

California Gasoline Spot Market  
Antitrust Settlement Administrator  
P.O. Box 301176  
Los Angeles, CA 90030-1176

**CALG**



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*In re California Gasoline Spot Market  
Antitrust Litigation*

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Case No. 3:20-cv-03131-JSC (N.D. Cal.)

**Must Be Postmarked  
No Later Than  
January 8, 2025**

## Exclusion (“Opt-Out”) Request Form Business Entity

### Business Representative Information

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name	M.I.	Last Name				
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>				<input type="text"/>	<input type="text"/>	
City				State	ZIP Code	
<input type="text"/>						
Country						
<input type="text"/>						
Email Address						
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>		
Area Code	Telephone Number					
<input type="text"/>						
Title (providing authority to submit this form on behalf of the business)						



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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## Business Information

Business Name									
Area Code			Telephone Number						
Primary Address									
Primary Address Continued									
City							State		ZIP Code
Country									
<p><input type="radio"/> I attest I have the legal authority to submit this form on behalf of this business.</p> <p><input type="radio"/> I attest that the business:</p> <ul style="list-style-type: none"><li>• purchased gasoline (regular, mid-grade, or premium) in California;</li><li>• from a retailer for its own use and not for resale; and</li><li>• between February 18, 2015, and May 31, 2017.</li></ul>									

By signing this form, I wish to exclude the business from *In re California Gasoline Spot Market Antitrust Litigation*, Case No. 3:20-cv-03131-JSC (N.D. Cal.) and acknowledge that the business will not receive a payment from the Settlement.

Signature: \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

Counsel Signature (if applicable): \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

