

PAYNE VS. PROS, INCORPORATED ET AL.
Superior Court of California for the County of Kern
Case No. BCV-16100356LHB

CLASS ACTION SETTLEMENT
CLASS MEMBER INFORMATION SHEET

IF YOU WANT TO RECEIVE A SHARE OF THE SETTLEMENT OF THE PAYNE VS. PROS, INCORPORATED ET AL. CLASS ACTION, REVIEW THE INFORMATION BELOW TO CONFIRM THAT YOUR CONTACT AND OTHER INFORMATION IS CORRECT.

IF THIS INFORMATION IS CORRECT, YOU DO NOT NEED TO RETURN THIS SHEET: YOU AUTOMATICALLY WILL RECEIVE YOUR SETTLEMENT SHARE UNLESS YOU OPT OUT OF THE SETTLEMENT.

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 JULY 16, 2018, TO:

Payne v. Pros, Incorporated et al.
c/o Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863

**PERSONAL INFORMATION FOR
CLASS MEMBER RECEIVING THIS NOTICE**

1. Your name: <<Insert>>

2. Your mailing address: <<Insert>>
<<Insert>>, <<Insert>> <<Insert>>

3. Last four digits of your Social Security number: XXX-XX-<<Insert>>

4. Number of workweeks employed as a non-exempt hourly employee in California from August 22, 2012 through May 22, 2018. <<Insert>>

Based on this information, your estimated Settlement Share is \$<<Insert>>. Your estimated Settlement Share is based on the assumption that (i) the Court fully and finally approves the Settlement; (ii) all Class Members participate in the Settlement; and (iii) the Court approves the amounts sought for the Class Representative Service Payment, the Class Counsel Fees and Expenses Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

IF ANY OF THE PERSONAL INFORMATION SHOWN ABOVE (NUMBERS 1 TO 4) IS NOT CORRECT, PLEASE PROVIDE THE CORRECT INFORMATION BELOW. IF YOU ARE DISPUTING ANY INFORMATION IN NUMBER 4, STATE WHAT YOU BELIEVE TO BE THE CORRECT INFORMATION AND ATTACH ANY DOCUMENTATION THAT SUPPORTS YOUR CONTENTION.

Corrected Information	
1. Your <i>corrected</i> name:	_____
2. Your <i>corrected</i> mailing address (include telephone number, starting with area code):	_____ _____ _____
3. <i>Corrected</i> last four digits of your Social Security number (you are <i>not</i> required to provide your entire Social Security number):	XXX-XX-_____
4. <i>Corrected</i> number of Workweeks (attach documentation):	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and I have attached documentation supporting my contention as to Number 4 (the correct number of workweeks in my position).

Dated: _____, 2018.

(Signature)

PLEASE REMEMBER: IT IS YOUR OBLIGATION TO INFORM THE SETTLEMENT ADMINISTRATOR OF ANY CHANGE TO YOUR MAILING ADDRESS PRIOR TO YOUR RECEIPT OF YOUR SETTLEMENT SHARE. FAILURE TO UPDATE YOUR MAILING ADDRESS MAY PREVENT OR DELAY YOUR RECEIPT OF YOUR SETTLEMENT SHARE.