

EXCLUSION FORM

*Bray, Jordan v. v. California Unified Service Providers, L.L.C. d/b/a CUSP d/b/a CUSP Autism
Superior Court for the State of California, County of Los Angeles, Case No. 20STLC07510*

*If you want to receive an Individual Settlement Payment, you should **not** fill out this form; you are **not** required to do anything at this time. This form is to be used **only** if you want to exclude yourself from the Settlement of the class claims. There is no exclusion option for the settlement of PAGA claim.*

If you exclude yourself from the Settlement of the class claims: (1) you will not receive any payments or benefits under the Settlement (other than the share of your PAGA penalties, i.e., PAGA Settlement Award, if you are a PAGA Aggrieved Employee); (2) you will not be able to object to the Settlement; (3) you will not be bound by the release of Released Claims under the Settlement if it is ultimately approved by the Court; and (4) you may pursue any claims asserted in the Action that you have against Cross-Defendants California Unified Service Providers, LLC or Behavioral Cusp, LLC by filing your own lawsuit. Notwithstanding the foregoing, there is no exclusion option for the settlement of the PAGA claim.

To be excluded from the Settlement of the class claims, you may complete this Exclusion Form and mail it to the Settlement Administrator at the address listed below, postmarked no later than May 14, 2024.

*Bray v. CUSP Settlement
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606*

Request for Exclusion

I hereby certify that I am or was employed by Cross-Defendants California Unified Service Providers, LLC or Behavioral Cusp, LLC as a non-exempt employee in the State of California during the time period from November 9, 2016 through May 1, 2022.

I have received the Notice of Class Action Settlement (“Notice”) in the Action, and I request to be excluded from the Settlement. I understand that by submitting this Exclusion Form, I will not receive any money or other benefits under the Settlement (other than the share of my PAGA penalties), and I will not be bound by the Settlement, including the release of Released Claims, as described in the Notice and in the Settlement Agreement on file with the Court.

Please print legibly:

Full Name: _____ Phone: _____

Street Address: _____

City, State, Zip Code: _____

Last 4 digits of Social Security No.: _____ Date of Birth: _____

Signature of Class Member: _____ Date: _____