

Smith v. Thekkek, et al. (formerly *Cagungao v. Thekkek, et al.*)
Alameda Superior Court (Case No. RG15787300)

INFORMATION FORM

<<PSA ID>>
<<First Last>>
<<Add1>><<Add2>>
<<City, State Zip>>

OUR RECORDS INDICATE THAT YOU WERE EMPLOYED BY DEFENDANTS IDENTIFIED BELOW FOR SOME PERIOD BETWEEN SEPTEMBER 25, 2011 TO DECEMBER 21, 2016.

DEFENDANTS INCLUDE:

PREMA THEKKEK	BURLINGAME HACIENDA	NADHAN, INC.
ANTONY THEKKEK	CARESYSTEMS, INC.	NADHI, INC.
PAKSN, INC.	DIYAVILLA, INC.	NASAKY, INC.
CCRC, LLC	GRACEVILLA, INC.	OAKRHEEM, INC.
HCRC, INC.	HEIGHT ST. SKILLED CARE, LLC	PREMIER REHAB, INC.
MCRC, LLC	KARMA, INC.	SAGAR, INC.
AAKASH, INC.	KAYAL, INC.	SANDHYA, INC.
APPLE CARE CENTER, LLC	MARINOAK, INC.	THEKKEK HEALTH SVCS., INC.
BAYVIEW CARE, INC.	MILLBRAE SKILLED CARE, LLC	WESTVILLA, INC.

YOU DO NOT NEED TO RETURN THIS INFORMATION FORM TO RECEIVE A SETTLEMENT AWARD.

Return this form only if:

1. You disagree with the number of your work shifts stated below; or
2. You wish to update your address

EMPLOYMENT POSITION: [Position (i.e. RN, LVN, RNA, or CNA)] <<POSITION>>
WORK SHIFTS FROM SEPTEMBER 25, 2011 TO DECEMBER 21, 2016: <<SHIFTCOUNT>>

If you believe the number of eligible work shifts listed above is incorrect, please enter the number of eligible work shifts you believe you worked for Defendants in California performing nursing work in a non-exempt position from September 25, 2011 To December 21, 2016: ___ work shifts.

Insert Any Name or Address Corrections Below:

Mailing Address _____
Mailing Address _____
City, State, ZIP _____

Unless you dispute the number of work shifts listed above, or wish to change your address, you **DO NOT** need to return this Information Form. If you disagree with the number of work shifts listed above, you must fill-out the bottom portion of this Information Form and mail back along with any documentation you have to support your claim of a different number of eligible work shifts. This Information Form and your documentation must be mailed directly to the Settlement Administrator, Phoenix Settlement Administrators, P.O. Box 7208, Orange, CA. 92863 postmarked on or before March 21, 2017.

X _____

(Sign your name)

(Date you signed this document)

_____ X X X - X X - _____

(Print your Full Name)

(Last 4 Digits of Your **Social Security Number**)
[FOR IDENTITY VERIFICATION PURPOSES ONLY]