<<EmployeeName>> CPT ID: <<ID>>>

REQUEST FOR EXCLUSION

<u>Instructions</u>: Please complete this Form ONLY IF YOU <u>DO NOT</u> WANT TO PARTICIPATE IN THE SETTLEMENT that is described in the Notice of Class and PAGA Action Settlement that accompanies this Form. Note that even if you completed this Form and exclude yourself from the Settlement or "opt out," and you fall within the definition of Eligible Aggrieved Employees, as defined in the Settlement, you will still receive a share of the Net PAGA Amount and be bound by the PAGA Release and you will be deemed to have released the Released PAGA Claims. If you choose to complete this Form, the deadline for mailing it to the Settlement Administrator is September 9, 2024.

I.	PERSONAL INFORMATION	
	Name (first, middle and last):	
	Home Street Address:	
	City, State, Zip Code:	
	Home Telephone Number: ()	
	Last 4 Digits of Social Security Number:	
II.	REQUEST FOR EXCLUSION	
		fy that I wish to opt out of the class settlement of the class and
PAGA		Cedar Creek Inn SJC, Inc., Case No. 30-2020-01174105-CU-
OE-CZ	CXC, filed in the Superior Court of Califor	nia, County of Orange. I understand that by requesting to be
exclud	ded from the settlement, I will receive no mo	ney from the Settlement described in this Notice. If I fall within
the def	efinition of Eligible Aggrieved Employees, a	s defined in the Settlement, I will still receive a share of the New
PAGA	A Amount even if I opt out of the class settle	ment.
III. before	e September 9, 2024, AT THE ADDRESS I Williams v. 0 c/o 50	ast return it to the Settlement Administrator postmarked on or ISTED BELOW: Ledar Creek Inn SJC, Inc. CPT Group, Inc. Corporate Park, Vine, CA 92606
IV.	PLEASE SIGN BELOW I declare that the foregoing is true and correct.	
Dated:	l:	
	(Sig	nature)
	(Prin	t Name)