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12 Attorneys for Plaintiffs
Rebecca Hannett, Mitzi Yaloha Burciaga and the Proposed Class
13

14 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

15 **FOR THE COUNTY OF ORANGE – CIVIL COMPLEX CENTER**

16 REBECCA HANNETT, individually, and
on behalf of other members of the general
17 public similarly situated; MITZI YALOAHA
BURCIAGA, individually, and on behalf of
18 other members of the general public
similarly situated and on behalf of other
19 aggrieved employees pursuant to the
California Private Attorneys General Act;

20 Plaintiffs,
21

22 vs.

23 SERENDIPITY HEARING, INC., an
unknown business entity; SERENDIPITY
HEARING, INC., a California corporation;
24 WILLARD CLAYTON GILILLAND,
individually; SONUS HEARING CARE
25 PROFESSIONALS, an unknown business
entity; and DOES 1 through 100, inclusive,
26

27 Defendants.
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Case No.: 30-2021-01216930-CU-OE-CXC
(Related to Case No.: 30-2021-01229201 and
Consolidated for Pre-Trial Purposes Only)

**DECLARATION OF KEVIN LEE ON
BEHALF OF PHOENIX CLASS ACTION
ADMINISTRATION SOLUTIONS IN
SUPPORT OF MOTION FOR FINAL
APPROVAL OF CLASS ACTION AND
PAGA SETTLEMENT**

Hearing Information:

Date: June 11, 2026
Time: 2:00 pm
Dept.: CX105
Judge: Hon. Melissa R. McCormick

DECLARATION OF KEVIN LEE

I, Kevin Lee, declare as follows:

1. I am a Case Manager at Phoenix Settlement Administrators (“Phoenix”), the Court-appointed Class Action Settlement Administrator for *Rebecca Hannett, et al. v. Serendipity Hearing, Inc., et al.* (the “Action”). I have personal knowledge of the facts stated herein and, if called upon to testify, I could and would testify competently to such facts.

2. Phoenix was selected by the Parties to provide notice of the Settlement and perform class administration duties in this Action. Pursuant to the *Class Action and PAGA Settlement Agreement* and *Second Amendment to Class Action and PAGA Settlement Agreement* (collectively “Settlement Agreement” or “Settlement”) for this matter, Phoenix was responsible for: (i) preparing, translating, printing, and mailing the *Court Approved Notice of Class Action and PAGA Settlement and Hearing Date for Final Court Approval* (“Notice”); (ii) responding to inquiries from Class Members; (iii) calculating the number of weeks each Class Member worked during the period from February 19, 2017 to March 1, 2024 (“Class Period”) and the number of workweeks that each Aggrieved Employee worked during the time period from February 29, 2020 to March 1, 2024 (“PAGA Period”); (iv) determining the validity of letters indicating a request to be excluded from the Class Settlement (“Requests for Exclusion”), written objections to the Class Settlement (“Objections”), and/or dispute regarding the number of Workweeks submitted by Class Members; (v) calculating the Net Settlement Amount and the Individual Settlement Payments to Class Members; (vi) calculating and issuing the Individual Settlement Payments and distributing them to Participating Class Members and Individual PAGA Payments to Aggrieved Employees; (vii) issuing the payment to Class Counsel for Class Counsel Fees Payment and Class Counsel Litigation Expenses Payment, the Class Representative Service Payments to both Plaintiffs, and the employer/employee payroll taxes to the appropriate taxing authorities; and (viii) such other tasks as set forth in the Settlement Agreement or as the Parties mutually agree or as the Court orders.

3. On February 17, 2026, and February 20, 2026, Phoenix received data files from Defense Counsel that contained names, last known mailing addresses, Social Security numbers, and

1 dates of employment for each Class Member (“Class Data”) during the Class Period. The final
2 mailing list contained three hundred thirty-seven (337) individuals identified as Class Members.

3 4. On February 24, 2026, Phoenix conducted a National Change of Address (“NCOA”)
4 search in an attempt to update the class list of addresses as accurately as possible. A search of this
5 database provides updated addresses for any individual who has moved in the previous four (4)
6 years and notified the U.S. Postal Service of their change of address.

7 5. On February 24, 2026, Phoenix mailed the Notice via U.S. first class mail, in English
8 and Spanish, to all three hundred thirty-seven (337) Class Members on the Class Data. A true and
9 correct copy of the mailed Notice is attached hereto as **Exhibit A**.

10 6. As of the date of this declaration, sixteen (16) Notices have been returned to Phoenix.
11 None were returned with a forwarding address. For the sixteen (16) Notices returned from the Post
12 Office without a forwarding address, Phoenix attempted to locate a current mailing address using
13 TransUnion TLOxp, one of the most comprehensive address databases available for skip tracing.
14 Of the sixteen (16) Notices that were skip traced, sixteen (16) updated addresses were obtained and
15 the Notice was promptly re-mailed to those Class Members via first class mail.

16 7. As of the date of this declaration, zero (0) Notices remain undeliverable.

