

OPT-OUT FORM

Valdez, et al. v. Shamrock Foods Company, et al.
UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA
Case No. 5:22-cv-01719-SSS-SHKx

To “opt out” from the Settlement, complete, sign, and date this form, and then mail or fax it on or before February 15, 2024 to the Administrator at the following address:

Valdez, et al. v. Shamrock Foods Company, et al. 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 **NOT** want to be included in the Settlement Class. If you complete and return this form, you will **NOT** receive an Individual Settlement Payment and you will **NOT** 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 OPT-OUT of the class action lawsuit and settlement titled *Valdez, et al. v. Shamrock Foods Company, et al.*, United States District Court for the Central District of California, Case No. 5:22-cv-01719-SSS-SHKx. I understand that by requesting to opt out from the Settlement, I will not receive an Individual Settlement Payment from the class settlement described in the accompanying Class Notice.

Name: _____

Address: _____

Telephone Number: _____

Last 4 Digits of SSN: _____

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct.

(Sign your name here)

Date