

CLASS ACTION SETTLEMENT CLAIM FORM

In The Matter of
Matthew Parker, et al. v. Jekyll and Hyde Entertainment Holdings, L.L.C., et al.
United States District Court for the Southern District of New York, Case No. 08 Civ. 7670 (BSJ)(JCF)

INSTRUCTIONS: TO PARTICIPATE IN THE SETTLEMENT AND RECEIVE YOUR MONETARY RECOVERY, YOU MUST COMPLETE THIS CLAIM FORM BY SIGNING, DATING AND RETURNING IT, POSTMARKED OR FAXED OR E-MAILED TO THE ADDRESS/NUMBER PROVIDED ON OR BEFORE DECEMBER 22, 2009

1. CLAIMANT IDENTIFICATION

Name: _____
Address: _____
City, State Zip: _____

(_____) _____
Area Code Work Telephone Number

(_____) _____
Area Code Home Telephone Number

Please list your dates of employment with one or more of the defendant restaurants or estimate the number of weeks worked for these restaurants between September 3, 2003 and September 2, 2008:

Please list the name(s) of the defendant restaurants where you worked: _____

If any of the information above is incorrect, YOU MUST provide the correct information in the space provided above.

2. EMPLOYMENT WITH JEKYLL & HYDE GROUP.

Jekyll & Hyde Group’s records indicate that at certain times during the period from September 3, 2003 through September 2, 2008, you worked with Jekyll & Hyde Group in one or more of the following covered positions: waiter, bartender, server, or busser.

If you agree with the information stated above, please sign, date where indicated below and return this Form postmarked or faxed **on or before December 22, 2009** to receive your monetary recovery.

Again, it is your responsibility to ensure the Claims Administrator has timely received your Settlement Claim Form. You may contact the Claims Administrator at the toll-free number or e-mail address listed at the bottom of each page to ensure that your Settlement Claim Form has been received.

Equally important, is your responsibility to keep a current address on file with the Claims Administrator to ensure receipt of your share of the settlement.

Questions? Call Toll-Free: (888) 427-9230
Fax Number – Claims Administrator: (888) 428-6696
E-mail – Claims Administrator: info@simpluris.net
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3. TO RECEIVE YOUR SETTLEMENT PAYMENT

YOU MUST COMPLETE, SIGN AND RETURN THIS SETTLEMENT CLAIM FORM TO THE CLAIMS ADMINISTRATOR ON OR BEFORE DECEMBER 22, 2009 IN THE MANNER SET FORTH BELOW:

- A. **Return By Mail:** You may return this Claim Form BY FIRST CLASS, U.S. MAIL, POSTAGE PAID OR EQUIVALENT, ADDRESSED AS FOLLOWS:

Matthew Parker, et al. v. Jekyll and Hyde Entertainment Holdings, L.L.C., et al
Class Action Claims Administrator
c/o Simpluris, Inc.
P.O. Box 679560
Orlando, Florida 32867-9560

It is very strongly recommended that you keep a copy of your return envelope which reflects the timely post-mark as proof of submission.

OR

- B. **Return By Fax:** You may return this Claim Form, BY FAXING IT TO (888) 428-6696.

OR

- C. **Return By E-mail:** You may return a PDF of this Claim Form BY E-MAILING IT TO info@simpluris.net

You must keep documentation of your timely transmission of this Claim Form.

- C. BE SURE TO COMPLETE AND RETURN THIS CLAIM FORM WHEN MAILING, FAXING OR E-MAILING TO THE ADMINISTRATOR
- D. If you move, it is your responsibility to send the Claims Administrator your new address and contact information to ensure receipt of further notices and your settlement payment.
- E. If you are eligible and have submitted a valid and timely Claim Form, and the Class Action Settlement has been finally approved by the Court, the first payment will be made to you on approximately May 19, 2011.
- F. IT IS STRONGLY RECOMMENDED THAT YOU OBTAIN PROOF OF TIMELY (ON OR BEFORE DECEMBER 22, 2009) MAILING AND/OR FAX OR E-MAIL TRANSMISSION AND MAINTAIN THAT PROOF UNTIL RECEIPT OF YOUR PAYMENT.

You must sign and return the attached Settlement Claim Form in order to obtain your share of the settlement funds that have been preliminarily approved by the Court to be paid to you. Jekyll & Hyde Group has agreed to pay you your share of the settlement funds if you sign and return this form. Jekyll & Hyde Group emphasizes that there will be no retaliation against any class member for remaining in the class and signing the claim form.

THIS CLAIM FORM WILL BE SENT TO AN INDEPENDENT COMPANY ADMINISTERING THE SETTLEMENT; IT WILL NOT BE SHARED WITH YOUR MANAGER. IT IS UNLAWFUL FOR JEKYLL & HYDE GROUP TO RETALIATE AGAINST YOU FOR FILLING OUT THE SETTLEMENT CLAIM FORM AND PARTICIPATING IN THIS SETTLEMENT.

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Fax Number – Claims Administrator: (888) 428-6696
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4. RELEASE

Upon final approval by the Court, the Settlement Class, and each Class Member who has submitted a timely and valid Settlement Claim Form will release Jekyll & Hyde and any parent, subsidiary, affiliate, predecessor or successor, and all agents, employees, officers, directors and attorneys thereof, from any and all claims, debts, liabilities, demands, obligations, guarantees, costs, expenses, attorneys' fees, damages, action or causes of action which were asserted in the Lawsuit, including without limitation, claims under the Fair Labor Standards Act and New York State law, including, but not limited to; claims for unpaid wages, overtime compensation, restitution and other equitable relief, liquidated damages, punitive damages, penalties of any nature whatsoever, and any other benefit claimed on account of the allegations asserted in the Lawsuit.

I declare that I was employed by Jekyll & Hyde Group in the position of waiter, bartender, server, or busser at some point during the period from September 3, 2002 through and including September 2, 2008. My name and contact information are set forth above, and I agree to participate in the proposed settlement as outlined in the enclosed Class Notice.

Signed: _____ Date: _____

Print Name: _____