US FOODS SETTLEMENT ADMINISTRATOR C/O RUST CONSULTING, INC. P.O. BOX 2396 FARIBAULT, MN 55021-9096 FOR OFFICIAL USE ONLY
01

IMPORTANT LEGAL MATERIALS

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NAME ADDRESS CITY STATE ZIP COUNTRY

ESTIMATED PAYMENT FORM AND INSTRUCTIONS TO CHALLENGE DATES OF EMPLOYMENT

For Class Members Currently Employed by US Foods who were Hired by Defendant Before October 2010

LORETTA DOWNS AND D'ANDRE PARKER ET AL. VS. U.S. FOODSERVICE, INC., CASE NO. C10-2163 EMC, IN THE UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA

Your estimated share of the settlement in this case is \$<<ESTIMATEDAWARD>>>. This estimate is based on the dates of employment, excluding leaves of absence, as listed below on this form.

If you accept your dates of employment, you do not need to do anything to receive your share of the settlement (unless you also need to update or correct your mailing address).

If you wish to challenge the dates of employment listed below, carefully follow the instructions on this form.

TO CHALLENGE THE ESTIMATED AMOUNT OF PAYMENT BASED ON THE DATES OF EMPLOYMENT AS A DRIVER, THIS FORM MUST BE SIGNED AND POSTMARKED NOT LATER THAN July 16, 2012.

MAIL TO:
US Foods Settlement Administrator
c/o Rust Consulting, Inc.
PO Box 2396
Faribault, MN 55021-9096

Important:

- 1. You do NOT have to submit this form if you believe the dates of employment listed below are accurate.
- 2. It is strongly recommended that you keep proof of timely mailing for your records until receipt of your settlement payment.
- 3. If you change your mailing address, please send your new mailing address to the Settlement Administrator. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your settlement payment.









EMPLOYMENT DATES AND CHALLENGE INFORMATION

<<Name>>
<<Address>>
<<City>>, <<State>> <Zip>>>
<<Telephone Number>>

Your Compensable W .weeks

US Foods' records she that during the Class Period of April 9, 2006 through April 10, 12, you held the position of Driver in the followire time periods.	During this time, you were on a leave of absence for << DAYS>> days in the following time periods:
Start Land <:Start Late 1>> <: Ind Dr>> <:Start Late 2>> <: En. LF 22>>	Start to End < <leave 1="" date="" start="">> <<leave 1="" date="" end="">> <<leave 2="" date="" start="">> <<leave 2="" date="" end="">> <<leave 3="" date="" start="">> <<leave 3="" date="" end="">> <<leave 4="" date="" start="">> <<leave 4="" date="" end="">> <<leave 5="" date="" start="">> <<leave 5="" date="" end="">> <<leave 6="" date="" start="">> <<leave 6="" date="" end="">> <<leave 6="" date="" start="">> <<leave 6="" date="" end="">> <<leave 7="" date="" start="">> <<leave 7="" date="" end="">></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave></leave>

Your total number of Compensable /orkweeks is <WO .VEEKS>>

Your Estimated Payment

Based on the estimated share for each compensation workweek at the primated amount per week worked of \$<<PER WEEK>>, your settlement share is currently estimated at \$ 500 AWAPF as uning that all Settlement Class Members identified to date participate in the Settlement (i.e., can be located and do not a cout). This amount is subject to change, either up or down, depending on the number of Settlement Class Members who count challenge to estimated amounts, the outcome of those challenges, the number of Class Members who opt cut, are user possible fact.

CHALLENGE

	ck the box below ONLY if you wish to challenge the dates little above. All fiem must be complete for your challenge e accepted:
	I wish to challenge the employment dates listed above. I have included a written statem setailing what I believe to be my correct dates of employment as a Driver with US Foods during the period from April 2006 arough April 10, 2012. I have also included information and/or documentary evidence that supports my challenge. I understand that, by submitting this challenge, I authorize the Settlement Administrator to review US Foods' recommended and determine the validity of my challenge based on US Foods' records as well as the dates, records and information at I am submitting. This includes information related to any possible Family Medical Leave Act (FMLA)/California Family Responsibility Act (CFRA) leave that I may have been on while employed by US Foods.
Signa	ature:
	e of Class Member: < <name>> s Member ID Number: <<rustid>></rustid></name>
	eve that my correct dates of employment as a Driver for US Foods during the Class Period are

[attach documentation and use separate page(s) as necessary]