

RexMD® GameDay Sweepstakes Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

Desired Outcome: _____

Mail or Email Notice to: RexMD
Attn: GameDay Sweepstakes Initial Dispute Notice
236 5th Ave., 4th Floor
New York, NY 10001
legal@lifemd.com

(*Required fields)