CLAIM FORM

PATTERSON V. COOPER SERVICES, INC., ET AL.

TO RECEIVE A SETTLEMENT PAYMENT YOU MUST COMPLETE, SIGN, AND MAIL THIS CLAIM FORM BY FIRST CLASS U.S. MAIL, POSTMARKED ON OR BEFORE NOVEMBER 23, 2015.

IF YOUR CLAIM IS POSTMARKED AFTER NOVEMBER 23, 2015, YOUR CLAIM WILL BE REJECTED. INSTRUCTIONS

- 1. You must **legibly** complete, sign and mail this Claim Form to be eligible to receive a settlement payment. In order to verify your identity, you must provide either the last four digits of your social security number, complete California Driver's License number, or any other form of government identification. In addition, you may also provide a copy of a past wage statement.
- 2. If you move, please send the Settlement Administrator your new address. It is your responsibility to keep a current address on file with the Settlement Administrator.

COMPLETE, SIGN AND MAIL TO: PHOENIX SETTLEMENT ADMINISTRATORS P.O. BOX 27907 SANTA ANA, CA. 92799

<u>CLAIM INFORMATION</u>	
<psa id=""></psa>	Make any address corrections here:
<name></name>	
<address></address>	
<address2></address2>	
<city, state,="" zip=""></city,>	
State all names by which you have been known:	Social Security Number (last 4 digits): CA Driver's License No.: Other:
Telephone Number: () (Work)	
a non-exempt employee, you worked << ww >> wee 2015, therefore, assuming every class member partic \$<< est. amt >> if you mail in this Claim Form by	ks during the period of October 23, 2009 through September 17, cipates in the settlement, you can expect to be paid approximately November 23, 2015. If you agree with the record of your skip to section #3. If you disagree, you can file a dispute by
• •	in section #1, please state the number of weeks that you believe nd/or S&S in California between October 23, 2009 and September
The total number of weeks I believe I worked is:	·

If you do not provide satisfactory supporting documentation of the weeks that you believe you worked when you were employed by Cooper and/or S&S as a non-exempt employee during the class period, any claim you submit will be based only on the workweeks stated by the records as listed in section #1, above. Any decision of the Settlement Administrator with regard to disputes as to the calculation of eligible workweeks shall be final.

3. My signature to this Claim Form constitutes a full and final release and discharge of Cooper, S&S and any of their former and present subsidiaries and affiliates and its or their officers, directors, employees, partners, shareholders and agents, and any other successors, assigns, or legal representatives ("Released Parties"), from any and all claims, known or unknown, contingent or accrued, that are alleged, arise from, touch or concern the allegations in the Complaint, and that were or could have been pled based on the facts alleged in the operative complaint, including but not limited to claims for unpaid overtime, failure to pay minimum wage, failure to provide meal or rest breaks or pay one hour's wages in lieu thereof, failure to indemnify for all work related expenditures and losses, failure to pay wages upon termination of employment in a timely manner, failure to provide accurate itemized pay stubs, violations of failure to pay wages, violations of the Private Attorney General Act under California Labor Code section 2698, et seq., violations of Business and Professions Code Section 17000 and 17200 et seq. for Unfair Business Practices predicated on the aforementioned Labor Code violations, and all related statutory claims, the relevant Wage Orders issued by the Industrial Welfare Commission, and the Fair Labor Standards Act only as to those Class Members who submit a valid claim form, and all claims for attorneys' fees and costs at the time of the Preliminary Approval Date. The release also includes all claims for remedies deriving from the allegations contained in the Complaint, including all claims for liquidated damages, restitution, disgorgement, conversion, unjust enrichment, penalties, interest, and attorneys' fees and costs at the time of preliminary approval of the settlement by the Court, during the Covered Time Frame ("Released Claims").

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Date:	
	 Signature of Claimant