

OPT-IN 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 also show that you are owed unpaid wages you earned while working for AB Landscaping Inc or Victor Arellano. As a result, pursuant to Fair Labor Standards Act ("FLSA"), you may be entitled to liquidated damages.

If you want to receive money in settlement of your claims for liquidated damages under the FLSA, you must submit this Opt-In Form. (The terms of the Settlement in the above-referenced case will settle your liquidated damages claims under the FLSA only if you choose to opt in. You are not required to settle your liquidated damages claims under the FLSA in order to participate in the Settlement and receive wages or penalties under the California Labor Code).

To submit the attached Opt-In Form, you must complete and mail it to Class Counsel at the following address no later than **January 13, 2012**:

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

Note to claimant:

- 1. You are responsible for income taxes on any recovery you receive.**
- 2. Return the attached form to the Claims Administrator, c/o Adam Wang, no later than January 13, 2012. DO NOT WAIT UNTIL THE LAST MINUTE.**

OPT-IN

I, the undersigned, do hereby opt in to settle any liquidated damages due under Fair Labor Standards Act per the Settlement in Sandoval, et al. v. AB Landscaping, Inc., et al. 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.

(Print Name)

(Signature)

(Date)