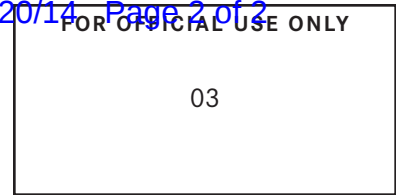


EXHIBIT 2



CLAIM FORM

NYC Hop-On Hop-Off Bus Tour Settlement
United States District Court for the Southern District of New York
Case File No. 13-CV-0711 (ALC)(GWG)

In order to qualify for a payment, you must have bought a Gray Line or CitySights "hop-on, hop-off" bus tour in New York City from February 1, 2009 until [Month XX, 2014].

Must be postmarked no later than Month XX, 2014

To receive a payment, you must accurately complete this Claim Form with your name, address, email, the number of tickets purchased and signature and submit it by [Month XX, 2014]. If your claim form is not complete, your claim will be denied. You will not be given an opportunity to cure or fix any deficiencies in this Claim Form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

The expected payment amount is up to \$20 per Class Member ticket (if approved by the court). The amount of your payment will depend on the total number of claims filed by Class Members. Payment amounts may be adjusted to ensure that all eligible Class Members receive a payment. If the total value of all approved claims is greater than the amount of money available to pay claims (after costs and fees have been deducted), eligible Class Members' payments will be reduced proportionally.

You must provide the total number of tickets you purchased for either Gray Line or CitySights "hop-on, hop-off" bus tours in New York City between February 1, 2009 and [Month XX, 2014]. Do not submit a claim for each bus tour company, combine the total number of tickets purchased. Any duplicative claims will be denied.

1. Please provide the **total number of tickets you purchased**: _____. (Do not provide the dollar amount of the tickets you purchased.)
2. If you claimed 3 OR MORE above, you are required to submit proof of purchase with this claim. Proof of purchase includes but is not limited to: receipt, credit card or debit card statement, or check image.
3. If you claimed LESS THAN 3 above, no proof of purchase is required at this time. *Please note the Administrator may require proof of purchase at a later date.*

I certify under penalty of perjury under the laws of the State of New York that the foregoing information is true and correct. I understand that the submission of false information may subject me to criminal prosecution. I submit to the jurisdiction of the Southern District of New York.

Signature: _____ Date: ____/____/____

Mail to: NYC Hop-On Hop-Off Bus Tour Settlement, P.O. Box 1902, Faribault, MN 55021-1935
www.TourBusSettlement.com 1-866-431-9265

