

**DISPUTE FORM**

***Fritch v. The Coca-Cola Company, Superior Court of the  
State of California, County of Orange, Case No. 30-2023-01313737-CU-OE-CXC***

Indicate Name/Address Changes, if any:

<<MERGED\_Name>>

<<MERGED\_Address>>

<<City>>, <<State>> <<Zip Code>>

XX - XX - \_ \_ \_ \_

If you were employed by Defendant The Coca-Cola Company (“Defendant”) in California and classified as an hourly, non-exempt employee at any time during the Class Period (February 1, 2019, through August 3, 2024), then you may be a Class Member.

The amount of your estimated Individual Class Payment is based upon the Workweeks you worked during the Class Period based on Defendant’s company records, as set forth below and in the Class Notice you received. As explained in the Class Notice, this amount excludes, for any *Flores* Settlement Members, those workweeks worked from February 1, 2019 and February 23, 2022. “*Flores* Settlement Members” means all non-exempt employees who performed work for the Defendant at the Fontana, California and Ontario, California facilities during the period from July 31, 2018 to and including February 23, 2022, which released all claims alleged in *Flores v. The Coca-Cola Company, Los Angeles County Superior Court, Case No. 20STCV07230*.

**I. YOUR COMPENSABLE WORKWEEKS**

Defendant’s records show that during the Class Period, you worked as a non-exempt employee in California, which qualifies you as a Class Member, and your total number of Workweeks during the Class Period are:

<<MERGED\_ClassWW>>

**II. YOUR ESTIMATED INDIVIDUAL CLASS PAYMENT**

Based upon the above numbers of Workweeks listed above, your estimated pre-tax Individual Class Payment is

\$<<MERGED\_ClassAward>>

**III. CHALLENGE TO WEEKS WORKED**

If you believe that the number of Workweeks stated above is correct, you do not have to do anything.

If you wish to dispute the number of Workweeks worked listed above, you must complete and postmark this Dispute Form, and provide all supporting information and/or documentation, to the Administrator by August 29, 2025.

***Check the box below ONLY if you wish to dispute the information listed above:***

☐ I wish to dispute the number of Workweeks listed above. I believe the correct amount of my Workweeks during the Class Period is \_\_\_\_\_. I have also included information and/or documentary evidence that support my dispute. I understand that, by submitting this dispute, I hereby authorize the Administrator to review Defendant’s records and make a determination as to the validity of my dispute based upon Defendant’s records as well as the records and information that I submit to the Administrator.

I declare under penalty of perjury under the laws of the State of California that the information I provided in this Dispute Form is true and correct.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

**THIS DISPUTE FORM MUST BE SIGNED, DATED, AND EITHER MAILED BY FIRST CLASS  
U.S. MAIL, POSTMARKED, FAXED OR EMAILED,  
NO LATER THAN AUGUST 29, 2025 TO:**

***Fritch v. The Coca-Cola Company Administrator***

**ILYM Group, Inc.**

**P.O. Box 2031**

**Tustin, CA 92781**

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