

**WORK WEEK DISPUTE FORM**

Superior Court of The State of California  
For The County of San Francisco

*Charles Mikich, et al. v. Sayeh Petroleum, Inc., et al.*, Case No. CGC-20-582385

«EmployeeName»  
«Address1» «Address2»  
«City», «State» «Zip»

Please provide current address (if different) here:

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TO ALL PERSONS DEFENDANTS EMPLOYED AS HOURLY, NON-EXEMPT EMPLOYEE IN THE STATE OF CALIFORNIA AT ANY TIME BETWEEN JANUARY 16, 2016 AND OCTOBER 31, 2022.

The amount of your estimated Settlement Award is based upon the number of Eligible Work Weeks you worked between January 16, 2016 and October 31, 2022, and Eligible Work Weeks you worked between January 16, 2019 and October 31, 2022. "Individual Class Work Weeks" are defined as any Work Week in which you worked at least one (1) day as an hourly, non-exempt employee of Sayeh Petroleum, Inc., Hedia Petroleum, Inc., Hadad Enterprise, Inc., Hadad Petroleum, Inc., Bay Area Auto Care, Inc., Houtan Petroleum, Inc., Green Planet Gas, Inc., and Ali Bozorghadad, (also known as Ed Bozorghadad also known as Ed Hadad) (collectively "Defendants") in California during the calendar week. "Individual PAGA Work Weeks" are defined as any Work Week in which you worked at least one (1) day as an hourly, non-exempt employee of Defendants in California during the calendar week during the period of January 16, 2019 through October 31, 2022. The number of Class and PAGA Work Weeks applicable to your claim are set forth below.

**YOUR ELIGIBLE WORK WEEKS**

Defendants' records indicate that you worked «WorkWeeks» Work Weeks between January 16, 2016 and October 31, 2022, and «PAGAWorkweeks» Work Weeks between January 16, 2019 through October 31, 2022.

**YOUR ESTIMATED SETTLEMENT AWARD AND DISPUTE PROCEDURE**

Under the terms of the Class Action Settlement, you are entitled to receive a settlement payment in the approximate estimated amount of «EstAmount», minus all applicable payroll and tax deductions, after the Court approves the Settlement and it goes into effect. This process may take six months or more. You will receive a Form W-2 reflecting the payment to you. Your Settlement Share reflected on this Notice is only an estimate. The exact amount of the payment could vary, up or down.

If you wish to dispute the number of January 16, 2016 credited to you, or anything else about your employment status, you must complete and return this form by indicating what you believe is incorrect on the blank lines below and return it on or before July 29, 2024 to the Settlement Administrator via U.S. Mail with proof of the submission date (such as a postmark or delivery service date stamp). You must also send any documents or other information that you contend supports your belief that the information set forth above is incorrect. The Settlement Administrator will resolve any dispute based upon Defendants' records and any information you provide. Please be advised that the information on this Work Weeks Dispute Form is presumed to be correct unless the documents you submit are company records from Defendants.

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**UNLESS YOU ARE FILING A DISPUTE REGARDING THE NUMBER OF WORK WEEKS, RECEIPT OF A SETTLEMENT AWARD, OR YOUR EMPLOYMENT STATUS, YOU DO NOT NEED TO TAKE ANY ACTION.**