

IMPORTANT LEGAL MATERIALS



NAME
ADDRESS
CITY STATE ZIP
COUNTRY

CLAIM FORM

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION**
in Loretta Downs and D'Andre Parker et al. vs. U.S. Foodservice, Inc., Case No. C10-2163 EMC.

YOUR SETTLEMENT "CLAIM SHARE"

According to US Foods' payroll records, you worked a total of <<WORKWEEKS>> weeks as a "non-exempt" driver for US Foods driving routes in California from April 9, 2006 through April 10, 2012.

Based on this information, the estimated amount you will receive under the settlement is \$<<ESTIMATEDAWARD>>. This amount may be reduced or increased, however, based on the information contained in the Estimated Payment Form, Claim Forms returned, such as challenges to hours worked, decisions of the Court regarding such challenges, the number of Claimants, the number of request[s] for exclusion submitted, whether additional class members are identified or come forward, the potential reallocation of some of the unclaimed funds to Claimants, and the terms of the Court's final approval order.

INSTRUCTIONS

- To receive the monetary recovery above, you **must** complete, sign, date, and mail this Claim Form on or before **July 16, 2012**. **Claim Forms which are incomplete or postmarked after this date will be rejected.**
- If you disagree that US Foods' payroll records reflect the number of hours worked stated above, please complete the Estimated Payment and Instructions to Challenge Dates of Employment Form attached hereto and include all documents you would like the Settlement Administrator to consider with your completed Claim Form.

PLEASE COMPLETE THE FOLLOWING

1. Please review the following identifying information in the left-hand column, and make any necessary changes in the right-hand column:



<<Name>>
<<Address 1>> <<Address 2>>
<<City>> <<State>> <<Zip>>
<<Country>>
<<Telephone Number>>

Name/Address Changes (if any):

(_____) _____ - _____

[Important: If you move, please send the Settlement Administrator your new address]





2. By signing below, I am agreeing to provide a full and complete release of any and all “Released Claims,” as fully explained to me in Section 5 of the accompanying *Notice of Proposed Class Action Settlement and Fairness Hearing*, in exchange for receipt of the benefits offered under the Settlement Agreement. I understand that by signing and submitting this Claim Form, I will be bound by all terms and conditions contained in the Settlement Agreement, as well as all Orders entered by the Court overseeing the settlement. The undersigned hereby certifies under penalty of perjury under the laws of the United States and the State of California that all of the information provided by Claimant in this Claim Form is true and correct.

Date: ____ / ____ / ____

Signature of Claimant

(Print Name Clearly)

If You Have Any Questions, Please Contact The “US Food Settlement Administrator, c/o Rust Consulting, Inc.” at 1-866-403-0689

SAMPLE