

c/o Arden Claims Service, LLC

P.O. Box 1015

Port Washington, NY 11050

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CLAIM FORM AND RELEASE

In order to receive any portion of the settlement funds described in the Notice of the Proposed Settlement of the Class and Collective Action (“Notice”) in the case entitled *Davis et al. v. Uptown Communications & Electric, Inc. et al.*, 1:16-CV-3990 (LB), you must sign, date, and return this Claim Form and Release to Arden Claims Service, LLC. It must be postmarked by **September 29, 2017**.

CHANGES OF ADDRESS:

It is **your responsibility** to keep a current address on file with the Settlement Claims Administrator. Please make sure to notify Arden Claims Service, LLC of any change of address.

Arden Claims Service, LLC

DATED: **July 31, 2017**

CLAIM FORM AND RELEASE

THIS FORM MUST BE POST-MARKED OR DELIVERED NO LATER THAN SEPTEMBER 29, 2017.

<i>TO BE FILLED OUT BY CLAIMS ADMIN.:</i>	<i>EMPLOYEE-- FILL IN YOUR TELEPHONE NUMBER AND NOTE ANY CHANGES OR CORRECTIONS TO YOUR NAME OR ADDRESS</i>
NAME: _____	_____
ADDRESS: _____	_____
CITY, STATE, ZIP: _____	_____
	(____) _____
	AREA CODE TELEPHONE NUMBER

I affirm that I was employed by Uptown Communications & Electric, Inc. and hereby assert a claim under the Fair Labor Standards Act and the New York Labor Law.

I hereby designate the firm of Borrelli & Associates, P.L.L.C. to represent me in this action.

My signature below, on my behalf, and on behalf of my respective current, former and future heirs, spouses, executors, administrators, agents, and attorneys constitutes a full and complete release and discharge of Uptown Communications & Electric, Inc., and Jonathan Smokler, and Daniel Greenberg (“Defendants”), Defendants’ present and former parent companies, subsidiaries, predecessors, successors, assigns, related or affiliated companies, and their respective shareholders, members, officers, directors, employees, members, managers, fiduciaries, trustees, employee benefit plan administrators, agents, attorneys, insurers, successors and assigns, and all persons or entities acting by, through, under or in concert with any of them, and any individual or entity which could be jointly liable with any of them (collectively, the “Releasees”), from any and all claims for any wage and hour violations that may have occurred arising from or relating to each Class Member’s employment or engagement with Defendants under federal, state, and/or local law including any and all claims for unpaid overtime or minimum wage pay, failure to maintain and furnish employees with proper wage records, failure to furnish notices of pay rate, failure to pay spread of hours pay, failure to pay call-in pay, and all other claims that were or could have been asserted in the Litigation, whether known or unknown, under federal, New York State, and/or local wage and hour laws (including the Fair Labor Standards Act (“FLSA”), New York Labor Law, New York Code of Rules and Regulations, and the New York Wage Theft Prevention Act), through the date the Preliminary Motion for Settlement Approval is filed with the Court (the “Released Claims”). Said release and discharge shall bind each Class Member and his or her current, former, and future heirs, spouses, executors, administrators, agents, and attorneys. The Released Claims include all claims for unpaid regular or overtime wages, claims under any wage and hour and wage payment law (including statutory claims), all claims arising under any state or local wage and hour law or regulation, interest on such claims, liquidated damages, penalties, attorneys’ fees and costs related to such claims, and all other available remedies and relief of any kind or nature whatsoever related to such claims, arising from each such Class Member’s employment with Defendants.

By signing this Consent Form and Release, I hereby consent to become a party in this action and authorize Borrelli and Associates, P.L.L.C. to file this Form with the Court.

I declare under penalty of perjury that the above information is correct.

_____	_____
DATE	SIGNATURE