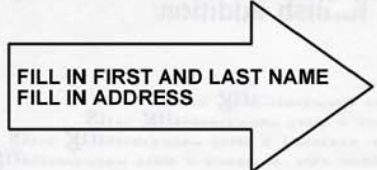


**Lopez v Fry's Electronics Claims Administrator**  
**PO Box 3687**  
**Portland, OR 97208-3687**  
**Phone: (877) 483-2829**

**PROOF OF CLAIM FORM**

**A. CLAIMANT IDENTIFICATION:**



Name/Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN ORDER FOR YOUR CLAIM TO BE VALID, YOU MUST (1) WRITE IN YOUR FULL NAME; (2)WRITE IN SOCIAL SECURITY NUMBER; (3) WRITE IN YOUR DATE OF BIRTH; (4) WRITE IN YOUR TELEPHONE NUMBER; (5) COMPLETE AND SIGN UNDER PENALTY OF PERJURY; AND (6) MAIL THIS DOCUMENT BY U.S. MAIL WITH A POSTMARK DATED NO LATER THAN OCTOBER 9, 2008 TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS ABOVE.**

Do not use a postage meter as that may result in a postmark not appearing on the envelope containing the Proof of Claim Form.

<b>Full Name:</b>	
_____	
<b>Social Security Number</b>	
<i>(The Internal Revenue Service requires this information. Failure to provide it will result in the rejection of your claim.)</i>	
____/____/____ Date of Birth	(____)____-____ Residence Telephone Number

**B. EMPLOYMENT INFORMATION:**

1.	Were you employed by Fry's Electronics, Inc. ("FRY'S") in California in the position of sales associate, cashier/customer service associate, or department supervisor/manager at any time between March 29, 2002 and July 31, 2007?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	FRY'S records indicate that you were employed as a non-exempt employee in the position of sales associate, cashier/customer service associate, or department supervisor/manager in the State of California for the following number of full-time work weeks in which you were paid commissions and earned overtime pay between March 29, 2002 and July 31, 2007: 30	
	a) Do you dispute this number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b) If you answered "yes" and you dispute this number, you must attach documentation to this Proof of Claim Form supporting the number of full-time work weeks in which you were paid commissions and earned overtime pay during this time period as a non-exempt employee in any of these positions. <b>(Please Note: Failure to provide documentation will result in the rejection of your dispute.)</b>	



**C. SUBMISSION TO JURISDICTION OF COURT, AGREEMENT WITH SETTLEMENT, ETC.:**

I have received the Notice of Class Action Settlement. I submit this Proof of Claim Form under the terms of the Settlement described in the Notice of Class Action Settlement. I also submit to the jurisdiction of the Superior Court and the Arbitration conducted per court order through Judicial Arbitration and Mediation Services (JAMS) with respect to my claim as a Class Member, and for purposes of enforcing the release of claims stated in the Stipulation of Class Settlement between Plaintiffs and Defendant ("Stipulation of Class Settlement"). The full and precise terms of the Settlement are contained in the Stipulation of Class Settlement filed with the arbitrator. I further acknowledge that I am bound by the terms of any arbitration award/judgment and/or court judgment that may be entered in this class action. I agree to furnish additional information to support this claim if required to do so.

**D. NO ASSIGNMENT:**

I verify that I have not assigned or purported to assign any of the claims for which I am submitting this claim form.

**E. NO RETALIATION:**

FRY'S will not retaliate against any person who submits a Proof of Claim in connection with this Settlement.

**F. DECLARATION UNDER PENALTY OF PERJURY:**

I declare under penalty of perjury under the laws of the State of California and the United States that I was or am a non-exempt employee of Fry's Electronics, Inc., and am or was employed in the position of sales associate, cashier/customer service associate, or department supervisor/manager during the Class Period. I have reviewed the Class Notice and this Proof of Claim Form, and I consent to join in the Federal Fair Labor Standards Act portion of this action and have the Named Plaintiffs and their counsel represent me in this action pursuant to 29 U.S.C. § 216(b). I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and accurate. Executed this:

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
[month] [year] [city] [state]

\_\_\_\_\_  
Signature of Claimant

Name (Print): \_\_\_\_\_  
Last First Middle

**Reminder check list:**

1. Write in your full name on page 1.
2. Write in your date of birth on page 1.
3. Write in your social security number on page 1.
4. Write in your telephone number
5. Answer the questions in section B.
6. Sign and date directly above.
7. Keep a copy for your records.
8. Send Proof of Claim via U.S. Mail postmarked no later than **October 9, 2008**, to:

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