

CLAIM FORM: COMPLETE AND SIGN FOR MONETARY RECOVERY

<<ILYM ID>>:

Name/Address Changes (if any):

<<First Name>> <<Last Name>>

<<Address>>

<<City>>, <<State>> <<Zip>> <<Country>>

If your name or address is different from those shown above, print the corrections on the lines to the right.

INSTRUCTIONS:

- 1. THIS CLAIM FORM IS FOR THE MARTINEZ CLASS ACTION SETTLEMENT DESCRIBED IN THE ACCOMPANYING NOTICE.**
- 2. YOU MUST TIMELY COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE AUGUST 25, 2022, TO THE CLAIMS ADMINISTRATOR, ILYM GROUP, INC., AT P.O. BOX 2031 TUSTIN, CA 92781 TO RECEIVE YOUR SHARE OF THE MONETARY RECOVERY.**
- 3. ACCORDING TO CATCH A WAVE BY BLUE NAMI INC.'S RECORDS YOU WORKED <<NUMBER OF SHIFTS WORKED>> SHIFTS AS A SERVER DURING THE CLASS PERIOD. THE CLAIMS ADMINISTRATOR WILL USE THIS AMOUNT TO DETERMINE THE SETTLEMENT PAYMENT YOU WILL RECEIVE.**

CLAIM FOR MONETARY SETTLEMENT IN THE MARTINEZ SETTLEMENT

I have reviewed the Class Notice and this Claim Form, including the information regarding the released claims included on the Class Notice. My signature constitutes a full and complete release of Catch A Wave By Blue Nami Inc., and any of the Released Parties for any claims released under the Settlement Agreement ("Released Claims"), should the Settlement become final in this matter. Released Claims are defined as any and all claims, causes of action, debts, liabilities, demands, obligations, guarantees or damages, in law or equity, tort or in contract, by statute, pursuant to case law, or otherwise, which have been or could have reasonably been asserted in the Action or in any other state or federal court, administrative tribunal, or in arbitration or similar proceeding, based upon, or arising out of, or related to the allegations in the Action during the Class Period. These claims include, but are not limited to, claims for: failure to engage in proper tip pooling program. This release includes a California Civil Code Section 1542 waiver ("1542 Waiver"). I understand that a 1542 Waiver relates to Section 1542 of the California Code of Civil Procedure, 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."

I understand and acknowledge that by not excluding myself from this action the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I should eventually suffer injury or damage, I will not be able to make any claim for those injuries. I understand I am providing the Defendant with a full and complete release with respect to the Released Claims.

I declare under penalty of perjury under the laws of the United States and the State of California that the information I have provided on this Claim Form is true and correct.

X _____

(Sign your name here)

Date

X _____

(Please print your first and last name here)

Check this box to verify that the last four digits of your social security number as shown are accurate: XXX - XX - <<XXXX>>:

Former Names (if any)

() _____

Telephone Number

- IF YOU MOVE, PLEASE SEND THE CLAIMS ADMINISTRATOR, ILYM GROUP, INC., YOUR NEW ADDRESS.
- IF YOU MAKE A VALID CLAIM, YOU SHOULD NOT EXPECT TO RECEIVE ANY PAYMENT UNTIL THE SETTLEMENT IS FINAL, WHICH LIKELY WILL OCCUR ON SEPTEMBER 14, 2022.