

REQUEST FOR EXCLUSION

ONLY COMPLETE THIS REQUEST FOR EXCLUSION FORM IF YOU WANT TO OPT OUT OF (NOT PARTICIPATE IN) THE SETTLEMENT OF THE ACTION KNOWN AS *TAYLOR LEMONS V WALGREEN PHARMACY SERVICES, LLC, U.S. DISTRICT COURT DISTRICT OF OREGON PORTLAND DIVISION, CASE NO. 3.21-CV-00511-MO*. **IF YOU OPT OUT OF THE SETTLEMENT, YOU WILL NOT RECEIVE ANY PORTION OF THE SETTLEMENT AMOUNT.**

I confirm that I was an employee of Walgreen Pharmacy Services, LLC and was terminated between April 6, 2018, through April 6, 2021; I did not abandon or walk off the job; and I received my final paycheck six or more days after my termination date.

I have read the Class Notice and I wish to opt-out of the settlement. I do not wish to receive any payment under the terms of the proposed class action settlement or to otherwise participate in the proposed settlement.

Date: _____

Signature: _____

Print Name: _____

Residence Street Address: _____

City, State and Zip Code: _____

Last four digits of your Social Security Number: _____

IN ORDER TO BE VALID, THIS REQUEST FOR EXCLUSION FORM MUST BE COMPLETED, SIGNED, MAILED BY FIRST CLASS MAIL, AND POSTMARKED ON OR BEFORE **MAY 8, 2026**. Send this signed request for exclusion form to the Settlement Administrator:

**Walgreen Pharmacy Services Settlement
Settlement Administrator
PO Box 4170
Portland, OR 97208-4170**