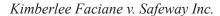
Safeway Settlement Administrator P.O. Box 43208 Providence, RI 02940-3208

CLAIMANT INFORMATION





ALAMEDA COUNTY SUPERIOR COURT

Case No. RG18913668

Must Be Postmarked No Later Than May 9, 2022

Opt-Out Form

INSTRUCTIONS: Please complete this Form only if you do <u>not</u> want to participate in the Settlement that is described in the Notice of Class Action Settlement ("Class Notice") that accompanies this Form. If you choose to complete this Form, you must include all of the information requested (including the last four digits of your Social Security Number, so that your information can be matched with Safeway Inc.'s records) and submit it so that it is received by the Settlement Administrator with a postmark date on or before **May 9, 2022**.

First Name	M.I.	Last Name		
Primary Address				
Primary Address Continued				
City			State	ZIP Code
			Oldio	
Foreign Province	Foreign Postal	Code	Foreign Countr	ry Name/Abbreviation
I. PERSONAL INFORMATION				
Home Telephone Number Email Address		Last Four Digits of 9	Social Security Nu	mber
II. REQUEST FOR EXCLUSION: that I wish to be excluded from the Class des Settlement proceeds and will not be sent a	scribed therein. I understa	and this means that	I will not receive	my share of the class action
III. MAILING INSTRUCTIONS: If postmark date on or before May 9, 2022, at th <i>1-800-213-1829</i> .				
IV. PLEASE SIGN BELOW: I certify foregoing statements made by me are willful			e true and correct.	I am aware that if any of the
Signature:		Dated (m	m/dd/yyyy):	
Print Name:				
	P	OR CLAIMS ROCESSING ONLY	СВ	DOC RED LC A REV B