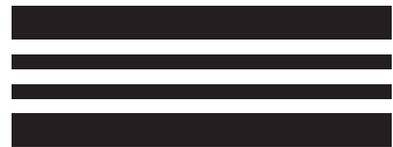


Byrne v. Santa Barbara, et al. & Bracy
v. DG Hospitality Van Nuys, LLC, et al.
Settlement Administrator
P.O. Box 404017
Louisville, KY 40233-4017



SOI

*Lauren Byrne v.
Santa Barbara Hospitality, Inc., et al.*
UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT
OF CALIFORNIA
Case No. 5:17-CV-00527 JGB (KKx)

Must Be Postmarked No Later Than April 4, 2020

Claim Form

CLAIMANT INFORMATION

First Name		M.I.	Last Name	
Primary Address				
Primary Address Continued				
City		State	Zip Code	
Foreign Province	Foreign Postal Code		Foreign Country Name/Abbreviation	

COMPLETE EACH OF THE FOLLOWING IN ORDER TO BE ELIGIBLE FOR A CASH PAYMENT. YOU MUST COMPLETE, SIGN AND MAIL THIS CLAIM FORM BY FIRST CLASS MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE APRIL 4, 2020 ADDRESSED AS FOLLOWS, IN ORDER TO BE ELIGIBLE TO RECEIVE RECOVERY, OR SEE DOCUMENTS AT WWW.SANTABARBARAHOSPITALITYSERVICESSETTLEMENT.COM.

MAIL TO:

Byrne v. Santa Barbara, et al. & Bracy v. DG Hospitality Van Nuys, LLC, et al.
Settlement Administrator
P.O. Box 404017
Louisville, KY 40233-4017
1-866-644-9959

Failure to Complete All Sections Or Failure to Submit This Claim Form and accompanying Form W-9 Before the Deadline Will Result in Denial of Your Claim. Please Print Clearly. Note: You will be taxed on



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="checkbox"/> DOC <input type="checkbox"/> LC <input type="checkbox"/> REV	<input type="checkbox"/> RED <input type="checkbox"/> A <input type="checkbox"/> B
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2.

Name/Location of Club

Address

City

State

ZIP Code

MM / DD / YYYY

to

MM / DD / YYYY

Date(s) Performed Start

Date(s) Performed End

Days Danced

Stage Name

Your Address and Telephone Number at the Time You Performed:

Address

City

State

ZIP Code

Area Code

Telephone Number

3.

Name/Location of Club

Address

City

State

ZIP Code

MM / DD / YYYY

to

MM / DD / YYYY

Date(s) Performed Start

Date(s) Performed End

Days Danced

Stage Name

Your Address and Telephone Number at the Time You Performed:

Address

City

State

ZIP Code

Area Code

Telephone Number



4.

Name/Location of Club

Address

City State ZIP Code

/ / to / / Days Danced

Date(s) Performed Start Date(s) Performed End

Stage Name

Your Address and Telephone Number at the Time You Performed:

Address

City State Zip Code

— —

Area Code Telephone Number

PLEASE ATTACH COPIES (NOT ORIGINALS) OF ANY SUPPORTING DOCUMENTS YOU HAVE. THE SETTLEMENT ADMINISTRATOR MAY CONTACT YOU FOR FURTHER INFORMATION.

SECTION C: CERTIFICATION, FORM OF PAYMENT ELECTION, AND SIGNATURE OF CLAIMANT

I have read and understood the accompanying Notice of Class Action Settlement (“Notice”) and am choosing to participate in this action and make a claim under the terms of the Settlement Agreement. I agree to release the claims as described in the Notice to the fullest extent of the law, including all claims arising under the Federal Fair Labor Standards Act relating to the claims made in the Second Amended Complaint. **I understand that I will be responsible for the payment of all taxes owed as a result of receiving any settlement payment and that I will receive an IRS Form 1099 tax reporting form reflecting any Cash Payment I receive pursuant to the settlement.**

The undersigned hereby certifies under penalty of perjury under the laws of the United States of America that all of the information provided in this Claim Form is true and correct.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

