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*Monica Bustos, et al. v. Riverside Medical Clinic*

**Superior Court of the State of California, County of Riverside**

**Case No. CVRI2203466**

**Class Action Settlement**

**Exclusion Form**

COMPLETE THIS FORM IF YOU WISH TO EXCLUDE YOURSELF FROM THE SETTLEMENT.

DEADLINE: The Exclusion Form must be postmarked on or before July 29, 2024. You must mail the form to:

Settlement Administrator - 83037  
c/o Kroll Settlement Administration LLC  
PO Box 5324  
New York, NY 10150-5324

By completing this form, you are opting out and excluding yourself from this Settlement. You will retain your right to sue Riverside Medical Clinic for the claims involved in this Settlement. However, you will not be able to file a claim, object, or receive money or benefits from this Settlement.

**Instructions:** Fill out each section of this form and sign where indicated. You must fill out each section that is marked with an asterisk.

**Name \*:** \_\_\_\_\_  
                            *First Name\**  *M.I.*                            *Last Name \**

**Class Member ID \*:** 8 3 0 3 7 \_\_\_\_\_

**Street Address \*:** \_\_\_\_\_

**City \*:** \_\_\_\_\_ **State \*:** \_\_\_\_\_ **Zip Code \*:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Phone Number\*:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

By signing this Exclusion Form, I hereby opt-out of this Settlement and understand that I will have no right to receive any money or benefits under the Settlement in this case, and I will have no right to object to the Settlement and be heard at the Final Approval Hearing.

**SIGNATURE \*** \_\_\_\_\_ **PRINTED NAME \*:** \_\_\_\_\_

**DATED \*:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_