8303700000000

Monica Bustos, et al. v. Riverside Medical Clinic

Superior Court of the State of California, County of Riverside Case No. CVRI2203466

Class Action Settlement Objection Form

COMPLETE THIS FORM IF YOU WISH TO OBJECT TO THE SETTLEMENT.

DEADLINE: The Objection Form must be received 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

You have a right to object to the Settlement, or any of its terms. In order to object, you must not have submitted an Exclusion Form. If you intend to remain in the Settlement in the event your objection is overruled, you must submit a timely Claim Form to be entitled to claim any Settlement benefit. You may, but are not required to, appear at the Final Approval Hearing and verbally state your Objection.

<u>Instructions:</u> 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 *: Z	ip Code *:	
Email Address:		(<u>a</u>)		
Phone Number*: ()				

1. DESCRIBE THE FACTUAL AND LEGAL BASIS OF YOUR OBJECTION IN THE SPACE PROVIDED BELOW AND ON THE REVERSE SIDE OF THIS FORM. YOU MAY ENCLOSE ADDITIONAL PAGES.
2. STATE WHETHER YOU OBJECT TO THE SETTLEMENT IN WHOLE OR IN PART.

3. PROVIDE THE NAME AND CONTACT INFORMATION OF ANY ATTORNEY REPRESENTING YOU IN CONNECTION WITH THIS OBJECTION. YOU ARE NOT REQUIRED TO HAVE AN ATTORNEY TO OBJECT.
4. PROVIDE AND ATTACH COPIES OF ANY DOCUMENTS YOU WISH TO SUBMIT IN SUPPORT OR YOUR POSITION.
I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT I AM A SETTLEMENT CLASS MEMBER.
SIGNATURE *:
*AN ORIGINAL SIGNATURE IS REQUIRED
PRINTED NAME *:
DATED *:/

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