17 8. As of the date of this declaration, Phoenix has received six (6) Requests for
18 Exclusion from Shiva Akhavan, Ana Carmona, Amy Castillo-Lopez, Eduardo de Santiago,
19 Mihiduni Ekanayake, and Deborah Morrison, true and correct copies of which are attached hereto
20 as **Exhibit B**. The deadline to request exclusion from the Class Settlement was April 6, 2026.

21 9. As of the date of this declaration, Phoenix has received one (1) Notice of Objection
22 from Class Members, a true and correct copy of which is attached hereto as **Exhibit C**, which
23 appears to have been submitted in error, as there is no supporting basis for the Objection. On March
24 23, 2026, and May 12, 2026, Phoenix contacted the Objector via phone and left voicemails both
25 times. As of this date, Phoenix has not been able to make direct contact with this individual. The
26 deadline for objecting to the Class Settlement was April 6, 2026.

1 10. As of the date of this declaration, Phoenix has received one (1) Workweek dispute
2 from Class Members. Following review of records with Defense Counsel, it was determined the
3 dispute should be approved, and the Class Member's credited workweeks were updated
4 accordingly. A true and correct copy of the dispute and documentation (redacted where appropriate)
5 received is attached hereto as **Exhibit D**. The deadline for submitting a dispute was April 6, 2026.

6 11. There are three hundred thirty-one (331) Class Members who did not submit timely
7 and valid Requests for Exclusion and are therefore deemed Participating Class Members,
8 representing approximately 98.23% of the Class. Participating Class Members have worked a
9 collective total of fourteen thousand six hundred fifty-one (14,651) Workweeks during the Class
10 Period. Each Workweek is valued at approximately \$10.93.

11 12. The Net Settlement Amount of \$160,072.46 available to pay Participating Class
12 Members was determined by subtracting the requested Class Counsel Fees Payment (\$97,500.00),
13 and Class Counsel Litigation Expenses Payment (\$18,477.54), requested Class Representative
14 Service Payments to Plaintiffs Hannett and Burciaga for \$5,000.00 each (totaling \$10,000.00),
15 PAGA Penalties (\$30,000.00), and the requested Administrator Expenses Payment (\$8,950.00)
16 from the Gross Settlement Amount (\$325,000.00).

17 13. Based upon the calculations stipulated in the Settlement, the highest Individual Class
18 Payment to be paid is approximately \$2,727.07, the lowest Individual Class Payment to be paid is
19 approximately \$10.93, while the average Individual Class Payment to be paid is approximately
20 \$483.60. Plaintiff Burciaga's estimated Individual Class Payment is \$314.66, and Plaintiff
21 Hannett's estimated Individual Class Payment is \$555.03. Participating Class Members will be
22 issued payment of their Individual Class Payments subject to reduction for the employee's share of
23 taxes and withholdings with respect to the wages portion of the Individual Class Payment.

24 14. Additionally, \$30,000.00 of the Gross Settlement Amount has been allocated toward
25 penalties under the Private Attorneys General Act ("PAGA Penalties"), of which 75%, or
26 \$22,500.00, shall be paid to the Labor and Workforce Development Agency ("LWDA"), and 25%,
27 or \$7,500.00, of which shall be paid to all current and former hourly non-exempt individuals who
28

1 are or were employed by Defendant during the PAGA Period. There are two hundred thirty-six
2 (236) Aggrieved Employees who worked a total of eight thousand nine hundred twenty-one (8,921)
3 workweeks during the PAGA Period. The highest Individual PAGA Payment to be paid is
4 approximately \$154.69, the lowest Individual PAGA Payment to be paid is approximately \$0.84,
5 and the average Individual PAGA Payment to be paid is approximately \$31.78. Plaintiff Burciaga's
6 estimated Individual PAGA Payment is \$17.65, and Plaintiff Hannett's estimated Individual PAGA
7 Payment is \$30.27.

8 15. Pursuant to the Settlement, Defendant has agreed to fund the employer-side taxes
9 due separately and apart from the Gross Settlement Amount.

10 16. Phoenix's costs associated with the administration of this matter are \$8,950.00. This
11 includes all costs incurred to date, as well as estimated costs involved in completing the settlement
12 distribution. A true and correct copy of the invoice from Phoenix is attached hereto as **Exhibit E**.

13
14 I declare under penalty of perjury of the laws of the State of California that the foregoing is
15 true and correct.

16 Executed on May 19, 2026, at Orange, California.

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18 
19 _____
20 KEVIN LEE
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Exhibit A

**COURT APPROVED NOTICE OF CLASS ACTION AND PAGA SETTLEMENT AND HEARING DATE FOR
FINAL COURT APPROVAL**

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC; *Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand*, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

***The Superior Court for the State of California authorized this Notice. Read it carefully!
It's not junk mail, spam, an advertisement, or solicitation by a lawyer. You are not being sued.***

You may be eligible to receive money from an employee class action lawsuit (“Action”) against Serendipity Hearing, Inc.; Sonus Hearing Care Professionals and Willard Clayton Gililand (collectively named as “Defendants”) for alleged wage and hour violations. The Action was filed by former employees of Defendants Serendipity Hearing, Inc. and Sonus Hearing Care Professionals, Mitzi Yaloha Burciaga and Rebecca Hannett, (“Plaintiffs”) and seeks payment of (1) back wages and penalties for a class of hourly-paid employees (“Class Members”) who worked for Defendants during the Class Period (February 19, 2017, to March 1, 2024); and (2) penalties under the California Private Attorney General Act (“PAGA”) for all hourly-paid employees who worked for Defendants during the PAGA Period (February 29, 2020 to March 1, 2024) (“Aggrieved Employees”).

