

SOBERLINK HEALTHCARE LLC NOTICE OF DISPUTE

Soberlink Healthcare LLC (“Soberlink”) is committed to resolving disputes with customers, clients, users and concerned parties in a fair and efficient manner. If you are unsatisfied with the resolution that we have offered for a problem you are experiencing, you may notify us of your dispute by sending this form to Soberlink's Dispute Resolution department.

Please complete this form in its entirety (printing legibly). Retain a copy for your records and send the completed form by U.S. Certified Mail to: Soberlink Healthcare LLC, Attn: Dispute Resolution, 16787 Beach Boulevard, #211, Huntington Beach, CA 92647. A Soberlink representative will respond within 30 days of receiving this form. If the dispute is not resolved to your satisfaction, you may begin arbitration by submitting a demand for arbitration to the American Arbitration Association. We provide further details on our website (at <http://www.soberlink.com/terms-and-conditions>), as well as a link to the AAA demand for arbitration form.

Name

Telephone Number

Additional Telephone Number

Your e-mail address: _____

Your facsimile number: _____

Your contact address: _____

Product Purchased:

Serial Number:

If you are an authorized representative of the customer, please print your name, your relationship to the account holder, your address, and a phone number at which you may best be reached during business hours:

Please briefly describe the nature of your dispute and attach any supporting documents that you wish. If necessary, please use additional sheets of paper.

Please briefly describe the relief that you would like from Soberlink. If necessary, please use the reverse side or additional sheets of paper.

Date

Signature