## **RELEASE**

I want to accept my estimated settlement of \$<<**estAmount>>**. I have read the Notice regarding the overtime settlement with Devon Energy Production Company, LP and Devon Energy Corporation. I had the opportunity to talk to Class Counsel, attorneys for Plaintiff in the Lawsuit, about my rights and obligations under the settlement. I am making an informed, knowledgeable, and voluntary decision to sign this Claim Form and Release so I can obtain my settlement payment.

I understand that if I want to participate in this settlement that my signed Claim Form and Release must be postmarked, faxed, or emailed by August 30, 2021 or I will not receive any money under the settlement.

Release of Claims. In consideration for the payment of my settlement share, I am giving up potential or actual claims against various persons and entities. I am also giving up the right to sue for potential or actual claims against various persons and entities. In particular, I waive and release Devon Energy Production, LP and any and all of its past and present affiliates, successors, assigns, businesses, parent companies, subsidiaries, divisions, partnerships, limited partnerships, partners, joint ventures, predecessors, officers, directors, trustees, conservators, employees, agents, insurance carriers, contractors, representatives, shareholders, and external and in-house attorneys, and all persons or entities claiming through such parties and Devon Energy Corporation and any and all of its past and present affiliates, successors, assigns, businesses, parent companies, subsidiaries, divisions, partnerships, limited partnerships, partners, joint ventures, predecessors, officers, directors, trustees, conservators, employees, agents, insurance carriers, contractors, representatives, shareholders, and external and in-house attorneys, and all persons or entities claiming through such parties (collectively referred to as "Devon") during the time period beginning three (3) years back from the date I sign this Claim Form and Release from any and all claims relating to compensation, wages, overtime, benefits under the Fair Labor Standards Act or any other federal, state or local wage and hour law and any other claims related to compensation or unpaid compensation for providing services to Devon.

For tax reporting purposes, the entire settlement payment will be considered liquidated damages reported as non-wage income on a Form 1099. You agree that Devon Energy Production Company, LP and Devon Energy Corporation has made no representations regarding the proper tax treatment of such payments.

I declare the foregoing representations and information are true and correct. By submitting the Claim Form and Release, I am consenting to join this Lawsuit and Settlement and am releasing Devon Energy Production Company, LP and Devon Energy Corporation as described above.

This information will be maintained securely and confidentiality.

Price v. Devon Energy Corporation, c/o CPT Group, Inc., 50 Corporate Park Irvine, CA 92606 Fax: 1-949-419-3446

Email: DevonPriceNMSettlement@cptgroup.com

(Sign Your Name Here)	(Date)	
Printed Name	<u> </u>	
Cell Phone	Email Address	
Address	City, State, ZIP	
Emergency Contact Number	<u> </u>	
	Substitute IRS Form W-9	
Enter your Social Security Number	er (SSN) or Tax Payer Identification Number (TIN):	
	Under penalty of perjury, I certify that:	
1. The number shown on thi	is form is my correct taxpayer identification number (or I am waiting for number to be issued to me); and	or a
not been notified by the In	withholding because: (a) I am exempt from backup withholding, or (b) aternal Revenue Service (IRS) that I am subject to backup withholding all interest or dividends, or (c) the IRS has notified me that I am no lo subject to backup withholding; and	as a
3. I am a U.S.	citizen or other U.S. person (including a U.S. resident alien).	
Note: If you have been notified by	the IRS that you are subject to backup withholding, you must cross ou 2 above.	t item
	r consent to any provision of this document other than this Form W- ertification to avoid backup withholding.	.9