The proposed Settlement has two main parts: (1) a Class Settlement requiring Defendants to fund Individual Class Payments, and (2) a PAGA Settlement requiring Defendants to fund Individual PAGA Payments and pay penalties to the California Labor and Workforce Development Agency (“LWDA”).

Based on Defendants’ records and the Parties’ current assumptions, **your Individual Class Payment is estimated to be «ESA_Before_Paga» (less withholding) and your Individual PAGA Payment is estimated to be «PAGA_Amount»**. The actual amount you may receive likely will be different and will depend on a number of factors. (If no amount is stated for your Individual PAGA Payment, then according to Defendants’ records you are not eligible for an Individual PAGA Payment under the Settlement because you didn’t work during the PAGA Period.)

The above estimates are based on Defendants’ records showing that **you worked «Total_Weeks» workweeks** during the Class Period, and **you worked «PAGA_Pay_Periods» pay periods** during the PAGA Period. If you believe that you worked more workweeks or pay periods during either period, you can submit a challenge by the deadline date. See [Section 4](#) of this Notice.

The Court has already preliminarily approved the proposed Settlement and approved this Notice. The Court has not yet decided whether to grant final approval. Your legal rights are affected whether you act or not act. Read this Notice carefully. You will be deemed to have carefully read and understood it. At the Final Approval Hearing, the Court will decide whether to finally approve the Settlement and how much of the Settlement will be paid to Plaintiffs and Plaintiffs’ attorneys (“Class Counsel”). The Court will also decide whether to enter a judgment that requires Defendants to make payments under the Settlement and requires Class Members and Aggrieved Employees to give up their rights to assert certain claims against Defendants.

If you worked for Defendants during the Class Period and/or the PAGA Period, you have two basic options under the Settlement:

- (1) **Do Nothing.** You don’t have to do anything to participate in the proposed Settlement and be eligible for an Individual Class Payment and/or an Individual PAGA Payment. As a Participating Class Member, though, you will give up your right to personally assert your own Class Period wage claims and PAGA Period penalty claims against Defendants because you will have been deemed to have settled those claims as a part of the proposed Settlement.
- (2) **Opt-Out of the Class Settlement.** You can exclude yourself from the Class Settlement (opt-out) by submitting the written Request for Exclusion or otherwise notifying the Administrator in writing. If you opt-out of the Settlement, you will not receive an Individual Class Payment. You will, however, preserve your right to personally pursue Class Period wage claims against Defendants, and, if you are an Aggrieved Employee, remain eligible for an Individual PAGA Payment. You cannot opt-out of the PAGA portion of the proposed Settlement.

Defendants cannot and will not retaliate against you for any actions you take with respect to the proposed Settlement.

SUMMARY OF YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT

You Don't Have to Do Anything to Participate in the Settlement	If you do nothing, you will be a Participating Class Member, eligible for an Individual Class Payment and an Individual PAGA Payment (if any). In exchange, you will give up your right to personally assert the wage claims against Defendants that are covered by this Settlement (Released Claims).
You Can Opt-out of the Class Settlement but not the PAGA Settlement The Opt-out Deadline is <u>April 6, 2026</u>	If you don't want to fully participate in the proposed Settlement, you can opt-out of the Class Settlement by sending the Administrator a written Request for Exclusion. Once excluded, you will be a Non-Participating Class Member and no longer eligible for an Individual Class Payment. Non-Participating Class Members cannot object to any portion of the proposed Settlement. See Section 6 of this Notice. You cannot opt-out of the PAGA portion of the proposed Settlement. Defendants must pay Individual PAGA Payments to all Aggrieved Employees and the Aggrieved Employees must give up their rights to pursue Released Claims (defined below).
Participating Class Members Can Object to the Class Settlement but not the PAGA Settlement Written Objections Must be Submitted by <u>April 6, 2026</u>	All Class Members who do not opt-out ("Participating Class Members") can object to any aspect of the proposed Settlement other than the PAGA Settlement. The Court's decision whether to finally approve the Settlement will include a determination of how much will be paid to Class Counsel and Plaintiff who pursued the Action on behalf of the Class. You are not personally responsible for any payments to Class Counsel or Plaintiff, but every dollar paid to Class Counsel and Plaintiffs reduces the overall amount paid to Participating Class Members. You can object to the amounts requested by Class Counsel or Plaintiffs if you think they are unreasonable. See Section 7 of this Notice.
You Can Participate in the <u>June 11, 2026</u>, Final Approval Hearing	The Court's Final Approval Hearing is scheduled to take place on <u>June 11, 2026, at 2:00 p.m.</u> You don't have to attend but you do have the right to appear (or hire an attorney to appear on your behalf at your own cost), in person, by telephone or by using the Court's virtual appearance platform. Participating Class Members can verbally object to the Settlement at the Final Approval Hearing. See Section 8 of this Notice.
You Can Challenge the Calculation of Your Workweeks/Pay Periods Written Challenges Must be Submitted by <u>April 6, 2026</u>	The amount of your Individual Class Payment and PAGA Payment (if any) depend on how many workweeks you worked at least one day during the Class Period and how many Pay Periods you worked at least one day during the PAGA Period, respectively. The number Class Period Workweeks and number of PAGA Period Pay Periods you worked according to Defendants' records is stated on the first page of this Notice. If you disagree with either of these numbers, you must challenge it by <u>April 6, 2026</u> . See Section 4 of this Notice.

