

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

ROBIN BREWER, individually and on behalf of
all others similarly situated,

Plaintiffs,

v.

SCOTT SALYER

Defendant.

Judge Anthony W. Ishii

Magistrate Judge Dennis L. Beck

1:06-cv-01324-AWI-DLB

CLASS ACTION PARTICIPATION FORM

If you believe you are a class member and want to participate in this Class Action, please complete this form and return it in the self-addressed envelope. You must postmark your mailing by September 21st, 2010 or make sure the Claims Administrator receives it by that date. If you do not return a completed CLASS ACTION PARTICIPATION FORM to U.S. Legal Management, LLC, Claims Administrator, Attention: Jennifer Agrella, PO Box 927, Dothan, AL 36302 on time, you will not be part of the class and you will not be entitled to any benefits of class membership stated above.

You must provide all information requested by the Form, including a copy of one of the documents listed in Item 6, and must state under penalty of perjury that you were legally authorized to be employed in the U.S. when you worked for SK Foods.

ONLY EMPLOYEES WHO ARE ABLE AND WILLING TO DEMONSTRATE THAT THEY WERE AUTHORIZED TO WORK IN THE UNITED STATES DURING THE CLASS PERIOD, AND WHO OTHERWISE WISH TO BE PART OF THE CLASS, NEED TO RETURN THE CLASS ACTION PARTICIPATION FORM. THOSE EMPLOYEES WHO WERE NOT AUTHORIZED TO WORK IN THE UNITED STATES DURING THE CLASS PERIOD SHOULD NOT RETURN THE FORM.

DIRECTIONS:

COMPLETE THIS FORM, MAKE A COPY OF ONE (1) OF THE DOCUMENTS LISTED IN ITEM 6 AND MAIL THE FORM AND THE COPY TO U.S. Legal Management, LLC, Claims Administrator, Attention: Jennifer Agrella, PO Box 927, Dothan, AL 36302 BY September 21st, 2010.

1. Were you a SEASONAL HOURLY-PAID EMPLOYEE at SK Foods' Lemoore Facility at any time between September 22, 2002 and July 21, 2009? (Check one)

Yes

No

2. If YES to question number 1, in what years? (Check all that apply):

2002; 2003; 2004; 2005; 2006; 2007; 2008; 2009

3. State your SOCIAL SECURITY NUMBER: _____

4. State your PLACE OF BIRTH: _____

If your place of birth is in the United States, provide the name of the city and state in which you were born. If your place of birth is not in one of fifty states of the U.S., provide the name of the city and country, territory or possession in which you were born.

5. State your DATE OF BIRTH: _____

6. **MAKE A COPY OF ONE OF THE FOLLOWING DOCUMENTS AND INCLUDE IT WHEN YOU SEND BACK THIS FORM:**

(a) Driver's license issued to you by a State of the U.S. that contains a photograph;

(b) U.S. Passport issued to you; or

(c) Permanent Resident Card or Alien Registration Receipt Card issued to you

7. SIGN THE FOLLOWING STATEMENT:

(A) I hereby certify under penalties of perjury that the social security number shown on this form was issued to me;

(B) I hereby certify under penalties of perjury that the place of birth and date of birth shown on this form are accurate;

(C) I hereby certify under penalties of perjury that I was legally authorized to be employed in the United States when I was employed by SK Foods;

SIGN HERE: _____