

CLAIM FORM

If you wish to receive a settlement payment as part of the class action settlement in *Burke, et al. v. Shake Shack Enterprises, LLC, et al.*, King County Superior Court Case No. 24-2-05039-6 KNT you must provide the information requested at the bottom of this document. Please make sure you type or print clearly in blue or black ink.

Once you have filled in all the requested information, the completed Claim Form must be mailed and postmarked no later than **September 19, 2025** to:

Burke v. Shake Shack Enterprises, LLC
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

1. Estimated Settlement Payment

Your estimated settlement payment is **\$560.12**.

2. Settlement Class Member Information

I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and I executed this Claim Form on the date set forth below.

I qualify as a Settlement Class Member as defined in the Notice and am eligible to assert a claim for damages under RCW 49.58.110.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

I authorize the settlement payment to be addressed and mailed as stated below.

Signature

Date Signed

Date of Birth (*if* under the age of 18)

Social Security Number (for tax reporting purposes)

Signature of Parent or Guardian (*if* under 18)

Date Signed by Parent or Guardian

Address

City

State

Zip

Phone Number

Email Address