1. WHAT IS THE ACTION ABOUT?

Plaintiffs are former employees of Defendants. The Action accuses Defendants of violating California labor laws by failing to pay overtime wages, minimum wages, wages due upon termination and reimbursable expenses and failing to provide meal periods, rest breaks and accurate itemized wage statements. Based on the same claims, Plaintiffs have also asserted a claim for civil penalties under the California Private Attorneys General Act (Labor Code §§ 2698, et seq.) ("PAGA"). Plaintiffs are represented by attorneys in the Action:

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Facsimile: (818) 265-1021

("Class Counsel.")

Defendants deny violating any laws or failing to pay any wages and contend that they complied with all applicable laws.

2. WHAT DOES IT MEAN THAT THE ACTION HAS SETTLED?

So far, the Court has made no determination whether Defendants or Plaintiffs are correct on the merits. In the meantime, rather than continuing the expensive and time-consuming process of litigation, the Parties, through counsel, engaged in discussions which ultimately led to a resolution. By signing a written settlement agreement ("Agreement") and agreeing to jointly ask the Court to enter a judgment ending the Action and enforcing the Agreement, Plaintiffs and Defendants have negotiated a proposed Settlement that is

subject to the Court's Final Approval. Both sides agree the proposed Settlement is a compromise of disputed claims. By agreeing to settle, Defendants do not admit any violations or concede the merit of any claims.

Plaintiffs and Class Counsel believe the Settlement is a good deal for you because they believe that: (1) Defendants have agreed to pay a fair, reasonable and adequate amount considering the strength of the claims and the risk, uncertainties and expense of continued litigation; and (2) Settlement is in the best interests of the Class Members and Aggrieved Employees. The Court preliminarily approved the proposed Settlement as fair, reasonable and adequate, authorized this Notice, and scheduled a hearing to determine Final Approval.

3. WHAT ARE THE IMPORTANT TERMS OF THE PROPOSED SETTLEMENT?

1. Defendants Will Pay \$325,000.00 as the Gross Settlement Amount (Gross Settlement). Defendants have agreed to deposit the Gross Settlement into an account controlled by the Administrator of the Settlement. The Administrator will use the Gross Settlement to pay the Individual Class Payments, Individual PAGA Payments, Class Representative Service Payment, Class Counsel's attorney's fees and expenses, the Administrator's expenses, and penalties to be paid to the California Labor and Workforce Development Agency ("LWDA"). Assuming the Court grants Final Approval, Defendants will fund the Gross Settlement not more than 14 days after the Judgment entered by the Court become final. The Judgment will be final on the date the Court enters Judgment, or a later date if Participating Class Members object to the proposed Settlement or the Judgment is appealed.
2. Court Approved Deductions from Gross Settlement. At the Final Approval Hearing, Plaintiff and/or Class Counsel will ask the Court to approve the following deductions from the Gross Settlement, the amounts of which will be decided by the Court at the Final Approval Hearing:
 - A. Up to \$97,500.00 (30% of the Gross Settlement) to Class Counsel for attorneys' fees and up to \$25,000 for their litigation expenses. To date, Class Counsel have worked on and incurred expenses on the Action without payment.
 - B. Up to \$5,000 to each named Plaintiff as a Class Representative Award for filing the Action, working with Class Counsel and for representing the Class. A Class Representative Award will be the only monies Plaintiff will receive other than Plaintiff's Individual Class Payment and any Individual PAGA Payment.
 - C. Up to \$10,000 to the Administrator for services administering the Settlement.
 - D. Up to \$30,000 for PAGA Penalties, allocated 75% to the LWDA PAGA Payment and 25% in Individual PAGA Payments to the Aggrieved Employees based on their PAGA Period Pay Periods.

Participating Class Members have the right to object to any of these deductions other than the PAGA allocations. The Court will consider all objections.

3. Net Settlement Distributed to Class Members. After making the above deductions in amounts approved by the Court, the Administrator will distribute the rest of the Gross Settlement (the "Net Settlement") by making Individual Class Payments to Participating Class Members based on their Class Period Workweeks.
4. Taxes Owed on Payments to Class Members. Plaintiffs and Defendants are asking the Court to approve an allocation of 50% of each Individual Class Payment to taxable wages ("Wage Portion") and 50% to interest and penalties ("Non-Wage Portion."). The Wage Portion is subject to withholding and will be reported on IRS W-2 Forms. Defendants will separately pay employer payroll taxes it owes on the Wage Portion.) The Individual PAGA Payments are counted as penalties rather than wages for tax purposes. The Administrator will report the Individual PAGA Payments and the Non-Wage Portions of the Individual Class Payments on IRS 1099 Forms.

