



Must be Postmarked No Later Than October 30, 2007

Campbells Carpets Claims Administrator
c/o The Garden City Group, Inc.
P.O. Box 91171
Seattle, WA 98111-9271
Toll-Free: 1 (888) 404-8013

PROOF OF CLAIM FORM



Claim Number:

Control Number:

«Nme_idno»

«Control_no»



«Name»
«Address 1» «Address 2»
«Address 3» «Address 4»
«City», «State»
«Zip»

REQUIRED ADDRESS INFORMATION OR CORRECTIONS

If the pre-printed address to the left is incorrect or out of date, OR if there is no preprinted data to the left, YOU MUST provide your current name and address here:

Address:
City/State/Zip:

TO RECEIVE A SETTLEMENT PAYMENT, YOU MUST COMPLETE, SIGN, AND MAIL THIS CLAIM FORM BY FIRST CLASS U.S. MAIL, POSTMARKED ON OR BEFORE OCTOBER 30, 2007.

IF YOUR CLAIM IS POSTMARKED AFTER OCTOBER 30, 2007, YOUR CLAIM WILL BE REJECTED.

PROVIDE THE FOLLOWING CONTACT INFORMATION:

Daytime Phone Number: () - Last 4 digits of your Social Security Number:

Evening Phone Number: () -

- 1. Campbells Carpets' records indicate that you were employed by Campbells Carpets, Inc., as a tile setter and/or a tile setter helper at some time between July 13, 2002 and August 4, 2007, and that the total amount gross wages you earned from Campbells' Carpets during this period was <TOTAL GROSS WAGES>.
2. If you disagree with the total amount of gross wages stated above in section #1, you must provide documentation with this Claim Form that supports your belief that you earned a different amount of gross wages as a tile setter and/or a tile setter helper at some time between July 13, 2002 and August 4, 2007, such as paystubs or other pay records. If you do not provide satisfactory supporting documentation, Campbells Carpets' records will be presumed to be correct.
3. Complete, sign, and mail this claim form on or before October 30, 2007.

I certify under penalty of perjury that I was employed by Campbells Carpets, Inc. in California during the Class Period July 13, 2002 through August 4, 2007, as a tile setter and/or tile setter helper, and that any information I submit with this Claim Form is true and correct.

Date: Signature:

Please mail this form on or before October 30, 2007 to the address shown above. Claim Forms postmarked after October 30, 2007 will be rejected.

Questions? Call Toll-Free 1 (888) 404-8013