

Peet's Coffee & Tea, Inc. Claims Administration

c/o Rosenthal & Company LLC

P.O. Box 6177

Novato, CA 94948-6177

1-800-207-0343

VERIFICATION FORM

Claim #: PCM-100000-0-01

«First1» «Last1»

«c/o»

«Address1» «Address2»

«City», «ST» «Zip» «Country»

Name/Address Changes (if any):

First Name

Last Name

Address

City

State

Zip

Email address: _____

()

Area Code

Daytime Telephone Number

()

Area Code

Evening Telephone Number

Michelle Meyn, et al., v. Peet's Coffee & Tea, Inc.

IF YOU WANT TO SHARE IN THE SETTLEMENT, COMPLETE THIS FORM, SIGN IT UNDER PENALTY OF PERJURY, AND SEND IT TO THE CLAIMS ADMINISTRATOR NOT LATER THAN AUGUST 4, 2010.

I declare as follows:

- (1) I worked as a Store Manager for Peet's, in the State of California at some time between July 14, 2004 and March 14, 2010.
- (2) At some time between July 14, 2004 and March 14, 2010,
I was not paid wages for all hours that I worked as a Store Manager for Peet's in California;
and/or
I was not allowed to take a 30-minute meal break when working a shift of five (5) hours or longer as a Store Manager for Peet's in California;
and/or
I was not allowed to take a ten-minute rest break when working a shift of four (4) hours or longer as a Store Manager for Peet's in California;
and/or
I was not reimbursed by Peet's for all business expenses necessarily incurred on behalf of Peet's as a Store Manager.
- (3) I acknowledge that, by submitting this Verification Form, I am including myself in this Class with respect to the settlement of all state and federal claims, including, but not limited to, claims under the Fair Labor Standards Act and that, if the settlement is given final approval by the Court, I am releasing all of those claims.
- (4) I warrant and represent that I am the claimant named below and that my contact information and my Social Security Number is correct.

I declare under penalty of perjury under the laws of the State of California that the foregoing and the information provided below is true and that I executed this Verification Form on _____, 2010 at _____ (city and state).

Taxpayer Identification Number Certification - Substitute IRS Form W-9

«ClaimID»

Enter your Social Security Number: _ _ _ _ - - _ _ - -

Print name as shown on your income tax return if different from «First1» «Last1»:

First Name _____ Last Name _____

Under penalties of perjury, I certify that:

- 1. The taxpayer identification number shown on this form is my correct taxpayer identification number, **and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3. I am a U.S. person (including a U.S. resident alien).

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

Signature

Date (mm/dd/yyyy)

Printed Name

THIS FORM MUST BE POSTMARKED BY AUGUST 4, 2010 OR, IF DELIVERED TO THE CLAIMS ADMINISTRATOR BY MEANS OTHER THAN UNITED STATES FIRST-CLASS MAIL, RECEIVED BY THE CLAIMS ADMINISTRATOR NOT LATER THAN AUGUST 4, 2010 AT THE FOLLOWING ADDRESS:

By U.S. Mail:
Peet's Coffee & Tea, Inc. Claims Administration
c/o Rosenthal & Company LLC
P.O. Box 6177
Novato, CA 94948-6177

By Commercial Carrier or in person:
Peet's Coffee & Tea, Inc. Claims Administration
c/o Rosenthal & Company LLC
75 Rowland Way, Suite 250
Novato, CA 94945

**YOU SHOULD KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS.
YOU MAY WISH TO MAIL IT RETURN RECEIPT REQUESTED.**