

EXHIBIT “E”

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EXHIBIT 3

REQUEST FOR EXCLUSION ["OPT-OUT"] FORM

IF YOU CHOOSE TO "OPT-OUT," THIS DOCUMENT MUST BE RECEIVED NO LATER THAN [____], 2010.

PLEASE MAIL THIS EXCLUSION FORM BY FIRST-CLASS MAIL TO:

Development Specialists, Inc. at the following address:

**Kyle Everett
Development Specialists, Inc.
PO Box 26426
San Francisco, CA 94111**

IT IS MY DECISION NOT TO BE INCLUDED IN THE CLASS OF PLAINTIFFS IN THE CLASS ACTION LAWSUIT REFERENCED ABOVE. I ACKNOWLEDGE THAT BY OPTING-OUT OF THE PLAINTIFF CLASS, I RELINQUISH ANY BENEFITS I WOULD OTHERWISE RECEIVE AS A MEMBER OF THE PLAINTIFF CLASS, INCLUDING WARN DAMAGES AND DISPUTED CLAIMS RELATING TO ACCRUED, VESTED, AND UNUSED VACATION AND UNPAID WAGES. IF I WISH TO PURSUE MY CLAIMS, I WILL HAVE TO DO SO SEPARATE AND APART FROM THE CLASS ACTION.

DATED: _____

_____ (Signature)

_____ (Type or Print Name)

_____ (Address) _____ (Telephone Number)

_____ (Address Continued) _____ (Last Four Digits of Your Social Security Number)*

**The last four digits of your Social Security Number are required to match your name to the list of Plaintiff Class Members. This information will not be released to any third party, and will only be used by Class Counsel and the Debtor for purposes of this Lawsuit.*

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