

Dahlin, et al. v. Sav-on Drug Stores, Inc., et al. Administrator
c/o Rosenthal & Company LLC
P.O. Box 6177
Novato, CA 94948-6177
1-800-207-0343

CLAIM FORM

I. CLAIMANT IDENTIFICATION



Claim #: SDT-100000-0-01 1

Name/Address Changes (if any):

First1 Last1

c/o

Addr1 Addr2

City, ST Zip Country

First Name

Last Name

Address

City

State

Zip

Email address: _____

(_____) _____
Area Code

Daytime Telephone Number

(_____) _____
Area Code

Evening Telephone Number

Dahlin, et al. v. Sav-on Drug Stores, Inc., et al.
Los Angeles County Superior Court, Case No. BC227551 (consolidated with LASC Case No. BC 227720)

THE DEADLINE FOR POSTMARKING THIS FORM IS JULY 20, 2009.

II. YOUR TIME IN JOB ACCORDING TO SAV-ON'S RECORDS:

According to payroll records maintained by Sav-on between April 3, 1996 and June 16, 2006 (the "Recovery Period"), you were employed by Sav-on in the State of California as a salaried Assistant Manager or Operating Manager for a total of **000.00** weeks (excluding leaves of absence for sickness, disability, vacation, etc.).

III. IF YOU DISPUTE THE INFORMATION ABOVE:

Please complete this Section III only if you disagree with the information listed in Section II above. If you do not dispute the information listed above then skip to Section IV. By submitting this Claim Form based on the information in Section II, you agree that it is accurate, and waive any right to challenge its accuracy later.

1. If you believe that the number of weeks you worked as a salaried Assistant Manager or Operating Manager during the Recovery Period as listed in Section II is incorrect, please write the number of weeks you believe to be correct in this space: _____ weeks
2. If you dispute the total number of Work Weeks above, please attach to this Claim Form any records in your possession that you believe support the number of weeks you have provided above (such as pay stubs, employment records, etc.) Please be advised that the number of weeks set forth in Section II is presumed to be correct unless the documents you submit establish a different result.
3. If you dispute the total number of Work Weeks above, the dispute will be resolved as provided in Section 5.5.G of the Stipulation of Settlement. That is, Class Counsel and Settling Defendants' Counsel will first attempt to resolve the dispute informally. If that fails, the Qualified Settlement Administrator ("QSA") will resolve it based on its review of the records. The QSA's decision is final and not subject to review.

IV. MAILING YOUR CLAIM FORM:

If you wish to file a claim, you must mail the **original** of this Claim Form, postmarked no later than **July 20, 2009**, signed under penalty of perjury, and including the information requested below in the spaces provided, to:

By U.S. Mail:

Dahlin, et al. v. Sav-on Drug Stores, Inc., et al. Administrator
c/o Rosenthal & Company LLC
P.O. Box 6177
Novato, CA 94948-6177

By Commercial Carrier or In Person:

Dahlin, et al. v. Sav-on Drug Stores, Inc., et al. Administrator
c/o Rosenthal & Company LLC
75 Rowland Way, Suite 250
Novato, CA 94945

V. REQUESTED INFORMATION:

1. Were you employed as a salaried Assistant Manager or as a salaried Operating Manager at a Sav-on drug store in California during any portion of the time period between April 3, 1996 and June 16, 2006? Check only one: Yes No
2. During approximately what years between 1996 and 2006 did you work as a salaried Assistant Manager or Operating Manager at Sav-on?

VI. REQUIRED INFORMATION:

1. What are the last four digits of your Social Security Number? _____
(If you do not include the last four digits of your Social Security Number, your claim is subject to denial.)
2. I hereby request that my portion of the recovery be mailed to me at the following address (if different from the address printed or corrected at the top of this Claim Form):

Address: _____

City: _____ State: _____ ZipCode: _____

VII. RELEASES:

A. I, and my successors in interest, hereby fully release all Released Claims (including Unknown Claims) against Released Persons.

