Uribe, et al. v. Conduit Language Specialists, Inc.
c/o Phoenix Settlement Administrators
PO Box 7208
Orange, CA 92863

EXCLUSION OR OPT-OUT REQUEST FORM

<PSA ID>
<Contact>
<Address>
<City>, <State> <Zip>

Irene Uribe et al. v. Conduit Language Specialists, Inc., Case No. BC589744 (the "Action")

SUBMIT THIS FORM NOT LATER THAN NOVEMBER 24, 2018 ONLY IF YOU WISH TO OPT OUT OF THE CALIFORNIA CLASS PORTION OF THE SETTLEMENT.

DO NOT SUBMIT THIS EXCLUSION FORM IF YOU WISH TO RECEIVE MONEY FROM THE CALIFORNIA CLASS PORTION OF THE SETTLEMENT.

I have reviewed the accompanying Notice of Class Action Settlement and understand that I was employed by Conduit Language Specialists as a linguist in California during all or part of the time from July 29, 2011 to September 11, 2018 and understand that I am therefore a Settlement Class Member in the Action. I understand that this settlement is intended to compensate such Settlement Class Members. I understand that I may exclude myself from, or "opt out" of, the California Class portion of the class settlement in this Action. I understand that, in any separate lawsuit, I may receive nothing or less than I would have received if I had participated in the settlement. I understand that any separate lawsuit by me will be undertaken at my own expense and at my own risk, and that there is a deadline to pursue such claims known as the "statute of limitations." I understand that class counsel will not represent my interests if I opt out.

I understand that, by requesting to be excluded from the California Class portion of the class settlement, I will receive no money allocated to the California Class from the settlement in accordance with the Settlement Agreement entered into by Plaintiffs and Defendant in the Action. No one has coerced or forced me to opt out; it is my own decision. **I opt-out of the settlement**.

_____ _____
Name *Signature*

_____ _____
Date (mm/dd/yyyy) *Phone Number*

_____
Mailing Address *City* *State* *Zip Code*

____-____-____-____ (Last Four Digits of Social Security Number for identity verification purposes only).

THIS FORM MUST BE POSTMARKED BY NOVEMBER 24, 2018 OR, IF DELIVERED TO THE CLAIMS ADMINISTRATOR BY MEANS OTHER THAN UNITED STATES CERTIFIED MAIL, RECEIVED BY THE CLAIMS ADMINISTRATOR NOT LATER THAN NOVEMBER 24, 2018 AT THE FOLLOWING ADDRESS:

Uribe, et al. v. Conduit Language Specialists, Inc.
c/o Phoenix Settlement Administrators
PO Box 7208
Orange, CA 92863

YOU SHOULD KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS. YOU MAY WISH TO MAIL IT RETURN RECEIPT REQUESTED.

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Orange, CA 92863

CLASS MEMBER INFORMATION SHEET

<PSA ID>
<Contact>
<Address>
<City>, <State> <Zip>

Irene Uribe et al. v. Conduit Language Specialists, Inc., Case No. BC589744 (the "Action")

IF YOU WANT TO RECEIVE A SHARE OF THE SETTLEMENT OF THE *URIBE ET AL. V. CONDUIT LANGUAGE SPECIALISTS, INC.* CLASS ACTION, REVIEW THE INFORMATION BELOW TO CONFIRM THAT YOUR CONTACT AND OTHER INFORMATION IS CORRECT.

IF THIS INFORMATION ABOVE IS CORRECT, YOU DO NOT NEED TO RETURN THIS SHEET.

IF THE INFORMATION BELOW IS NOT CORRECT, PROVIDE CORRECTED INFORMATION, DATE AND SIGN THIS FORM (AT THE BOTTOM OF THE PAGE), AND MAIL IT, POSTMARKED NOT LATER THAN NOVEMBER 24, 2018 TO:

Uribe, et al. v. Conduit Language Specialists, Inc.
c/o Phoenix Settlement Administrators
PO Box 7208
Orange, CA 92863

PERSONAL INFORMATION FOR CLASS MEMBER RECEIVING THIS NOTICE

_____ _____
Name *Signature*

_____ _____
Date (mm/dd/yyyy) *Phone Number*

_____
Mailing Address *City* *State* *Zip Code*

____-____-____-____ (Last Four Digits of Social Security Number for identity verification purposes only).

_____ Number of workweeks employed as a non-exempt hourly employee in California from July 29, 2011 through September 11, 2018.