

Sanchez v. Fellowship Warehousing and Logistics, LLC
Riverside County Superior Court Case No. CVRI2104191

EXCLUSION FORM

If you do not want to be part of the Settlement, you must submit this written request by mail, fax, or email to be excluded from the Settlement (“Request for Exclusion”) to the Settlement Administrator at *Sanchez v.*

Fellowship Warehousing and Logistics, LLC Settlement, postmarked or faxed on or before **July 22, 2025** at:

Sanchez v. Fellowship Warehousing and Logistics, LLC
c/o CPT Group, Inc.

50 Corporate Park Irvine, CA 92606

Fax: 1-949-419-3446

Toll-Free No. 1-888-544-5018

Email: fellowshipwarehousingsettlement@cptgroup.com

If you do not submit a timely and valid Request to be Excluded or Exclusion Form, you will be deemed a Settlement Class Member, you will receive a settlement payment, and you will be bound by the Released Claims and release the Released Claims as described in the Notice and all other terms of the Settlement, whether favorable or not.

If you submit this Exclusion Form, you will retain the right to bring an individual claim, and you will not be entitled to any benefits as a result of the Class Action and PAGA Settlement and will not be entitled to or permitted to assert an objection to the Settlement. Note that even if you exclude yourself from the Class Release, you will remain an PAGA Employee (if you worked for Defendant as a Class Member between September 15, 2020, through April 7, 2023) and receive an Individual PAGA Settlement Payment.

By submitting this form, you are stating: “I wish to exclude myself from the settlement reached in the matter of *Sanchez v. Fellowship Warehousing and Logistics, LLC* I understand the consequences of excluding myself and understand I will not receive a Settlement Payment, but I will have the option to pursue legal action against Defendant.”

In order to be valid, you must provide the following information and sign below:

Full Name: _____

Address: _____

City, State, Zip Code: _____

Last four digits of your social security number or Employee ID: _____

Your Signature: _____