

CLAIM FORM

Calzadillas et al v. Innovative Coatings Technology Corporation,
Superior Court of California, County of Kern,
Case No. S-1500-cv-283563

ATTENTION: YOU HAVE BEEN IDENTIFIED AS A MEMBER OF THE CLASS DESCRIBED IN THE NOTICE OF SETTLEMENT THAT WAS SENT TO YOU WITH THIS FORM. IF YOU WISH TO RECEIVE PAYMENT FROM THE PROPOSED SETTLEMENT, YOU MUST SUBMIT THIS FORM TO THE CLAIMS ADMINISTRATOR BY MARCH 4, 2017.

INSTRUCTIONS: If you wish to participate in the proposed settlement and receive a monetary award, you must **complete, sign, and return** this claim form in the SASE contained herein to the Claims Administrator at:

Luis Calzadillas v. Innovative Coatings Technology Corporation
c/o Phoenix Class Action Settlement Administrators
P.O. Box 7208
Orange, CA. 92863
Telephone: (800) 784-2174

THE DEADLINE FOR SUBMITTING THIS FORM IS MARCH 4, 2017. IF YOU SUBMIT THIS FORM VIA MAIL, IT MUST BE POSTMARKED BY THIS DATE, OR IT MAY BE REJECTED.

It is your responsibility to ensure that the Claims Administrator has timely received your Claim Form. If you move, it is your responsibility to send the Claims Administrator your new address and contact information to ensure receipt of further notices and your settlement payment. You may contact the Claims Administrator at the toll-free number listed above.

1. CLAIMANT IDENTIFICATION

<<PSAID>>	[CORRECT INFORMATION]
<<First Last>>	_____
<<Add>>	_____
<<City>>, <<State>> <<Zip>>	_____

If any of the information above is incorrect, YOU MUST provide the correct information in the space provided above and return this page with page 2.

2. EMPLOYMENT WITH INNOVATIVE COATINGS TECHNOLOGY CORPORATION

Section A: Based on records, it is believed that you were a non-exempt, non-supervisory, hourly employee at some point from December 3, 2010 to September 21, 2016, at the Innovative Coatings Technology Corporation facility in Mojave, California. Innovative Coatings Technology Corporation records indicate that you worked a total of <<WW>> workweeks during the Class Period. Based on this figure, it is currently estimated that you will receive approximately \$<<ESTAMT>> if you submit this Claim Form.

If you **agree** with Section A, the information contained therein, and want to participate in the settlement and receive your monetary recovery, please complete, sign, date, and return, where indicated on the last page, this Claim Form on or before March 4, 2017.

If you disagree with Section A and the information contained therein, you must submit information regarding the number of workweeks you worked between December 3, 2010 and September 21, 2016, and documents supporting your position to the Claims Administrator post-marked no later than March 4, 2017. The determination of the Claims Administrator as to disputed claims shall be conclusive, final and binding on all Parties, including all Class Members.

3. RELEASE OF CLAIMS:

By making a claim, I agree to the terms of the settlement, which include releasing Innovative Coatings Technology Corporation and its agents, officers, employees, or anyone acting on their behalf or related to them in any way from the claims set forth in the lawsuit as more fully described in the notice of class action settlement.

Signed: _____ Dated: _____

Print Name: _____

Telephone No.: _____

I object – Only check this box if you are objecting to the settlement and mailing a copy of your objection to the three addresses listed in the Objecting to the Settlement section of the notice of settlement.