

**MUST BE RECEIVED
ON OR BEFORE
SEPTEMBER 13, 2010**

Bignardi v. Flextronics America, LLC Settlement Administration
c/o The Garden City Group, Inc.
P.O. Box 91088
Seattle, WA 98111-9188
Toll-Free: 1 (888) 404-8013

FXT



Claim No:

Control No:

REQUIRED ADDRESS INFORMATION OR CORRECTIONS	
If the pre-printed address to the left is incorrect or out of date, OR if there is no pre-printed data to the left, YOU MUST provide your current name and address here:	
Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>

Section 1

As discussed in the accompanying notice, you may be eligible to receive a substantial amount of money under the proposed class action settlement in the *Bignardi v. Flextronics America, LLC* [formerly Solectron] litigation. Based on preliminary estimates and assumptions that are subject to change, the average amount that Class Members are eligible to receive is approximately \$225 per week of active employment in a class position during the class period. For example, if you worked 52 weeks of eligible employment, and if you were recovering at the estimated average weekly rate, you would be paid \$11,700 (before tax withholding). (Your actual per-week settlement rate will be higher or lower than the average, depending on what your average pay rate was.)

Section 2

Pursuant to the Order of the Superior Court, dated July 12, 2010, **in order to receive payments resulting from the Proposed Settlement in this case, you must complete and sign this Claim Form** and return it in the pre-addressed, postage prepaid envelope (or otherwise by prepaid mail), so that it is received no later than September 13, 2010, to the following address:

Bignardi v. Flextronics America, LLC Settlement Administration
c/o The Garden City Group, Inc.
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Seattle, WA 98111-9188
Toll-Free: 1 (888) 404-8013

You MUST return the Claim Form so that it is received no later than September 13, 2010. To be sure that your claim has been received, you may want to send your claim by a delivery method that provides for you to receive a written confirmation of receipt.

If your Claim Form is not timely received, your claim will be rejected and not considered, honored, or processed (except in unusual circumstances if allowed and authorized under the proposed settlement) and you will not receive any money in connection with the settlement of this class action, although you will still be bound by the other provisions of the settlement approved by the Court (unless you have submitted a timely and proper request to be excluded from the settlement as discussed in the accompanying notice).

Section 3

Flextronics' records show that you were actively employed as an Area Team Leader or Territory Manager assigned to Verizon Wireless stores in California on the following dates during the Class Period.

Employment Dates in Class Period

Please make any necessary corrections
to the dates stated in the space provided below

_____ to _____



If you believe that these dates are incorrect, please check this box , and insert what you believe are the correct dates in the space provided at the bottom on page 1.

Challenges to dates of employment will only be considered if you submit supporting documentation.

If you are submitting such documents, please check this box:

By signing this form, you are agreeing that the only dates you worked as an Area Team Leader or Territory Manager assigned to Verizon Wireless stores in California during the Class Period are those listed, with any corrections you have made, and that you understand that any information you submit is subject to verification.

Section 4

Taxpayer Identification Number Certification - Substitute IRS Form W-9

Enter your Social Security Number: -- --

Under penalties of perjury, I certify that:

1. The Social Security Number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **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).

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.

Section 5

I have read and understand and agree that I am releasing claims as described in the accompanying notice, as more fully described in the Proposed Settlement. I have not assigned, pledged or otherwise transferred to any other person or entity my interest in any of the released claims.

If I am the executor and/or heir of a Class Member or a representative of a Class Member, I have provided details about the capacity in which I am submitting this Claim Form on separate sheets attached and enclosed.

I declare, under penalty of perjury under the laws of the State of California, that the information set forth above or as corrected by me is true and correct to the best of my knowledge.

Dated: _____

(Signature)

(Print Name)