

Claim Form

Pineda, et. al. v. Casa Amigos Mexican Kitchen, LLC, Case No. 312024CA000097

INSTRUCTIONS: Fill out each section of this form and sign where indicated by: Logging in with your SIMID and last name located at the top of the Notice mailed and/or emailed to you.
Alternatively, print, fill out and return this form by mail or email to:

Pineda v. Casa Amigos Mexican Kitchen, LLC Settlement Administrator
c/o Simpluris, Inc.
P.O. Box 26170
Santa Ana, CA 92799
Tel: (888) 369-3780
E-mail: Info@CasaAmigosVBSettlement.com

THIS CLAIM FORM MUST BE COMPLETED AND SUBMITTED BY: JUNE 12, 2024

<u>First Name</u>	<u>Last Name</u>
<u>Street Address</u>	<u>City</u>
<u>State</u>	<u>Zip Code</u>
<u>E-mail Address</u>	<u>Contact Phone Number</u>

Class Member Affirmation: By submitting this Claim Form, I declare that I am a member of the Settlement Class, and that the following information is true and correct:

I am an individual who worked as a Server at Casa Amigos Mexican Kitchen in Vero Beach, Florida, between September 22, 2022, and October 2, 2023.

Signature: _____

Date: _____
(MM-DD-YYYY)

Printed Name: _____

Former (Maiden) Names worked under, if any: _____

Note: If you change your address, please inform the above Settlement Administrator of your new address to ensure processing of your claim and mailing of your settlement check to the correct address. It is your responsibility to keep a current address on file with the Settlement Administrator.