

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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JONGMIN CHOI, HYUN SUK PARK, and :
 WOOTAE JUNG, on behalf of themselves and all :
 others similarly situated, :
 :
 Plaintiffs, : **16 Civ. 6495 (DCF)**
 :
 -against- : **CLAIM FORM AND RELEASE**
 :
 BAYSIDE BCD INC. d/b/a BCD TOFU HOUSE :
 BAYSIDE, BEAN TREE CORP. d/b/a BCD TOFU :
 HOUSE MANHATTAN, and HEE SOOK LEE, :
 :
 Defendants. :
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In order to receive money from this settlement, you MUST return this Claim Form and Release ("Claim Form") electronically at: <https://claims.ardenclaims.com/bcd-tofu-house-claim-form/> or via mail to:

Arden Claims Service LLC
PO Box 1015
Port Washington, NY 11050
Tel: 877-623-2703 | Fax: 516-888-3501

You must return this Claim Form, fully completed, by October 21, 2019. If you do not return the completed Claim Form by October 21, 2019 you will not be eligible to receive a payment from this settlement.

Based on your employment position at BCD Tofu House and the number of weeks you worked according to BCD Tofu House's records, you may be eligible to receive _____.

By **signing, dating, and returning** this Claim Form, I, fully and unconditionally, release Bayside BCD Inc., Bean Tree Corp., Hee Sook Lee, and all other Releasees from any and all New York Labor Law and Fair Labor Standards Act claims that were, or could have been, brought in this Litigation, as further detailed in Section 8 of the Notice of Proposed Class Action Lawsuit Settlement and Fairness Hearing, which I confirm that I have received and read.

Dated: _____

Signature: _____ Name: _____

Phone Number: _____ Email: _____

Address: _____

Location(s) Worked(select all that apply): ___ BCD Bayside ___ BCD Manhattan

Position(s) Worked (list all): _____

Dates of Employment (to your best recollection): Start Date: _____ End Date: _____

QUESTIONS? Contact Claims Administrator at: 877-623-2703 or Class Counsel at: 212-583-9500
You must COMPLETE & RETURN this form by October 21, 2019 to receive a settlement payment.