamic Random Access Memory chips (DRAM), a component in computers and printers, among other things. The lawsuit alleged that the manufacturers unlawfully conspired to fix the prices of DRAM, ultimately resulting in overcharges to consumers. The suit sought the recovery of these overcharges for products containing DRAM sold to <<State>> consumers between 1998 and 2002.

The enclosed check reflects your payment for eligible purchases based upon your claim. Please cash or deposit this check promptly as it will be void after 90 days from the date of issue. We are pleased that you were able to participate in this settlement.

If you have any questions regarding your settlement check, please visit the Settlement website at [www.DRAMclaims.com](http://www.DRAMclaims.com) or call the Claims Administrator toll free 1-800-589-1425.

Sincerely,

Brian E. Frosh  
Attorney General

Detach and sign the back of this instrument.

DRAM Claims  
PO Box 3065010  
Des Moines, IA 50306-5010  
[www.DRAMclaims.com](http://www.DRAMclaims.com)

**BANK**

**XX-XXXX  
XXX**

**<<CkNo>>**

Date	Control Number	Amount
<<Date>>	<<ACCT_NO/REF_NO>>	\$<<Check_Amt>>

VOID AFTER 90 Days  
NOT VALID FOR AMOUNT OTHER THAN <<Check\_Amt>>  
Payee's signature required on back in order for this instrument to be valid

**Pay** <<Checkamt>> (in words)  
**Payable to:** <<NAME1>> AND  
<<NAME2>> AND  
<<NAME3>> AND  
<<NAME4>>

<<check number>> <<ROUTING #>> <<ACCOUNT #>>

Authorized Signature(s)

POSITIVE I.D. REQUIRED  
Must be endorsed by all payee(s)

X

DO NOT WRITE, STAMP OR SIGN BELOW THIS  
LINE - RESERVED FOR FINANCIAL INSTITUTION USE