

EXCLUSION FORM

**IF YOU WANT TO BE INCLUDED IN THIS CLASS ACTION SETTLEMENT.
DO NOT FILL OUT THIS FORM.**

IF YOU DO NOT WANT TO BE INCLUDED IN THE SETTLEMENT, COMPLETE THIS FORM IN ITS ENTIRETY, SIGN THE FORM UNDER PENALTY OF PERJURY, ENCLOSE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR OTHER FORM OF GOVERNMENT ISSUED PICTURE IDENTIFICATION (e.g., PASSPORT) AND RETURN IT VIA REGISTERED OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE ADDRESS BELOW, NO LATER THAN [DATE 30 CALENDAR DAYS AFTER MAILING OF NOTICE; EXTEND BY ADDITIONAL 30 DAYS IF ORIGINAL NOTICE AND EXCLUSION FORM ARE RETURNED AND DIFFERENT ADDRESS IDENTIFIED FOR RE-MAILING].

**Bethune v .Maxim Healthcare Services Settlement
C/O Administar Services Group, LLC
PO Box 24389
Jacksonville, FL 32241-4389**

I declare as follows:

I was employed by Maxim Healthcare Services Inc. in a non-supervisory job classification that included the direct provision of unskilled homecare services to clients of Maxim Health Services Inc., i.e., direct service worker, direct care provider, personal care aide, homemaker, home health care worker, home care worker, "certified nurses assistant" ("CNA") or home health aide, during all or part of the period from May 5, 2005 through [Execution Date]. I received notice of the Proposed Settlement in the action titled *Janice Bethune et al. v. Maxim Healthcare Services, Inc.*, and I wish to be excluded from the class and *not* participate in the Proposed Settlement. I understand that because of this I will receive no money from the Settlement.

Dated: _____, 2009

(Signature)

(Type or Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number, including Area Code)

(Social Security Number)