

**SUPERIOR COURT FOR CALIFORNIA
COUNTY OF LOS ANGELES**

ZHEN DONG ZHANG, individually, and on behalf of all others similarly situated,)	CASE NO. BC 329374
)	Honorable David L. Minning
)	
Plaintiffs,)	[Proposed Class Action]
vs.)	
)	PROOF OF CLAIM FORM FOR NON-
CHUNG KING RESTAURANTS, INC., dba)	DELIVERY DRIVER, HOURLY EMPLOYEE
CHUNG KING RESTAURANTS, CALIFORNIA)	SUBCLASS A
WOK, INC., WEI-SHIN LIU, an individual, WEI-)	
CHIANG LIU, an individual, and DOES 3 through)	
25, inclusive,)	
)	Complaint Filed: February 24, 2005
Defendants.)	Trial Date: Not Set
_____)	

INSTRUCTIONS

1. **Please read these Instructions carefully as it is important that you follow all instructions and meet all deadlines and requirements, or your claim could be delayed or denied.**
2. You **MUST** have worked in any position other than a delivery driver at Chung King Restaurant, formerly located at 11538 W. Pico Boulevard, Los Angeles, CA, between the dates of February 21, 2001 and February 24, 2005, to be eligible for payment from the settlement fund. The proposed amounts for distribution to participants in the class are set forth in more detail in the Notice of Proposed Class Action Settlement.
3. Please use Blue or Black ink and print legibly.
4. In order to make a claim, you must mail a complete proof of claim to the Claims Administrator at the address list below. **Your claim must be postmarked by July 6, 2009.**

Chung King Restaurant Claims Administrator
c/o Desmond, Marcello & Amster
P.O. Box 451999
Los Angeles, California 90045

5. To ensure that your claim is considered: (a) Please make sure that all sections of this form are fully completed; (b) Please make sure that you signed the Proof of Claim; (c) If you move, you need to send the Claims Administrator your new address; (d) If you desire an acknowledgment of receipt of your Claim Form, please send it certified mail, return receipt requested.

(Claim Form continued on reverse side)

PLEASE COMPLETE ALL SECTIONS

NAME:		Social Security Number (If available)	____-____-____
ADDRESS:			
TELEPHONE:			
ID # (found above your name on mailing label, if this form was mailed to you):			
Date of Employment (month/day/year)	Start Date:	End Date:	
Position(s):			

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: _____

SIGNATURE: _____