

CLAIM FORM FOR FAIR LABOR STANDARDS ACT SETTLEMENT

I, <<FullName>>, hereby declare:

- 1. I have personal knowledge regarding the following facts set forth in this declaration.
- 2. I have received the **NOTICE OF PENDENCY OF CLASS ACTION SETTLEMENT AND FINAL HEARING DATE**, and I wish to participate in the proposed settlement in the case of Ia Brown v. Audiology Distribution, LLC, et al., United States District Court case no. 2:22-cv-04271-DMG-MRWx.
- 3. I understand that to participate in the settlement, I must consent to be joined in this suit under the Fair Labor Standards Act, 29 U.S.C. §§ 206 et seq., and I consent to be so joined.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____
 <<FullName>>, Declarant

Address1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Please return completed Claim Form to:

Brown v. Audiology Distribution, LLC, et al.
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606