

CLAIM FORM/FLSA CONSENT FORM COMPLETE FOR MONETARY RECOVERY

Iilir Lita v. Bunim/Murray Productions, et al.
Superior Court of California for the County of Los Angeles, Case No. BC 350590

ID#: <<ID#>> <<BARCODE>>
<<FIRST NAME>>
<<ADDRESS>>
<<CITY>> <<STATE>> <<ZIP>>

Please Type or Print

Name (First, Middle, Last): _____
Street Address: _____
City, State, Zip Code: _____
Former Names (if any): _____

Social Security Number

(_____) _____ (Work)
Area Code Telephone Number

(_____) _____ (Home)
Area Code Telephone Number

**YOU MUST TIMELY COMPLETE, SIGN AND RETURN THIS FORM TO SHARE IN THE
MONETARY RECOVERY AND TO CONSENT TO JOIN THE FLSA PORTION OF THIS ACTION.**

INSTRUCTIONS

1. Please complete, sign and mail this form to share in the recovery and consent to join the FLSA portion of this action.
2. If you move, please send us your new address.
3. Please do not send any supporting documentation at this time. If such documentation is deemed necessary, a separate request will be sent to you directly.

YOU MUST COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE MAY 26, 2008, ADDRESSED AS FOLLOWS IN ORDER TO RECEIVE A RECOVERY AND CONSENT TO JOIN THE FLSA PORTION OF THIS ACTION.

**BMP Claims Administrator
c/o Desmond, Marcello & Amster
P. O. Box 451999
Los Angeles, California 90045**

I declare under penalty of perjury that the foregoing is true and correct and that I was employed in a non-exempt position by BMP in California at a time between April 12, 2002 and February 8, 2008. I have reviewed the Class Notice and this form and I consent to join in the FLSA portion of this action and have the Named Plaintiff and his counsel represent me in this action pursuant to 29 USC § 216(b).

X
(sign your name here)

Date

<<ID#>> <<BARCODE>>