

<b>MORENO V. JOHN CHRISTNER TRUCKING CLASS ACTION CLAIM FORM</b>
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Complete and return this Claim Form and provide supporting documentation if you were notified that you are not a Single Truck Contract Carrier, or you were notified that another Class Member submitted a competing Claim Form stating that they are entitled to a Claim Payment for a load brokered to you by JCT, and you wish to obtain a monetary Claim Payment from the Settlement in the Moreno v. John Christner Trucking Class Action. Please print clearly in black or blue ink and return this form and supporting documentation via First Class Mail postmarked by October 14, 2023 or by email addressed to [moreno-jctsettlement@cptgroup.com](mailto:moreno-jctsettlement@cptgroup.com) for receipt no later than 11:59 p.m. Pacific time on October 14, 2023.

**UNLESS YOU PROPERLY COMPLETE AND RETURN THIS CLAIM FORM OR AN OPT-OUT REQUEST, YOU WILL BE BOUND BY ANY JUDGMENT IN THE LITIGATION AND YOU GIVE UP YOUR RIGHT TO PURSUE ANY PENDING OR FUTURE LITIGATION ON MATTERS RESOLVED IN THIS LITIGATION IF YOU ARE FOUND TO BE A MEMBER OF THE CLASS AND/OR SUBCLASS AS DEFINED IN THE NOTICE.**

<p><b>Contract Carrier &amp; Load Information</b></p> <p>Contract Carrier Name: _____</p> <p>Contract Carrier Motor Carrier Authority No.: _____</p> <p>Number of Loads you hauled under this Contract Carrier's authority brokered by John Christner Trucking: _____</p> <hr/> <p>Please enclose supporting documentation to evidence that you are entitled to credit for delivery of the loads identified on this Claim Form.</p>
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<p><b>Your Name or the Entity who hauled the Loads you are claiming and Contact Information</b></p> <p><i>Name:</i> _____</p> <p><i>Address:</i> _____</p> <p><i>City:</i> _____ <i>State/Province:</i> _____</p> <p><i>Zip/Postal Code:</i> _____</p> <p><i>Last 4 Digits of Tax Identification Number or Social Security Number:</i> _____</p> <p>If you no longer live in California but did reside there at the time you hauled the Loads you claim, please provide your address at the time you completed the Loads:</p> <p><i>Prior Address:</i> _____</p> <p><i>City:</i> _____ <i>State/Province:</i> _____</p> <p><i>Zip/Postal Code:</i> _____</p>
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Dated: \_\_\_\_\_

Submitted by: \_\_\_\_\_ (Printed Name)

Signed: \_\_\_\_\_ (Signature)