

CLASS ACTION SETTLEMENT CLAIM FORM
Rizk v. DC Connection Services, Inc., et al.
Los Angeles Superior Court: Case No. BC363435

CPT ID: <<ID>>
<<EmployeeName>>
<<Address1>> <<Address2>>
<<City, State, Zip>>

NOTE: Please read the enclosed Notice of Class Action Settlement before completing this Claim Form. This Claim Form is being sent by the Court-appointed Settlement Administrator, CPT Group, Inc.

The settlement of the lawsuit against DirectSat USA, LLC ("DirectSat"), DC Connection Services, Inc. ("DC Connection") and Larry Del Campo described in the attached Notice will pay you an amount of money based on how many days you provided satellite installation services pursuant to work orders which were generated by DirectSat and designated as DC Connection work orders during the time period of April 21, 2005 to **March 23, 2012**.

1. INSTRUCTIONS.

A. Please review your personal information and the number of workdays you provided satellite installation services pursuant to work orders which were generated by DirectSat and designated as DC Connection work orders during the time period of April 21, 2005 **March 23, 2012**. If the information is correct, all you need to do is sign, date and provide the last four digits of your Social Security Number or provide a copy of a recognized form of personal identification (ex. Driver's License, Personal Identification Card, Work Visa). Once you have filled out the form completely, you must return it by mail, e-mail, fax, or personally delivering it to the Claims Administrator: CPT Group, Inc., 16630 Aston, Irvine, CA 92606; Fax: (949) 419-3446; E-mail: RizkVDirectSat@cptgroup.com. Your Claim Form must be postmarked or received by the Claims Administrator no later than **June 15, 2012** (60 days after mailing of the Notice) to be valid.

If any of the information on the Claim Form is not correct, you need to provide the correct information on this Form and return it by mail, e-mail, fax or personally delivering it to the Claims Administrator: CPT Group, Inc., 16630 Aston, Irvine, CA 92606; Fax: (949) 419-3446; E-mail: RizkVDirectSat@cptgroup.com. Again, your Claim Form must be postmarked or received by the Claims Administrator no later than **June 15, 2012** (60 days after mailing of the Notice) to be valid.

If you properly submit this Claim Form by the deadline and the Court approves the settlement, you will be mailed a check for your share of the settlement, minus applicable taxes, within 15 days of the court's final approval of the Class Action Settlement.

2. PERSONAL INFORMATION.

Please review, correct, and complete your contact information. The address listed is where we will send your Settlement check. Please provide as much information as possible, so that we can get your Settlement check to you once the Court grants final approval of the Settlement.

Correction

Name: <EmployeeName> _____
Home Address: <Address1><Address2> _____
City, State, Zip Code: <City> <St> <Zip> _____
Home Telephone: <PhNo> _____
E-mail:<Email> _____
Last Four Digits of SS Number: ___ _ _ _

In place of the last four digits of your Social Security Number, you may attach a copy of a recognized form of personal identification (ex. Driver's License, Personal I.D. Card, Work Visa).

3. NUMBER OF WORKDAYS TO BE INCLUDED IN THE SETTLEMENT.

A. According to the collective records of DC Connection and DirectSat (including available Work Orders, Daily Completion Forms, Daily Invoices, and Pay Stubs), you worked a total of <<TotalDays>> workdays providing satellite installation services pursuant to work orders which were generated by DirectSat and designated as DC Connection work orders during the time period of April 21, 2005 to March 23, 2012.

B. If you disagree with the number of workdays in part (A) above, please write below the starting and ending dates, and total number of days you believe you provided satellite installation services pursuant to work orders which were generated by DirectSat and designated as DC Connection work orders during the time period of April 21, 2005 to March 23, 2012. Attach any documents that support your claim (such as available Work Orders, Daily Completion Forms, Daily Invoices, and Pay Stubs).

Starting Date	Ending Date	Total # Days Worked
_____	_____	_____

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. You should submit documentation in support of each workday you claim to have provided satellite installation services pursuant to work orders which were generated by DirectSat and designated as DC Connection work orders during the time period of April 21, 2005 to March 23, 2012. If you fail to submit such documentation, the Claims Administrator may not have the evidence it requires to change the information contained in DC Connection’s and DirectSat’s records. By submitting a correction, you are authorizing the Claims Administrator to review and rely upon DC Connection and DirectSat work orders and other records and make a determination based on those and any additional records you submit.

4. RELEASE OF CLAIMS.

By completing this claim certification and dispute form and accepting the benefits under this settlement, you hereby release any and all claims, losses, liabilities, and causes of action, arising out of or in connection with the claims asserted in the action against DirectSat, its parents, subsidiaries and affiliated corporations, directors, officers, employees, shareholders, and agents (“Released Parties”) from the beginning of the Class Period to the date of the preliminary approval of this agreement.

5. DEADLINE FOR RETURNING THIS CLAIM FORM TO THE CLAIMS ADMINISTRATOR.

Please date, sign and fill out the Claim Form completely and return it by mail e-mail, fax or personally delivering it to the Claims Administrator: CPT Group, Inc., 16630 Aston, Irvine, CA 92606; Fax: (949) 419-3446; E-mail: RizkVDirectSat@cptgroup.com, no later than June 15, 2012. Late Claim Forms will not be accepted absent good cause shown.

Dated: _____ Signed: _____
<EmployeeName>

6. QUESTIONS?

If you have questions regarding this Claim Form or the Settlement, please contact the Claims Administrator or Class Counsel (the attorneys who represent you and the other Class Members) at the numbers provided on Page 3 of the Notice.

**PLEASE DO NOT CALL THE COURT, DIRECTSAT,
OR ITS ATTORNEYS REGARDING THIS SETTLEMENT.**