Although Plaintiffs and Defendants have agreed to these allocations, neither side is giving you any advice on whether your Payments are taxable or how much you might owe in taxes. You are responsible for paying all taxes (including penalties and interest on back taxes) on any Payments received from the proposed Settlement. You should consult a tax advisor if you have any questions about the tax consequences of the proposed Settlement.

5. Need to Promptly Cash Payment Checks. The front of every check issued for Individual Class Payments and Individual PAGA Payments will show the date when the check expires (the void date). If you don't cash it by the void date, your check will be automatically cancelled, and the monies will be deposited with the California Controller's Unclaimed Property Fund in your name.

If the monies represented by your check is sent to the Controller's Unclaimed Property Fund, you should consult the rules of the Fund for instructions on how to retrieve your money.

6. Requests for Exclusion from the Class Settlement (Opt-Outs). You will be treated as a Participating Class Member, participating fully in the Class Settlement, unless you notify the Administrator in writing, not later than April 6, 2026, that you wish to opt-out. You may (but are not required to) use the Exclusion Form which is included with this Notice Packet. Alternatively, you may send to the Administrator your own written and signed letter setting forth your name, present address, telephone number, and a simple statement electing to be excluded from the Settlement. Excluded Class Members (i.e., Non-Participating Class Members) will not receive Individual Class Payments, but will preserve their rights to personally pursue wage and hour claims against Defendants.

You cannot opt-out of the PAGA portion of the Settlement. Class Members who exclude themselves from the Class Settlement (Non-Participating Class Members) remain eligible for Individual PAGA Payments and are required to give up their right to assert PAGA claims against Defendants based on the PAGA Period facts alleged in the Action.

7. The Proposed Settlement Will be Void if the Court Denies Final Approval. It is possible the Court will decline to grant Final Approval of the Settlement or decline enter a Judgment. It is also possible the Court will enter a Judgment that is reversed on appeal. Plaintiffs and Defendants have agreed that, in either case, the Settlement will be void: Defendants will not pay any money and Class Members will not release any claims against Defendants.
8. Administrator. The Court has appointed a neutral company, Phoenix Settlement Administrators (the “Administrator”) to send this Notice, calculate and make payments, and process Class Members’ Requests for Exclusion. The Administrator will also decide Class Member Challenges over Workweeks, mail and re- mail settlement checks and tax forms, and perform other tasks necessary to administer the Settlement. The Administrator’s contact information is contained in [Section 9](#) of this Notice.
9. Participating Class Members’ Release. After the Judgment is final and Defendants have fully funded the Gross Settlement and separately paid all employer payroll taxes, Participating Class Members will be legally barred from asserting any of the claims released under the Settlement. This means that unless you opted out by validly excluding yourself from the Class Settlement, you cannot sue, continue to sue, or be part of any other lawsuit against Defendants or related entities for wages based on the Class Period facts and PAGA penalties based on PAGA Period facts, as alleged in the Action and resolved by this Settlement.

The Participating Class Members will be bound by the following release:

All Participating Class Members, on behalf of themselves and their respective former and present representatives, agents, attorneys, heirs, administrators, successors, and assigns, release Released Parties from all claims that were, or reasonably could have been, alleged, based on the facts contained in the First Amended Complaint, which was filed on August 19, 2024 entitled Rebecca Hannett and Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc., Willard Clayton Gililand and Sonus Hearing Care Professionals, in case number 30-2021-01216930, which are the claims for Defendant’s alleged failure to provide meal and rest breaks, failure to pay for meal and rest break premiums pay in lieu thereof and at the correct rates paid for same, pay overtime wages and the correct rates paid for same (including for off-the-clock work or unpaid wages due to unlawful rounding), pay minimum or regular wages for all hours worked (including for off-the-clock work or unpaid wages due to unlawful rounding), pay timely wages during employment, pay all earned and accrued wages to discharged/separated employees, furnish accurate itemized wage statements, maintain required payroll records, and indemnify employees for business expenses in violation of Labor Code §§ 201-204, 210, 226, 226.3, 226.7, 510, 512, 551, 552, 558, 1174, 1174.5, 1194, 1194.2, 1197, 1197.1, 1198, 1198.5, 2802, Business and Professions Code § 17200, et seq. Participating Class Members do not release any other claims, including claims for vested benefits, wrongful termination, violation of the Fair Employment and Housing Act, unemployment insurance, disability, social security, workers’ compensation, or claims based on facts occurring outside the Class Period.

