OBJECTION TO SETTLEMENT FORM

INSTRUCTIONS

Only complete this OBJECTION TO SETTLEMENT form if you want to object to the settlement of the action known as LYDIA GARCIA, individually, and on behalf of other members of the general public similarly situated; and VANESSA GARCIA, individually, and on behalf of other aggrieved employees pursuant to the California Private Attorneys General Act, Plaintiffs, v. CLINICAS DE SALUD DEL PUEBLO, INC., a California corporation; and DOES 1 through 100, inclusive, Defendants, Riverside Superior Court Case No. RIC1905175 ("Garcia v. Clinicas de Salud del Pueblo matter"). IF YOU OBJECT TO THE SETTLEMENT, AND YOUR OBJECTION IS OVERRULED, YOU WILL BE INCLUDED AS PART OF THE SETTLEMENT AND HAVE YOUR PERTINENT CLAIMS RELEASED. TO AVOID A POTENTIAL RELEASE OF YOUR CLAIMS, YOU MUST FILL OUT THE SEPARATE FORM TITLED: "REQUEST FOR EXCLUSION." Do not fill out both forms.

MY OBJECTION

I confirm that I worked for Defendant Clinicas de Salud del Pueblo, Inc. in the State of California, while classified as an hourly or non-exempt employee, at some point during the Class Period from October 15, 2015 through and including June 26, 2023.

I wish to object to the settlement reached in the are as follows:	e Clinicas de Salud del Pueblo matter. The nature and basis for the objection
(Att	ach additional pages if necessary)
Print Full Name:	
Last Four Digits of My Social Security Num	ber:
Residence Street Address:	
City, State and Zip Code:	
Telephone Number:	
My Signature:	Date:
Optional information (no response is re I intend to appear or have my attorney	
Yes	
No Lam not certain	
i am noi certain	

IN ORDER TO BE VALID, THIS OBJECTION FORM MUST BE COMPLETED, SIGNED, MAILED BY FIRST CLASS MAIL, AND POSTMARKED ON OR BEFORE SEPTEMBER 21, 2023. Send this signed objection form to the Settlement Administrator at:

Garcia v. Clinicas de Salud del Pueblo Settlement c/o CPT Group, Inc. 50 Corporate Park Irvine, CA 92606

Telephone: 1-888-342-1050