



Class Member ID: 3098900000000

**MUST BE  
POSTMARKED  
NO LATER THAN  
MAY 21, 2018**

**CLAIM FORM**  

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**LOS ANGELES COUNTY SUPERIOR COURT**  
***SOUTH v. RMG SUNSET, INC. ET AL.,***  
**CASE NO. BC 652905**

For Office Use Only

**CLASS ACTION SETTLEMENT CLAIM FORM**

**YOU SHOULD SUBMIT THIS CLAIM FORM IF YOU PURCHASED FOOD AND/OR BEVERAGES AT ANY CABO CANTINA, BAJA BEACH CAFÉ, FIESTA CANTINA, PB CANTINA, JAMESON’S IRISH PUB OR SUNSET TROCADERO LOUNGE (COLLECTIVELY, THE “RESTAURANTS”) AT ANY TIME BETWEEN JANUARY 1, 2012 AND MAY 31, 2017, AND PAID AN UNDISCLOSED STATE LIVING WAGE SURCHARGE.**

**PROOF OF CLAIM**

To make a Claim, you must fully complete this Claim Form for each transaction in which you paid an undisclosed state living wage surcharge, and ensure that it is postmarked no later than **May 21, 2018** to take part in the settlement. A complete description of the class qualifications and claim benefits is provided in the Notice of Proposed Settlement of Class Action on [www.SouthSurchargeSettlement.com](http://www.SouthSurchargeSettlement.com). The completed Claim Form must be submitted online at [www.SouthSurchargeSettlement.com](http://www.SouthSurchargeSettlement.com) or by mail and submitted to the following address: South v. RMG Sunset, Inc. Settlement Administrator, PO Box 42764, Philadelphia, PA 19101-2764 and postmarked no later than **May 21, 2018**.

**Information about the Class Member:**

**Name:** \_\_\_\_\_  
*First Name*                                  *M.I.*                                  *Last Name*

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_                                  **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_ (zip4 optional)

**Email:** \_\_\_\_\_@\_\_\_\_\_.

**Phone:** ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

**Benefit Options:**  
**You must only complete one of the options below.**

1. Complete this section only if you have receipts detailing the surcharges you paid. If you do not have any receipts go to Option 2.

*Restaurant	City	State	Date surcharges paid	Surcharge Amount
		__ __	__ / __ / ____	\$ ____ . __
		__ __	__ / __ / ____	\$ ____ . __
		__ __	__ / __ / ____	\$ ____ . __
		__ __	__ / __ / ____	\$ ____ . __

*\*Restaurants included in the settlement are; Cabo Cantina, Baja Beach Café  
 Fiesta Cantina, PB Cantina, Jameson's Irish Pub and Sunset Trocadero Lounge.*

**YOU MUST ATTACH ALL RECEIPTS THAT SHOW THE  
 ABOVE SURCHARGES OR YOUR CLAIM WILL BE DENIED**

2. Complete this option if you have no receipts detailing your surcharges. Do not complete this section if you completed Option 1. No receipts are required.

I would like to receive a payment of \$3.00 for the Surcharge paid by me as stated in this Claim Form.

***Or***

I would like to receive a restaurant voucher for a one-time discount of 10% off of my entire check (excluding alcohol), no limit on the number of individuals in the party.



## **Declaration:**

**THE WILLFUL SUBMISSION OF A FALSE CLAIM CONSTITUTES THE CRIME OF PERJURY AND IS PUNISHABLE BY CALIFORNIA LAW.**

I certify under penalty of perjury that I paid a Surcharge at one of Defendants' restaurants; Cabo Cantina, Baja Beach Café, Fiesta Cantina, PB Cantina, Jameson's Irish Pub, Sunset Trocadero Lounge, and that any receipts attached to this claim are true and correct copies. The above information is true and correct to the best of my knowledge. I also understand that by submitting this Proof of Claim, I am releasing all Released Claims, as detailed in the "Notice of Proposed Settlement of Class Action Case."

<p><b><u>SIGNATURE:</u></b> _____</p> <p><b><u>PRINTED NAME:</u></b> _____</p> <p><b><u>DATED:</u></b>     ___/___/_____</p>
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**Please do not forget to sign this claim form.  
If you do not sign it, your claim will not be processed and will be denied.  
One Claim Form per Class Member Surcharge Claim.**

**If Claim Submitted By Mail, Return Completed Form To:**

South v. RMG Sunset, Inc. Settlement Administrator  
PO Box 42764  
Philadelphia, PA 19101-2764

