

CPT ID: <<ID>>  
<<EmployeeName>>  
<<Address1>>  
<<Address2>>  
<<City>> <<State>> <<Zip>>

### **CLAIM FORM**

If you wish to receive a settlement payment as part of the class action settlement in *Christopher Hopkins, et al. v. Aladdin Food Management Services, LLC, et al.*, Pierce County Superior Court Case No. 25-2-07342-0, you must submit a valid and timely Claim Form by mail or online through the settlement website maintained by the Settlement Administrator [www.aladdinfoodmgmtsettlement.com](http://www.aladdinfoodmgmtsettlement.com) and inserting the following information:

Unique ID: <<ID>>  
PIN: <<PIN>>

If you wish to submit a Claim Form by mail, please provide all of the information requested at the bottom of this document. Please make sure you type or print clearly in blue or black ink. Once you have filled in all the requested information, the completed Claim Form must be mailed and postmarked no later than **November 17, 2025** to:

*Hopkins v. Aladdin Food Management Services LLC*  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606  
Email: [AladdinFoodMgmtsettlement@cptgroup.com](mailto:AladdinFoodMgmtsettlement@cptgroup.com)

#### **1. Estimated Settlement Payment**

**Your estimated settlement payment is \$672.76.**

#### **2. Settlement Class Member Information**

I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and that this Claim Form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

I qualify as a Settlement Class Member as defined in the Notice and am eligible to assert a claim for damages under RCW 49.58.110. I authorize the settlement payment to be addressed and mailed as stated below.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Social Security Number (for tax reporting purposes)

**CLAIM FORMS POSTMARKED OR SUBMITTED ONLINE AFTER NOVEMBER 17, 2025 WILL NOT BE VALID AND WILL NOT RESULT IN PAYMENT OF ANY FUNDS TO YOU.**