

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

RODRIGUEZ; et al. v. GUITAR CENTER STORES, INC., et al.

Los Angeles County Superior Court Case No. BC 322958 (Consolidated with BC 326002)

CLAIM AND RELEASE FORM

If your name or address is different from those shown below, print the corrections on the lines to the right.



<<NAME>>

<<ADDRESS>>

<<CITY>>, <<ST>> <<ZIP>>

Name/Address Changes (if any):

(_____) _____ - _____
Area Code Daytime Telephone Number

(_____) _____ - _____
Area Code Evening Telephone Number

**YOU MUST COMPLETE THIS FORM
IN ORDER TO BE ELIGIBLE FOR A MONETARY RECOVERY**

INCOMPLETE AND/OR UNTIMELY CLAIM FORMS WILL BE REJECTED

YOU MUST SIGN AND MAIL THIS CLAIM FORM IN THE SELF ADDRESSED POSTAGE PRE-PAID ENVELOPE INCLUDED, OR MAIL IT TO THE ADDRESS BELOW NO LATER THAN JULY 3, 2006:

Guitar Center Claims Administrator
c/o Rust Consulting, Inc.
P.O. Box 1401
Minneapolis, MN 55440-1401

I. INSTRUCTIONS:

1. You must sign and mail this Claim Form in order to be eligible for a monetary recovery. Your Claim Form must be postmarked on or before the date above, or it will be rejected.
2. If you move, please send the Claims Administrator your new address. It is your responsibility to keep a current address on file with the Claims Administrator.

II. VALUE OF YOUR CLAIM:

According to Guitar Center's Records you are entitled to receive a payment of: \$00.00

My signature constitutes a full and complete release by me of Guitar Center and its present and former parent companies, subsidiaries, related or affiliated companies, shareholders, officers, directors, employees, agents, attorneys, insurers, successors and assigns, and any individual or entity which could be jointly liable with Guitar Center, or any of them, for all claims alleged in the Rodriguez and McClain cases against Guitar Center including all claims for failure to provide meal periods and rest breaks, and any other wage and hour violations, penalties under the California Labor Code, interest, attorneys' fees and costs, liquidated damages, punitive damages, or penalties under federal, state and local law for employment in California, from October 13, 2000 to January 31, 2006.

I declare under penalty of perjury under the laws of the State of California and the United States that the foregoing is true and correct.

X _____
(Sign your name here)

_____/_____/_____
Date

Social Security Number

Former Names (if any)

(_____) _____ - _____
Area Code Daytime Telephone Number

(_____) _____ - _____
Area Code Evening Telephone Number

III. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Substitute IRS Form W-9

Enter your Social Security Number (SSN): _____ - _____ - _____

Print name as shown on your income tax return if different from «Payee»:

Under penalties of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien). Please Check one: Yes No

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

IV. CLAIMANT SIGNATURE:

X _____
(Sign your name here)

_____/_____/_____
Date

Former Names (if any)