

CLAIM FORM

**UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFIORNIA
KENNETH JOHN LODGE V. U.S. REMODELERS, INC
Case No. CV07-05409-CAS (AJWx)**

ATTENTION: CURRENT AND FORMER SALES ASSOCIATES OR MANAGERS OF U.S. REMODELERS, INC. (U.S. HOME SERVICES) AND/OR U.S. HOME SYSTEMS, INC. (HEREAFTER U.S. REMODELERS) WHO WERE EMPLOYED AT ANY TIME BETWEEN THE DATES OF JULY 3, 2003 AND AUGUST 24, 2009;

DATE OF MAILING: SEPTEMBER 23, 2009

CPT ID: <<CPT ID>>

<<Name>>

<<Address1>>

<<Address2>>

<<City, State Zip Code>>

Please provide current address (if different) here:

Telephone Number (including area code): (___ ___) ___ ___ - ___ ___

YOU MAY BE ELIGIBLE TO PARTICIPATE IN THE SETTLEMENT OF THE ABOVE-REFERENCED CLASS ACTION, AND TO RECEIVE AN AWARD PURSUANT TO THE SETTLEMENT. IF YOU WISH TO PARTICIPATE AND REQUEST AN AWARD, PLEASE COMPLETE AND RETURN THIS FORM POST MARKED NO LATER THAN **NOVEMBER 7, 2009**. YOUR FAILURE TO PROVIDE ALL REQUESTED INFORMATION AND TO TIMELY RETURN THIS FORM MAY PRECLUDE YOU FROM PARTICIPATING IN THE SETTLEMENT AND FROM RECEIVING AN AWARD.

THIS FORM MUST BE COMPLETED AND MAILED TO THE FOLLOWING ADDRESS NO LATER THAN **NOVEMBER 7, 2009**.

U.S. Remodelers Litigation
CPT Group, Inc.
16630 Aston Street
Irvine, California 92606
Telephone: (888) 844-3063

IF YOU FAIL TO COMPLETE AND RETURN THIS FORM WITHIN THE FOREGOING TIME LIMITATIONS, YOU WILL BE PRECLUDED FROM PARTICIPATING IN THE CLASS ACTION SETTLEMENT AND FROM RECEIVING AN AWARD.

Please provide the following information, and print legibly or type all answers. Also, please make sure to sign the claim form indicating your intent to participate in the settlement and that you endorse the release of claims contained in the Agreement and explained in the Notice.

1. Last four digit of your Social Security No.: ___ ___ ___ ___ (be advised that the Claims Administrator can call to confirm the social security number to confirm your identity).

2. If any of the information printed on the claim form or the SSN provided is different from the information in your employment records, please set forth the name, address, telephone number and/or social security number below **USED BY YOU WHEN YOU WORKED FOR U.S. REMODELERS, INC.** This information is needed in order to identify you as member of the class. Your name, address and last four digits of your social security number should appear (below) **exactly** as it appears or appeared on U.S. Remodelers' employment records.

Name, Address, and/or Social Security Number at the time you worked for U.S. Remodelers', **if different** from the name, address and/or social security number provided on the claim form:

By signing below, I intend to participate in the settlement of the class action identified above, that I agree to the terms and conditions as explained to me, that I have informed my self of the terms and conditions, or choose not to do so voluntarily, and that I fully endorse the release of claims granted in exchange for the settlement funds.

Date: _____

Signature