

**REQUEST FOR EXCLUSION FORM**

I wish to opt out of the Settlement in *Shahna Bond v. KPG Healthcare LLC.*, Orange County Superior Court, Case No. 30-2020-01140084-CU-OE-CXC.

I understand that by submitting this form I will not receive any money or benefits from the Settlement, I will not be bound by the Settlement, and I will not have any right to object, appeal or comment on the Settlement.

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This Exclusion Form must be mailed, faxed, or e-mailed no later than **December 2, 2023**, to the Settlement Administrator below to be considered timely:

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|---|
| Bond v. KPG Healthcare c/o CPT Group, Inc.<br>50 Corporate Park<br>Irvine, CA 92606<br>Email Address: KPGBondSettlement@cptgroup.com<br>Fax: 949-419-3446 |
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