

CLAIM FORM AND RELEASE

TAWNYA MILIARESIS v. OVATIONS FANFARE, LP, ET AL.
Orange County Superior Court Case No.: 30-2009-00268455

TO PARTICIPATE IN THE SETTLEMENT OF THE ABOVE-REFERENCED CASE, YOU MUST COMPLETE, SIGN AND MAIL THIS CLAIM FORM AND RELEASE BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE APRIL 2, 2010, ADDRESSED AS FOLLOWS:

OVATIONS FANFARE CLAIMS ADMINISTRATOR
c/o Simpluris, Inc.
P.O. Box 26170
Santa Ana, CA 92799
(888) 369-3795

Claimant Information

SIMID
Name
Address
City, State Zip

If you have a different address than printed, please type or print your current address:

Former Names (if any): _____
Street Address: _____
City/State/Zip Code: _____

Please type or print the following identifying information:

Last 4 digits of your Social Security Number: X X X – X X - _____

Work Telephone Number: (____) ____ - _____ Home Telephone Number: (____) ____ - _____

A. Instructions

1. If you worked as an hourly or non-exempt employee for Ovarions Fanfare, LP, Ovarions Food Services, LP and/or Ovarions Food Services, Inc. (“Defendants”) in California (“Covered Position”), at any time during the period beginning May 13, 2005 through January 7, 2010, you must complete, sign and timely mail this Claim Form and Release (“Claim Form”) in order to be eligible to participate in the settlement.
2. If you move, please send the Claims Administrator your new address. It is your responsibility to keep a current address on file with the Claims Administrator.
3. If you disagree with your employment information contained in Section B of this Claim Form, please include the supporting documentation requested in Section B when you return your Claim Form.
4. You must return this Claim Form by April 2, 2010, or your claim will not be valid.

B. Employment Information

According to Defendants’ records, you were actively employed in a Covered Position for a total of _____ pay periods during the time period beginning May 13, 2005 and ending January 7, 2010. If you do not agree with the number of pay periods indicated above, please list, with specificity, the dates and total number of the pay periods you believe you worked for Defendants during the time period of May 13, 2005 to January 7, 2010:

Total Number of Pay Periods Claimed: _____

If you listed any dates above, please provide documentation (such as pay stubs) demonstrating that you worked for Defendants during each pay period listed above. Unless you provide such documentation, Defendants’ records will establish the number of pay periods in which you worked for Defendants. If there is a dispute about whether Defendants’ information or yours is accurate, either the Claims Administrator or the Court will resolve the dispute.

C. Release of Claims.

By signing this Claim Form and Release below and accepting benefits under this settlement, I hereby fully and completely release and discharge Ovations Fanfare, LP, Ovations Food Services, LP and Ovations Food Services, Inc., and any predecessors, successors, as well as their current, former and future subsidiaries, affiliates, fiduciaries, owners, partners, insurers, agents, employees, assigns, subrogees, privies, officers, officials, directors, administrators, attorneys and shareholders (“Released Parties”), of any and all claims, actions, demands, causes of action, suits, debts, obligations, damages, right or liabilities, of any nature and description whatsoever, known or unknown that have been, could have been or might in the future be asserted by Class Representative Tawnya Miliareasis, or the Class Members or any of their respective heirs, executors, administrators, beneficiaries, predecessors, successors, attorneys, assigns, agents and/or representatives arising out of any claims that were or could have been encompassed in the Lawsuit, and any claims which reasonably flow from the facts alleged in the Complaint or First Amended Complaint filed in this Lawuit, including but not limited to, claims for unpaid wages (including claims for minimum wage, overtime, and meal period and rest period premiums), reimbursement of business expenses pursuant to Labor Code Section 2802, interest, penalties (including waiting time penalties pursuant to Labor Code section 203, pay stub penalties pursuant to Labor Code section 226, and civil penalties pursuant to the Labor Code Private Attorneys General Act of 2004 (Labor Code sections 2698 et seq.) (“PAGA”)), claims pursuant to Labor Code sections 200, 201, 202, 218.5, 226, 226.7, 510, 512, 558, 1174, 1194, 1197, 1198, and 1199, the Industrial Welfare Commission Wage Orders, claims under the Fair Labor Standards Act, and claims under Business and Professions Code section 17200 et seq., claims for attorneys’ fees and costs, conversion, fraud, common count, and unfair business practices. Released Claims include all claimed or unclaimed compensatory, consequential, incidental, liquidated, punitive and exemplary damages, restitution, interest, costs and fees, injunctive or equitable relief, and any other remedies available at law or equity allegedly owed or available to the Class arising or reasonably flowing from the Complaint or First Amended Complaint, against the Released Parties for the time period beginning from the beginning of time up to and including the date the Court grants final approval (collectively referred to as “Released Claims”).

Therefore, according to the Settlement Formula set forth in Section II.A. of the Notice of Pendency of Class Action, Proposed Settlement and Hearing Date for Court Approval accompanying this Claim Form, you are eligible to receive \$____ if you participate in the Settlement

By signing below and accepting the benefits under this settlement, I also waive any rights or benefits available to me under the provisions of section 1542 of the California Civil Code, which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

D. Submission to the Jurisdiction of the Court

I am submitting this Claim Form and Release under the terms of the settlement described in the Notice of Pendency of Class Action, Proposed Settlement and Hearing Date for Court Approval that I received. I submit to the jurisdiction of the Orange County Superior Court with respect to my claim as a class member for the purpose of enforcing the release of claims set forth in the Joint Stipulation Re Class Action Settlement and this Claim Form. The full and precise terms of the settlement are contained in the Joint Stipulation Re Class Action Settlement filed with the Court, which was available for my review. I acknowledge that I am bound by and subject to the terms of any order of dismissal or judgment that may be entered in this class action.

I declare under penalty of perjury under the laws of the State of California that the information in this Claim Form is true and correct, and that I have carefully read and agree to the releases and submission to the jurisdiction as stated above.

X _____
(Sign your name here)

Date