«EmployeeName» CPT ID: «ID»

REQUEST FOR EXCLUSION FORM

Rolle v. Allegiant Air, LLC
UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA
Case No. 2:20-cv-10232-SSS-PDx

To exclude yourself or "opt out" from the Settlement, complete, sign, and date this form, and then mail or fax it on or before July 12, 2023 to the Settlement Administrator at the following address:

Rolle v. Allegiant Air, LLC Settlement Administrator c/o CPT Group, Inc. 50 Corporate Park Irvine, CA 92606 Fax: (949) 419-3446

Only complete and return this form if you do <u>NOT</u> want to be included in the Settlement Class. If you complete and return this form, you will <u>NOT</u> receive an Individual Settlement Payment and you will <u>NOT</u> be bound by the Settlement Class portion of the Settlement. However, you will still be paid your allocation of the PAGA Civil Penalty Payment, if applicable, and will remain bound by the release of the Released PAGA Claims regardless of your request for exclusion.

You are responsible for maintaining a copy of the fully completed form and proof of mailing or fax.

I want to <u>OPT-OUT</u> of the class action lawsuit and settlement titled *Rolle v. Allegiant Air, LLC*, United States District Court for the Central District of California, Case No. 2:20-cv-10232-SSS-PDx. I understand that by requesting to be excluded from the Settlement, I will not receive an Individual Settlement Payment from the class settlement described in the accompanying Class Notice.

Name:		
Address: _		
Telephone I	Number:	
Last 4 Digi	its of SSN:	
I declare under penalty of perjury under th	ne laws of the State of California that the fo	oregoing is true and correct.
(Sign your name here)	(Date)	