

*Jasmine Hayes v. 7180 Sunset Blvd. Inc., et al.*  
**LOS ANGELES COUNTY CASE NO. BC597517**

**CLASS ACTION REQUEST FOR INCLUSION FORM**

**REGARDING EXOTIC DANCERS WHO PERFORMED IN THE STATE OF CALIFORNIA AT SEVENTH VEIL AND/OR ROYAL PALACE BETWEEN MARCH 23, 2013 AND JANUARY 1, 2017 AND/OR AT CRAZY GIRLS BETWEEN MARCH 23, 2013 AND JANUARY 31, 2019**

Although I have not been included in the Class List, I performed at one or more of the defendants' locations during the class period and should be included in the class.

**SECTION A: PERSONAL INFORMATION PLEASE PRINT CLEARLY**

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State, ZIP, Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Any Other Names (real or stage name) Used While Performing for Defendant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Social Security Number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**YOU CANNOT BE PAID WITHOUT A VALID SOCIAL SECURITY NUMBER.**

**Optional:** (If you are willing to be contacted by telephone)

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Evening Telephone Number

SEND TO:

In re: Seventh Veil/Star Strip/Crazy Girls  
Class Administrator  
c/o ILYM Group, Inc.  
P.O. Box 2031  
Tustin CA, 92781  
Fax: 888-845-6185

**FAILURE TO:**

- (1) **COMPLETE THIS REQUEST FOR INCLUSION; AND**
- (2) **SUBMIT THIS FORM BEFORE JUNE 5, 2019 MAY RESULT IN DENIAL OF YOUR REQUEST.**

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**CERTIFICATION AND SIGNATURE**

I hereby certify under penalty of perjury under the laws of the United States and the State of California that all of the information provided in this Request for Inclusion Form is true and correct.

\_\_\_\_\_  
Date (must be filled in by Claimant)

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

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE ATTORNEYS FOR THE CLASS OR DEFENDANT:

**Class Counsel:**

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PLEASE REVIEW THIS FORM TO ENSURE THAT IT HAS BEEN FILLED OUT IN ITS ENTIRETY. MAIL THE FORM TO THE CLASS ADMINISTRATOR AT THE ADDRESS IMMEDIATELY BELOW BY JUNE 5, 2019.

**IF YOUR REQUEST FORM IS POSTMARKED OR FAX DATED AFTER JUNE 5, 2019 YOU WILL NOT BE ENTITLED TO RECEIVE ANY PAYMENT.**

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