

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, UNION COUNTY

JOSE VIDAL ANGEL, individually and on
behalf of others similarly situated,
Plaintiffs,

v.

ISP DEVELOPMENT, LLC, t/a LISA'S
HAND CAR WASH, and IK-SEONG PAK,

Defendants.

Docket No. UNN-L-3908-19

SETTLEMENT CLAIM FORM

No retaliation:

The law prohibits retaliation against employees for exercising their rights under the law and therefore, you may not be fired or subjected to discrimination in any way because you participate in this lawsuit. ISP Development, LLC t/a Lisa's Hand Car Wash and Ik Seong Pak have confirmed that individuals who make a claim in this case have no reason to fear any retaliation.

How to complete this Claim Form:

1. Please read this Claim Form in its entirety.
2. Please type or print your responses in ink.
3. Please fill out all information.
4. Please keep a personal copy of the Claim Form for your files.
5. Send your completed Claim Form to: David Tykulsker, Esq., David Tykulsker & Associates, 161 Walnut St., Montclair, NJ 07042
6. You can also fill out and submit the Claim Form online at www.dtesq.com
7. The date by which Claim Forms must be postmarked or submitted online is [90 DAYS FROM FAIRNESS HEARING].

By signing and submitting this Claim Form, I hereby consent to settle my claims and receive a payment in the case of *Jose Vidal Angel, individually and on behalf of others similarly situated v. ISP Development, LLC t/a Lisa's Hand Car Wash, and Ik-Seong Pak, UNN-L-3908-19* ("the Litigation").

By signing and submitting this Claim Form, I hereby affirm that I and anyone claiming through me forever and fully releases and discharges ISP Development, LLC t/a Lisa's Hand Car Wash and Ik Seong Pak, any attorney and any agents thereof, from any and all claims for wage and hour violations under the New Jersey Wage and Hour Law, and all other claims that were or could have been asserted in the Litigation, including claims for unpaid minimum wages and/or premium pay for overtime hours, and liquidated damages through August

20,2020. This release includes claims for all damages arising from any such released claims, including claims for liquidated damages, interest, and attorneys' fees and costs. I understand I am releasing these claims whether or not I cash my settlement payment.

Signature (or electronic signature): _____

Date: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER (SSN) or
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):

If you do not have a social security number (SSN) or individual taxpayer identification number (ITIN), please write "TO BE SUPPLIED" on the line above, submit this Claim Form,