

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

MELVIN CIFUENTES LEMUS and CARLOS ENRIQUE
CHACON, individually and on behalf of those similarly situated,

Plaintiffs,

- against -

S&S SPORTS INC., SIDANA'S INC., AMARDEEP SINGH,
BOBBY SINGH and GAGNEET SINGH and any other entities
affiliated with or controlled by S&S SPORTS INC., SIDANA'S
INC., and/or AMARDEEP SINGH, BOBBY SINGH and
GAGNEET SINGH,

Defendants.

Index No.: 606423/2014

CLAIM FORM AND RELEASE
INSTRUCTIONS

In order to receive any portion of the settlement funds described in the Notice of Class Action Settlement ("Notice"), you must (1) complete, sign and date this Claim Form and Release (2) complete the W-9, and (2) return the document to the Settlement Claims Administrator by mail, fax or e-mail on or before the **August 11, 2016** Bar Date.

Lemus v. S&S Sports Inc.
c/o Simpluris, Inc.
P.O. Box 26170
Santa Ana, CA 92799
(888) 369-3780
Facsimile: (714) 824-8591
Email: S&SSports@Simpluris.com

CHANGES OF ADDRESS

It is **your responsibility** to keep a current address on file with the Settlement Claims Administrator. Please make sure to notify the Settlement Claims Administrator of any change of address.

If your name appears to be incomplete or inaccurate, please update your information on the next page.

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Santa Ana, CA 92799
(888) 369-3780

CLAIM FORM AND RELEASE

***THIS FORM MUST BE FAXED, EMAILED OR POSTMARKED
ON NO LATER THAN August 11, 2016.***

[To be pre-inserted by Claims Administrator:]

Name: «FirstName» «LastName»
Address: «Address1» «Address2»
City, State Zip Code: «City», «Abbrev» «Zip»

[To be provided by you:]

Name/Address Changes, if any

E-Mail: _____ @ _____
Phone: (_____) _____

Substitute IRS Form W-9

Enter your Tax Payer Identification Number (TIN) or Social Security Number (SSN):

□ □ □ -- □ □ -- □ □ □ □

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); *and*
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; *and*
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

I declare under penalty of perjury that the foregoing statements are true, and that this document was signed on _____, 201____, in _____ (city), _____ (state).

Print Name: _____

Signature _____

By submitting this claim form and release, I am expressly stating that I would like to participate in the settlement of this Action. I affirm that I was employed by S&S SPORTS INC., SIDANA’S INC., AMARDEEP (a.k.a. BOBBY) SINGH, and GAGNEET KAUR between December 3, 2008 and January 1, 2016, in at least one nonexempt position, and hereby assert a claim under New York Labor Law.

I hereby designate the law firm of Leeds Brown Law, P.C. to represent me in this action.

My signature below constitutes a full and complete release and discharge of S&S SPORTS INC., SIDANA’S INC., AMARDEEP (a.k.a. BOBBY) SINGH, and GAGNEET KAUR in their corporate and individual capacities (the “Released Defendants”) from all wage and hour claims based on New York Labor Law and the Fair Labor Standards Act that arose during the relevant period of December 3, 2008 through January 1, 2016, and were asserted in Plaintiffs’ complaint, including overtime claims, minimum wage claims, spread of hours claims, wage theft notice claims, as well as interest on such claims, penalties, damages, liquidated damages, attorney’s fees, expenses, disbursements, litigation costs and fees, restitution or equitable relief, excluding Class Members who opt-out of the settlement (the “Released Class Claims”).

I declare under penalty of perjury that the above information is correct.

Date

Signature