10. Aggrieved Employees’ PAGA Release. After the Court’s judgment is final, and Defendants have paid the Gross Settlement (and separately paid the employer-side payroll taxes), all Aggrieved Employees will be barred from asserting PAGA claims against Defendants, whether or not they exclude themselves from the Settlement and whether or not they cash their checks. This means that all Aggrieved Employees, including those who are Participating Class Members and those who opt-out of the Class Settlement, cannot sue, continue to sue, or participate in any other PAGA claim against Defendants or its related entities based on the PAGA Period facts alleged in the Action and resolved by this Settlement. The Aggrieved Employees’ Releases for Participating and Non-Participating Class Members are as follows:

All Aggrieved Employees are deemed to release, on behalf of themselves and their respective former and present representatives, agents, attorneys, heirs, administrators, successors, and assigns, the Released Parties from all claims for PAGA penalties that were alleged in the First Amended Complaint, which was filed on August 19, 2024 entitled Rebecca Hannett and Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc., Willard Clayton Gililand and Sonus Hearing Care Professionals, in case number 30-2021-01216930, as well as the August 25, 2021 PAGA Notice filed by Rebecca Hannett against Serendipity Hearing, Inc. and Willard Clayton Gililand and the June 22, 2023 PAGA Notice filed by Mitzi Yaloha Burciaga against Serendipity Hearing, Inc. and Sonus Hearing Care Professionals, which are the claims for Defendant’s alleged failure to provide meal and rest breaks, failure to pay for meal and rest break premiums pay in lieu thereof and at the correct rates paid for same, pay overtime wages and the correct rates paid for same (including for off-the-clock work or unpaid wages due to unlawful rounding), pay minimum or regular wages for all hours worked (including for off-the-clock work or unpaid wages due to unlawful rounding), pay timely wages during employment, pay all earned and accrued wages to discharged/separated employees, furnish accurate itemized wage statements, maintain required payroll records, and indemnify employees for business expenses in violation of Labor Code §§ 201-204, 210, 226, 226.3, 226.7, 510, 512, 551, 552, 558, 1174, 1174.5, 1194, 1194.2, 1197, 1197.1, 1198, 1198.5, 2802, and Labor Code section 2698, et seq.

4. HOW WILL THE ADMINISTRATOR CALCULATE MY PAYMENT?

1. Individual Class Payments. The Administrator will calculate Individual Class Payments by (a) dividing the Net Settlement Amount by the total number of Workweeks worked by all Participating Class Members, and (b) multiplying the result by the number of Workweeks worked by each individual Participating Class Member.
2. Individual PAGA Payments. The Administrator will calculate Individual PAGA Payments by (a) dividing \$7,500 by the total number of PAGA Pay Periods worked by all Aggrieved Employees and (b) multiplying the result by the number of PAGA Period Pay Periods worked by each individual Aggrieved Employee.
3. Workweek/Pay Period Challenges. The number of Class Workweeks you worked during the Class Period and the number of PAGA Pay Periods you worked during the PAGA Period, as recorded in Defendants' records, are stated in the first page of this Notice. You have until **April 6, 2026**, to challenge the number of Workweeks and/or Pay Periods credited to you. You can submit your challenge by signing and sending a letter to the Administrator via mail, email or fax. [Section 9](#) of this Notice has the Administrator's contact information.

You need to support your challenge by sending copies of pay stubs or other records. The Administrator will accept Defendants' calculation of Workweeks and/or Pay Periods based on Defendants' records as accurate unless you send copies of records containing contrary information. You should send copies rather than originals because the documents will not be returned to you. The Administrator will resolve Workweek and/or Pay Period challenges based on your submission and on input from Class Counsel (who will advocate on behalf of Participating Class Members) and Defendants' Counsel. The Administrator will make the initial decision on your challenge and the court may review any decision made by the Administrator

5. HOW WILL I GET PAID?

1. Participating Class Members. The Administrator will send, by U.S. mail, a single check to every Participating Class Member (i.e., every Class Member who doesn't opt-out) including those who also qualify as Aggrieved Employees. The single check will combine the Individual Class Payment and the Individual PAGA Payment.
2. Non-Participating Class Members. The Administrator will send, by U.S. mail, a single Individual PAGA Payment check to every Aggrieved Employee who opts out of the Class Settlement (i.e., every Non-Participating Class Member).

Your check will be sent to the same address as this Notice. If you change your address, be sure to notify the Administrator as soon as possible. [Section 9](#) of this Notice has the Administrator's contact information.

6. HOW DO I OPT-OUT OF THE CLASS SETTLEMENT?

Submit a written and signed letter with your name, present address, telephone number, and a simple statement that you do not want to participate in the Settlement. You may (but are not required to) use the Exclusion Form which is included with this Notice Packet. The Administrator will exclude you based on any writing communicating your request be excluded. Be sure to personally sign your request, identify the Action as the *Hannett* class action, the *Burciaga* class action, the *Serendipity Hearing, Inc.* class action or the *Sonus Hearing Care Professionals* class action, and include your identifying information (full name, address, telephone number, approximate dates of employment, and social security number for verification purposes). You must make the request yourself. If someone else makes the request for you, it will not be valid. **The Administrator must be sent your request to be excluded by fax, email or mail by April 6, 2026, or it will be invalid.** [Section 9](#) of the Notice has the Administrator's contact information.

7. HOW DO I OBJECT TO THE SETTLEMENT?

Only Participating Class Members (i.e., those who do not submit a Request for Exclusion) have the right to object to the Settlement. At least 16 business days before the December 18, 2025 Final Approval Hearing, Class Counsel and/or Plaintiff will file in Court (1) a Motion for Final Approval that includes, among other things, the reasons why the proposed Settlement is fair, and (2) a Motion for Fees, Litigation Expenses and Service Award stating (i) the amount Class Counsel is requesting for attorneys' fees and litigation expenses; and (ii) the amount Plaintiff is requesting as a Class Representative Service Award. Upon reasonable request, Class Counsel (whose contact information is in [Section 9](#) of this Notice) will send you copies of these documents at no cost to you. You can also view them on the Administrator's Website [hannett-v-serendipity-hearing.phoenixcases.com](https://www.hannett-v-serendipity-hearing.phoenixcases.com) or the Court's website <https://www.occourts.org/online-services/case-access>.

