

REQUEST FOR EXCLUSION FORM

Francisco Sanchez and Glenn Derrick Hopson v. ARB, Inc.
In the Superior Court of the State California
For the County of Orange, Case No. 30-2016-00837130-CU-OE-CXC

**SUBMIT THIS FORM ONLY IF YOU WISH TO BE
EXCLUDED FROM PARTICIPATING IN THE CLASS
ACTION SETTLEMENT**

**IF YOU WISH TO RECEIVE MONEY FROM THIS
SETTLEMENT, DO NOT SUBMIT THIS FORM**

By signing and returning this form, I certify that I have read the Notice of Class Action and Proposed Settlement and that I wish to be excluded from participating in the Settlement. I understand that this means that I will not receive any money or other benefits under the settlement, and I will not be subject to the settlement and release in the Settlement of the Class Action.

Name (Please Print): _____
(First) (Middle) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Last 4 Digits of Social Security Number: _____ Telephone No.: _____

Dated: _____ Signature: _____

**THIS FORM MUST BE E-MAILED, POST-MARKED, OR FAX STAMPED NO LATER THAN
SEPTEMBER 17, 2022, AND MUST BE EMAILED, MAILED OR FAXED TO THE
SETTLEMENT ADMINISTRATOR AT:**

Settlement Administrator
c/o CPT Group
50 Corporate Park
Irvine, CA 92606
Facsimile: (949) 419-3446
Email: ARBSettlement@cptgroup.com