“Released Claims” means any and all causes of action, claims, damages, equitable, legal and administrative relief, interest, demands or rights, whether based on federal, state or local statute, common law, ordinance, or regulation, or any other source (including “Unknown Claims”) arising out of the acts or omissions of the Released Persons and alleged in the Litigation by Plaintiffs (limited to salaried Assistant Managers and Operating Managers); namely, for alleged violations of California Labor Code Section 1194 and Industrial Wage Order 7-2001 and the following arising thereunder: (1) claims for violation of California Labor Code Sections 201–203, 218.5, 218.6, 226, 226.7, 510, 512, 1174 and 2698 *et seq.* (and related Wage Orders), (2) Business and Professions Code Section 17200 *et seq.*, (3) claims for common law conversion based on unpaid overtime wages during the Class Period including claims for punitive damages, and (4) claims for recovery of statutory penalties and/or attorneys’ fees under California Labor Code, Sections 203, 218.5, 226, 1194, 1199, and 2698 *et seq.*, California Code of Civil Procedure, Section 1021.5.

“Released Persons” means Settling Defendants and each and all of the Related Persons. Released Persons includes, but is not limited to, Sav-on Drug Stores, Inc., New Albertsons, Inc., American Stores Company, American Drug Stores, Inc., Albertsons, Inc., and SuperValu, Inc.

“Unknown Claims” means any and all causes of action and claims alleged in the Litigation and/or arising from the facts alleged in the operative complaint and which any Plaintiff or Class Member, including his or her assigns, predecessors, and successors, does not know or suspect to exist in his, her, or its favor at the time of the release of the Released Persons which, if known by him, her, or it, might have affected his, her, or its settlement with and release of any or all of the Released Persons, or might have affected his, her, or its decision not to object to the Stipulation of Settlement.

B. Furthermore, I and my successors in interest, shall be permanently enjoined and forever barred from prosecuting any and all Released Claims (including Unknown Claims) against Released Persons.

C. It is my intent that the Judgment entered by the Court on the Order of Final Approval of the Stipulation of Settlement shall have every preclusive effect permitted by law, and be final and binding, upon me and all Class Members, regardless of whether I or such Class Members submit Claim Forms.

D. With respect to any and all Released Claims (including Unknown Claims) only, I stipulate and agree that I have expressly waived the provisions, rights, and benefits of California Civil Code Section 1542, which provides as follows:

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

I may discover facts in addition to or different from those which I now know or believe to be true with respect to any or all of the Released Claims (including Unknown Claims), but I expressly fully, finally, and forever compromise, release, resolve, relinquish, discharge and settle any and all of the Released Claims (including Unknown Claims) without regard to the subsequent discovery or existence of such different or additional facts.

E. I acknowledge that the foregoing waiver and release was separately bargained for and is a material element of the Stipulation of Settlement for which this release is a part.

I have read and understand the foregoing releases.

[You must sign and submit this original Claim Form under penalty of perjury, or your claim will be subject to denial.]

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____
(mm/dd/yyyy)

_____ SIGNATURE

_____ PRINT FULL NAME

VIII. IMPORTANT CLAIM DELIVERY INFORMATION:

You may deliver the Claim Form to the Administrator in person, or send it via First-Class United States mail or third party commercial carrier. *However, if the Qualified Settlement Administrator determines that your Claim Form was not received or was postmarked after July 20, 2009, the sole acceptable proof that you submitted the Claim Form to the Qualified Settlement Administrator within the time period allowed shall be an original time stamp from the Qualified Settlement Administrator demonstrating that it received the Claim Form, an original receipt from the United States Postal Service evidencing the mailing of such Claim Form by certified or registered mail, or an original receipt from the third-party commercial carrier showing shipment by that carrier. As a result, you should strongly consider sending this Claim Form to the Claims Administrator by certified or registered mail, or by third-party commercial carrier, and take care to retain the receipt. Or, if you personally deliver the Claim Form then make certain to obtain a receipt from the Qualified Claim Administrator.*