

ESTIMATED SETTLEMENT SHARE FORM

Jose Martinez v. Gordo Taqueria #1, Inc., et al.

Your estimated share of the settlement in this case is \$«MERGED_EstSettAmnt_CALC». This estimate is based on the information in Paragraph 6 of the Notice of Class Action Settlement that accompanied this form.

If you accept the information used to calculate your estimated share, as set forth below, you do not need to do anything to receive your money. If you believe that any of the information below is inaccurate, you should complete this form and return it to the Settlement Administrator.

«Barcode» «BarcodeString»
SIMID «SIMID»
«FirstName» «LastName»
«Address1» «Address2»
«City» «State» «Zip»

MAIL ANY CHALLENGES OR ADDRESS UPDATES TO:

Martinez v. Gordo Taqueria #1, Inc. et al.
P.O. Box 26170
Santa Ana, CA 92799
Telephone (888) 369-3780

Important:

1. It is strongly recommended that you keep proof of timely mailing for your records until receipt of your settlement payment.
2. If you change your mailing address, please send your new mailing address to the Settlement Administrator. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your settlement payment.

Your Hourly Rate, Total Number of Work Hours, And Estimated Settlement Share.

Gordo Taqueria's records show that during the Class Period of December 16, 2012 to September 24, 2017, you were employed by Gordo Taqueria as an hourly employee during the following time period(s):

«MERGED_StartDate» to «MERGED_EndDate»

Your total number of hours worked during the Class Period above is: «MERGED_WorkHours».

Your total number of hours worked during the portion of the Class Period that Plaintiff alleges that all hours worked were paid at the regular pay rate (December 16, 2012 to February 18, 2015, referred to as the "Regular Pay Period") is: «MERGED_WorkHours_RegularPayPeriod».

Your last hourly rate during the Class Period above was: \$«MERGED_RateOfPay»

Based on your dates of employment, you «MERGED_did_didnot» end your employment with Gordo Taqueria during the Class Period.

Based on the total number of hours worked during the Class Period, total number of hours worked during the Regular Pay Period, last hourly rate, and whether you ended your employment with Gordo Taqueria during the Class Period, your settlement share is currently estimated at \$«MERGED_EstSettAmnt_CALC», assuming that all Class Members identified to date participate in the Settlement (i.e., can be located and do not opt out). This amount is only an estimate and is subject to change, either up or down, depending upon the number of Class Members who submit challenges to estimated amounts, the outcome of those challenges, the number of Class Members who opt out, and other possible factors.

Challenge Procedure.

Check the boxes below ONLY if you wish to challenge your personal information, as listed above. You do NOT have to submit this form if this information is accurate. All fields must be complete for your challenge to be accepted. **Any challenges must be post-marked by no later than March 1, 2019.** Challenges post-marked after this date will not be honored.

- I wish to challenge the **total number of hours worked during the Class Period** listed above.
- I wish to challenge the **total number of hours worked from December 16, 2012 to February 18, 2015** listed above.
- I wish to challenge my last **hourly rate during the Class Period** listed above.
- I wish to challenge whether I **ended my employment with Gordo Taqueria during the Class Period** as listed above.

I have included with a written statement of what I believe to be my correct information regarding the challenge(s) checked above. I have also included information and/or documentary evidence that support my challenge (paystubs, time records, etc). I understand that, by submitting this challenge, I authorize the Settlement Administrator to review Gordo Taqueria's records and make a decision regarding my challenge.

If you have checked any of the boxes above, please sign and print your name below.

Signature

Name of Class Member _____

Statement of reasons and documentation in support of challenge(s) checked above:

[Please attach documentation and use separate page(s) as necessary]

Your Contact Information.

The Settlement Administrator is using the following contact information for you. If any of your contact information is inaccurate, please correct that information and return a copy of this form to the Settlement Administrator at the address above.

«FirstName» «LastName»

(____) _____ -- _____
Home Telephone Number

«Address1» «Address2»

(____) _____ -- _____
Cellular Phone Number

«City» «State» «Zip»
