

CONSENT TO BECOME AN OPT-IN PLAINTIFF

By my signature below, I represent to the Court that I worked as an hourly employee at a Curaleaf Holdings, Inc dispensary in Illinois, Arizona, or Massachusetts during the period between the dates of March 28, 2019 and February 1, 2022 and that I believe that I was denied the payment of tips I should have otherwise received. I authorize, through this form, the prosecution of this lawsuit in my name and on my behalf.

Signature

Date

Name (Please Print)

Unique ID

The below information will not be filed with the Court.

Name (Please Print)

Street Address

City, State, Zip Code

Email Address

Telephone Number

YOU MAY COMPLETE AND RETURN THIS FORM
ONLINE VIA: WWW.CURALEAFLAWSUIT.COM
OR
VIA EMAIL: INFO@CURALEAFLAWSUIT.COM
OR
VIA USPS: Heller vs. Curaleaf c/o JND Legal Administration P.O. Box 91398 Seattle, Washington 98111

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM
PLEASE CALL PLAINTIFFS' ATTORNEYS AT: 312-736-7991
OR
VISIT: WWW.CURALEAFLAWSUIT.COM

PLEASE DO NOT CALL OR CONTACT THE COURT WITH QUESTIONS ABOUT THE NOTICE, THE LAWSUIT, OR THE DEADLINE FOR FILING THIS FORM.