A Participating Class Member who disagrees with any aspect of the Agreement, the Motion for Final Approval and/or Motion for Fees, Litigation Expenses and Service Award may wish to object. **The deadline for sending written objections to the Administrator by fax, email or mail is April 6, 2026.** You may (but are not required to) use the Objection Form included with this Notice Packet. Be sure to tell the Administrator what you object to, why you object, and any facts that support your objection. Make sure you identify the Action as the *Hannett* class action, the *Burciaga* class action, the *Serendipity Hearing, Inc.* class action or the *Sonus Hearing Care Professionals* class action, and include your name, current address, telephone number, and approximate dates of employment for Defendants and sign the objection. [Section 9](#) of this Notice has the Administrator's contact information.

Alternatively, a Participating Class Member can object (or personally retain a lawyer to object at your own cost) by attending the Final Approval Hearing. You (or your attorney) should be ready to tell the Court what you object to, why you object, and any facts that support your objection. See [Section 8](#) of this Notice (immediately below) for specifics regarding the Final Approval Hearing.

8. CAN I ATTEND THE FINAL APPROVAL HEARING?

You can, but don't have to, attend the Final Approval Hearing on **June 11, 2026, at 2:00 p.m.** in Department CX105 of the Orange County Superior Court, located at 751 W. Santa Ana Blvd. Santa Ana, CA 92701. At the Hearing, the judge will decide whether to grant Final Approval of the Settlement and how much of the Gross Settlement will be paid to Class Counsel, Plaintiffs, and the Administrator. The Court will invite comment from objectors, Class Counsel and Defense Counsel before making a decision. You can attend (or hire a lawyer to attend) either personally or virtually via the Orange County Superior Court's Civil Remote Hearings platform at <https://acikiosk.azurewebsites.us/?dept=CX105>. Check the Court's website for the most current information.

It's possible the Court will reschedule the Final Approval Hearing. You should check the Administrator's website at hannett-v-serendipity-hearing.phoenixcases.com beforehand or contact Class Counsel to verify the date and time of the Final Approval Hearing.

9. HOW CAN I GET MORE INFORMATION?

The Agreement sets forth everything Defendants and Plaintiffs have promised to do under the proposed Settlement. The easiest way to read the Agreement, the Judgment or any other Settlement documents is to go to Phoenix Settlement Administrators' website at hannett-v-serendipity-hearing.phoenixcases.com. The Final Order and Judgment will be posted on the Administrator's website for at least 180 days. You can also telephone or send an email to Class Counsel or the Administrator using the contact information listed below, or consult the Superior Court website by going to (<https://www.occourts.org/online-services/case-access>) and entering the Case Number for the Action, Case No. 30-2021-01216930-CU-OE-CXC or Case No. 30-2021-01229201-CU-OE-CXC.

DO NOT TELEPHONE THE SUPERIOR COURT TO OBTAIN INFORMATION ABOUT THE SETTLEMENT.

Class Counsel:

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LAWYERS for JUSTICE, PC
450 N. Brand Blvd., Suite 900
Glendale, California 91203
Telephone: (818) 265-1020
Facsimile: (818) 265-1021

Settlement Administrator:

Phoenix Settlement Administrators
P.O. Box 7208, Orange, CA 92863
Telephone: (800) 523-5773
Facsimile: (949) 209-2503
Email: info@phoenixclassaction.com

10. WHAT IF I LOSE MY SETTLEMENT CHECK?

If you lose or misplace your settlement check before cashing it, the Administrator will replace it as long as you request a replacement before the void date on the face of the original check. If your check is already void, you should consult the State of California's Unclaimed Property Fund for instructions on how to retrieve the funds.

11. WHAT IF I CHANGE MY ADDRESS?

To receive your check, you should immediately notify the Administrator if you move or otherwise change your mailing address.

EL TRIBUNAL APROBÓ LA NOTIFICACIÓN DE DEMANDA COLECTIVA Y EL ACUERDO DE PAGA Y LA FECHA DE LA AUDIENCIA PARA LA APROBACIÓN FINAL DEL TRIBUNAL

Rebecca Hannett contra Serendipity Hearing, Inc., Tribunal Superior del Condado de Orange, n° de causa 30-2021-01216930-CU-OE-CXC; *Rebecca Hannett contra Serendipity Hearing, Inc. y Willard Clayton Gililland*, Tribunal Superior del Condado de Orange, n° de causa 30-2021-01229201-CU-OE-CXC; y *Mitzi Yaloha Burciaga contra Serendipity Hearing, Inc. y Sonus Hearing Care Professionals*, Tribunal Superior del Condado de Los Ángeles, n° de causa 23STCV24334.

El Tribunal Superior del estado de California autorizó esta Notificación. Léala atentamente.

