



DEPARTMENT OF JUSTICE
CIVIL ENFORCEMENT DIVISION

LA Weight Loss – Refund Questionnaire

By submitting this questionnaire, **you declare that under penalty of perjury**, this statement and other information you provide is true and accurate to the best of your knowledge and belief.

Before July 31, 2009, please fill out all questions and return to:

Oregon Department of Justice
attn: FF/CP LAWL Refund Request
1162 Court Street NE
Salem, OR 97301-4096

Please retain all Enrollment Agreements and proof of amounts paid until the Oregon Department of Justice processes all refund requests. We will contact you if we need additional information or clarification of your responses.

Your contact information:

Name: _____

Address: _____

Phone number: _____

Email address: _____

1. What was the date of your initial enrollment in the LA Weight Loss program?

2. How many weeks were included in your initial enrollment? What was the cost per week?

3. Did you buy additional weeks? If so, how many additional weeks and how much did you pay for the additional weeks?

4. Did you buy any products (LA Lites, supplements, etc.)? If so, which and how many of each?

5. If you purchased products, did you receive everything you bought? If not, identify the quantity of items or boxes you did not receive and the cost per item or box.

6. Did you receive all products you paid for? If not, what are you owed? Please provide the number of each product owed as well as the monetary amount.

7. Did the location you enrolled at close? If so, how many unused service, stabilization and maintenance weeks remained according to your enrollment agreement?

8. If your location closed, did you start attending another location? If so, did you use your remaining weeks at that location?

9. Have you received any refunds from a LA Weight Loss company (LA Weight Loss Franchise Company; NWM, Inc.; or LATO, LLC)? If so, what was the amount and purpose of the refund?

10. How much do you believe you are owed in total? We may ask you for proof of payment of this amount.

11. If there is any additional information you think we need to know about, please include it here:
