CLAIM FORM

Sandoval, et al. v. AB Landscaping, Inc., et al.

Case No.: C09-04969 HRL United States District Court for the Northern District of California Date action filed: October 19, 2009

Records show that you are a member of the Class that comprises ALL EMPLOYEES OF AB LANDSCAPING INC. OR VICTOR ARELLANO WHO WERE EMPLOYED ON AN HOURLY BASIS BETWEEN OCTOBER 20, 2005 AND APRIL 1, 2011 (COLLECTIVELY, "CLASS MEMBERS").

Records show that you are owed the following:

In addition to the unpaid wages owed to you, you are also entitled to corresponding penalties under the California Labor Code, as described in the attached Notice of Class Action Settlement and Settlement Hearing. <u>Unless you sign and return the attached Claim Form, you will waive your rights to these wages and penalties.</u>

To submit this Claim Form, you must complete and mail it to Class Counsel at the following address:

Sandoval et al. v. AB Landscaping Inc., et al. attn: Adam Wang P.O. Box _____ San Jose, CA 95113 408-_____

The last day to postmark your Claim Form to receive California Labor Code penalties is **January 13, 2012**. The last day to postmark your Claim Form to receive the unpaid wages in the amount indicated above is ______. **DO NOT WAIT UNTIL THE LAST MINUTE.**

The net amount of unpaid wages owed to you will be calculated based on the number of exemptions you claimed while working for AB Landscaping Inc. unless you send a new W-4 Form together with together with this Form.

Note to claimant:

- 1. You are responsible for income taxes on any recovery you receive.
- 2. To receive California Labor Code penalties, return the attached Claim Form no later than January 13, 2012.

3. If you are entitled to unpaid wages (as set forth above), you have until to make a claim for these wages. THE SOONER YOU SUBMIT A CLAIM FORM, THE SOONER YOU WILL RECEIVE YOUR MONEY.

CLAIM FORM

I, the undersigned, wish to participate in the Settlement in <u>Sandoval, et al. v. AB Landscaping</u>, <u>Inc., et al.</u>, No. C09-04969 HRL.

Name:	
Address:	
Home phone:	
Work phone:	
Social Security #:	

I verify that I am the above named individual.

I declare, under penalty of perjury under the laws of the United States and the State of California, that the information set forth above is true and correct to the best of my knowledge.

(Print Name)

(Signature)

(Date)