

CLAIM FORM

In The Matter of
Wallace Ralston v. US-Reports, Inc.
Alameda County Superior Court Case No. RG 07328773

INSTRUCTIONS:

IF YOU AGREE TO PARTICIPATE IN THE SETTLEMENT, COMPLETE THIS CLAIM FORM TO RECEIVE YOUR MONETARY RECOVERY, AND PROMPTLY RETURN THIS FORM ON OR BEFORE MARCH 31, 2009.

1. CLAIMANT IDENTIFICATION

Please Provide:

Telephone, Home: (_____) _____

Telephone, Work/Cell: (_____) _____

Social Security No.: _____

CORRECTIONS OR ADDITIONAL INFORMATION

Write any name and address corrections below if any are necessary **OR** if there is no preprinted data to the left. Please also provide your name while employed.

Name While Employed: _____

***If any of the information above is incorrect,
YOU MUST provide the correct information in the space provided above.***

2. EMPLOYMENT WITH DEFENDANTS

Defendant's records indicate that during the Claims Calculation Period running from June 1, 2003 through July 31, 2008, you were employed by US-Reports, Inc. as an auditor or surveyor. Defendant's records further show that during this period, you performed work for US-Reports during a total of __ weeks. If your claim is accepted, your payout will be based on this total of weeks during which you actually performed work. Please sign, date where indicated below, and return this Claim Form either postmarked by U.S. Mail or faxed to (215-979-1695) by March 31, 2009 to receive your monetary recovery.

Again, it is your responsibility to ensure the Claims Administrator has timely received your Claim Form. You may contact the Claims Administrator at the toll-free number listed at the bottom of each page to ensure that your Claim Form has been received.

Equally important, is your responsibility to keep a current address on file with the Claims Administrator to ensure receipt of your share of the settlement.

3. TO RECEIVE YOUR SETTLEMENT PAYMENT

YOU MUST COMPLETE, SIGN AND RETURN THIS CLAIM FORM TO THE CLAIMS ADMINISTRATOR POSTMARKED BY U.S. MAIL OR FAXED, ON OR BEFORE MARCH 31, 2009, IN THE MANNER SET FORTH BELOW:

- A. **Return By Mail:** You may return this Claim Form BY FIRST CLASS, U.S. MAIL, POSTAGE PAID OR EQUIVALENT, POSTMARKED ON OR BEFORE MARCH 31, 2009, ADDRESSED AS FOLLOWS:

Ralston Class Settlement
Class Action Claims Administrator
c/o RG2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
Tel. (866) 742-4955

It is very strongly recommended that you keep a copy of your return envelope which reflects the timely post-mark as proof of submission, and a copy of this Claim Form.

OR

- B. **Return By Fax:** You may return this Claim Form, BY FAXING IT TO (215) 979-1695 ON OR BEFORE MARCH 31, 2009. You must keep documentation of your timely transmission of this Claim Form.

- C. BE SURE TO COMPLETE AND RETURN PAGE 2 OF THIS CLAIM FORM WHEN MAILING OR FAXING TO THE ADMINISTRATOR.
- D. If you move, it is your responsibility to send the Claims Administrator your new address and contact information to ensure receipt of further notices and your settlement payment.
- E. If you are eligible and have submitted a valid and timely Claim Form, and the Class Action Settlement has been finally approved by the Court, payment will be made to you in approximately six months.
- F. IT IS STRONGLY RECOMMENDED THAT YOU OBTAIN PROOF OF TIMELY MAILING AND OR FAX TRANSMISSION AND MAINTAIN THAT PROOF UNTIL RECEIPT OF YOUR PAYMENT.

I declare under penalty of perjury that I was employed by US-Reports, Inc. in California as an auditor or surveyor at some point during the period from June 1, 2003 through July 31, 2008. My name and contact information are set forth above, and I agree to participate in the proposed settlement as outlined in the enclosed Class Notice.

Signed: _____

Date: _____

Print Name: _____