

REQUEST FOR EXCLUSION FROM CLASS ACTION

<<PSA ID>>

ROBERT BURTON, ET AL., individually and on
behalf of all others similarly situated,

Plaintiffs,

vs.

AMBULANCE PRODUCTIONS, LLC, and DOES 1
through 10, inclusive,

Defendants.

CASE NO. 22STCV31529

**REQUEST FOR EXCLUSION
FROM CLASS ACTION SETTLEMENT**

PLEASE READ CAREFULLY

SUBMIT THIS FORM NO LATER THAN OCTOBER 10, 2023 ONLY IF YOU DO NOT WISH TO PARTICIPATE- IN THIS SETTLEMENT. THIS EXCLUSION FORM SHOULD BE MAILED TO THE SETTLEMENT ADMINISTRATOR AT THE FOLLOWING ADDRESS:

Burton v. Ambulance Productions, LLC

c/o Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863
Telephone: (800) 523-5773

DO NOT SUBMIT THIS EXCLUSION FORM IF YOU WISH TO PARTICIPATE IN THIS SETTLEMENT. DO NOT FILE THIS EXCLUSION FORM WITH THE COURT.

I do not wish to participate in this class action and choose to exclude myself from this settlement. I understand that by excluding myself, I will be unable to receive any class benefits under the Settlement.

Signature

Date

Print Name

List any former names

Address

City, State, Zip Code