

NOTICE OF YOUR SETTLEMENT AMOUNT

Gabriel Casillas, et. al. v. All United Transport, Inc.
Los Angeles County Superior Court Case BC561976

**YOU WILL NOT BE RETALIATED AGAINST BY ALL UNITED TRANSPORT, INC., ITS AGENTS OR EMPLOYEES,
IF YOU RECEIVE MONIES UNDER THIS SETTLEMENT**

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

PLEASE FILL IN CHANGE OF ADDRESS BELOW:

IMPORTANT: Please Provide the Best Contact Number to Reach You:
(____) ____ - ____ - ____
DAYTIME TELEPHONE NUMBER

QUESTIONS? PLEASE CALL (888) 369-3780

If you do not exclude yourself from this settlement, then you will receive a pro-rated amount for each week that you worked. The pro-rated amount depends on the number of class members **who have not excluded themselves from the settlement.**

Based upon the number of class members, who have not already excluded themselves from the settlement, the Parties estimate that the gross amount you will receive is approximately:

\$«MERGED_EstSettAmnt_CALC»

IF YOU ARE CHOOSING TO MAIL IN THIS FORM THEN SIGN IT AND MAIL IT BACK IN THE RETURN ENVELOPE INCLUDED WITH THIS PACKET TO:

CASILLAS V. ALL UNITED TRANSPORT INC.,
C/O SIMPLUIRS, INC.,
P.O. BOX 26170
SANTA ANA, CA 92799
TELEPHONE: (888) 369-3780

A. INSTRUCTIONS

- 1. If you move, **you must** send the Claims Administrator your new address; otherwise, you may never receive your settlement payment. It is **your responsibility** to keep a current address on file with the Claims Administrator.
- 2. If you are eligible to receive a settlement payment, you should not expect to receive your payment for approximately 70 to 90 days after the Final Approval Hearing of this Class Action Settlement, and after all rights to appeals are exhausted.

B. NUMBER OF COMPENSABLE WEEKS

The records of ALL UNITED TRANSPORT, INC. ("Defendant") indicate that during the Class Period (October 27, 2010 to May 21, 2018), you worked as a Owner/Operator Truck driver in California a total of «MERGED_WW» Compensable Weeks. The number of Compensable Weeks is based on Defendant's trucking and billing records. Every week in which you worked at least one day during the Class Period is counted.

C. ACKNOWLEDGEMENTS

By signing below, you acknowledge that you:

- (a) Have read the enclosed NOTICE OF CLASS ACTION SETTLEMENT;
- (b) Have not timely excluded yourself from the CLASS ACTION SETTLEMENT;
- (c) Submit to the jurisdiction of the Los Angeles County Superior Court with respect to the Claim as a participating member of the Settlement Class, and for purposes of enforcing the Release of Claims above;
- (d) Understand that the full and precise terms of the proposed Class Action Settlement accepted by you are contained in the Settlement Agreement filed with the Court;
- (e) Have been advised your estimated settlement payment is \$«MERGED_EstSettAmnt_CALC»; and
- (f) Are bound by the terms of any Court Judgment that may be entered in this Action.

**THIS FORM MUST HAVE THE LAST FOUR (4) NUMBERS OF YOUR SOCIAL SECURITY OR TAX ID NUMBER
AND MUST BE SIGNED TO BE EFFECTIVE**

D. QUESTIONS

If you have questions, please write the Claims Administrator at the address shown on page 1 or call: (888) 369-3780.

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I WORKED FOR ALL UNITED TRANSPORT, INC., THAT I AM THE PERSON WHOSE NAME APPEARS ON THIS FORM AND THAT THE FOREGOING IS TRUE AND ACCURATE.

(Sign here)

(Please Print Your Name Clearly)

(Date)

(The following paragraph only applies to those who dispute the total number of Compensable Weeks worked during the Class Period as set forth above. If you do not dispute your total number of Compensable Weeks worked, please leave blank.)

E. DISPUTE OF WEEKS WORKED

(FILL THIS OUT ONLY if you disagree with work weeks above)

If you disagree with your total number of Compensable Weeks worked (actual weeks engaged in active service for Defendant as an Owner/Operator Truck Driver in California) during the Class Period set forth above on page one, you must notify the Claims Administrator in writing by the deadline of September 10, 2018, and attach documentation, which supports your belief as to the number of Compensable Weeks you claim you worked. Failure to provide this information and satisfactory supporting documentation of the total Compensable Weeks you believe you worked for Defendant or its successors as an Owner/Operator Truck Driver in California during the Class Period will result in any claim you submit being based solely on the records from Defendants.

I disagree with the total number of Compensable Weeks worked by me during the Class Period. I believe that the actual number of Compensable Weeks worked by me during the Class Period was _____. I have attached documentation that supports this belief.

(Sign here)

(Please Print Your Name Clearly)

(Date)

Social Security Number:

(Enter the last four digits of your Social Security Number)

(Tax ID Number)