Must be postmarked or submitted online NO LATER THAN SEPTEMBER 16, 2026

Perry v. Alatrade Foods, Inc.
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
1-888-439-2849
www.PerryWARNSettlement.com

Claim Form

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

Please read the full notice of this settlement at **www.PerryWARNSettlement.com** carefully before filling out this Claim Form.

If you wish to receive a settlement payment as part of the proposed class action settlement in *Perry v. Alatrade Foods, Inc*, Case No. 4:25-cv-00521-CLM and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.PerryWARNSettlement.com using your Unique ID <<ID>> and Passcode <<Passcode>>.

If you wish to submit a claim for a settlement payment, please provide the information requested on the next page. Please print clearly in blue or black ink.

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Claims must be submitted online or mailed by September 16, 2026. Use the address at the top of this form for mailed claims.

For more information and complete instructions visit **www.PerryWARNSettlement.com**.

Settlement payments will be distributed after the Settlement is approved by the Court and final.

Your Information

This information will be used solely to contact you and to process your claim. It will not be used for any other purpose.

First Name

Last Name

Mailing Address

City

State

ZIP Code

Phone Number

– –

Email Address

How You Will Receive Your Payment

You will receive your payment by check at the mailing address provided above. To receive an electronic payment, for example, PayPal, Venmo, Zelle or Direct Deposit, submit your claim online at **www.PerryWARNSettlement.com** using your Unique ID <<ID>> and Passcode <<Passcode>>.

Signature

I attest under penalty of perjury that the information supplied in this Claim Form is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete and valid.

_____ Date: _____ - _____ - _____

Signature MM DD YYYY