No es correo basura, ni spam, ni un anuncio, ni una oferta personalizada de servicios de asistencia letrada. Usted no está siendo Demandado.

Usted puede reunir los requisitos para recibir dinero resultante de una Demanda colectiva de empleados (“Demanda”) contra Serendipity Hearing, Inc.; Sonus Hearing Care Professionals y Willard Clayton Gililland (denominados colectivamente como “Demandados”) por supuestos incumplimientos de salarios y horarios. La Demanda fue presentada por antiguas empleadas de los Demandados Serendipity Hearing, Inc. y Sonus Hearing Care Professionals, Mitzi Yaloha Burciaga y Rebecca Hannett, (“Demandantes”) y busca el pago de (1) salarios atrasados y sanciones para una clase de empleados pagados por hora (“Miembros de la Clase”) que fueron empleados por los Demandados durante el Período de la Clase (del 19 de febrero de 2017 al 1 de marzo de 2024); y (2) sanciones en virtud de la Ley General de Abogados Privados de California (“PAGA” por sus siglas en inglés) para todos los empleados pagados por hora que fueron empleados por los Demandados durante el Período PAGA (del 29 de febrero de 2020 al 1 de marzo de 2024) (“Empleados perjudicados”).

El Acuerdo Colectivo propuesto tiene dos partes principales: (1) un Acuerdo Colectivo que requiere que los Demandados financien Pagos Individuales de la Clase y (2) un Acuerdo PAGA que requiere que los Demandados financien Pagos PAGA Individuales y paguen sanciones a la Agencia para el Desarrollo del Trabajo y la Fuerza Laboral de California (“LWDA” por sus siglas en inglés).

Con base en los expedientes de los Demandados y en las suposiciones actuales de las Partes, **su Pago Individual de la Clase se estima que resulte ser de «ESA_Before_Paga» (menos la retención) y su Pago PAGA Individual se estima que resulte ser de «PAGA_Amount».** La cantidad real que usted pueda llegar a recibir probablemente será diferente y dependerá de una serie de factores. (Si no se indica ningún importe para su Pago PAGA Individual, entonces, según los expedientes de los Demandados, usted no tiene derecho a recibir un Pago PAGA Individual en virtud del Acuerdo porque no trabajó durante el Período PAGA).

Las estimaciones anteriores se basan en los registros de los Demandados que muestran que **usted trabajó «Total_Weeks» semanas laborales** durante el Período de Clase y **usted trabajó «PAGA_Pay_Periods» períodos de pago** durante el Período PAGA. Si cree que trabajó más Semanas Laborales o períodos de pago durante cualquiera de los dos períodos, puede presentar una impugnación antes de la fecha límite. Consulte la **Sección 4** de esta Notificación.

El Tribunal ha aprobado preliminarmente el Acuerdo propuesto y ha aprobado esta Notificación. El Tribunal aún no ha decidido si concederá la aprobación definitiva. Sus derechos legales se verán afectados tanto si actúa como si no. Lea atentamente esta Notificación. Se considerará que lo ha entendido después de haberlo leído cuidadosamente. En la Audiencia de Aprobación Definitiva, el Tribunal decidirá si aprueba definitivamente el Acuerdo y qué parte del mismo se pagará a las Demandantes y a los abogados de las Demandantes (“Abogados de la Clase”). El Tribunal también decidirá si dicta una sentencia que obligue a los Demandados a realizar los pagos previstos en el Acuerdo y exija a los Miembros de la Clase y a los Empleados Agraviados que renuncien a sus derechos a hacer valer determinadas reclamaciones contra los Demandados.

Si usted fue empleado por los Demandados durante el Período de la Clase y/o el Período PAGA tiene dos opciones básicas en virtud del Acuerdo:

- (1) **No hacer nada.** No tiene que hacer nada para participar en el Acuerdo Colectivo propuesto y reunir los requisitos para recibir un Pago Individual de la Clase y/o un Pago PAGA Individual. Sin embargo, como Miembro Participante de la Clase, renunciará a su derecho de hacer valer personalmente sus propias reclamaciones salariales del Período de la Clase y las reclamaciones de penalización del Período PAGA contra los Demandados, ya que se habrá considerado que ha transigido con dichas reclamaciones como parte del Acuerdo propuesto.
- (2) **Exclusión voluntaria del Acuerdo Colectivo.** Puede excluirse del Acuerdo Colectivo presentando la Solicitud de Exclusión por escrito o de otro modo notificándose por escrito al Administrador. Si opta por excluirse del Acuerdo Colectivo, no recibirá un Pago Individual de la Clase. Sin embargo, conservará su derecho a presentar personalmente reclamaciones salariales del Período de la Clase contra los Demandados y, si es un Empleado Agraviado, seguirá teniendo derecho a un Pago PAGA Individual. Usted no puede optar por excluirse de la parte PAGA del Acuerdo propuesto.

Los Demandados no pueden tomar ni tomarán represalias contra usted por ninguna acción que usted tome con respecto al Acuerdo propuesto.

RESUMEN DE SUS DERECHOS Y OPCIONES LEGALES EN ESTE ACUERDO

No tiene que hacer nada para participar en el Acuerdo	Si no hace nada, será un Miembro Participante de la Clase con derecho a un Pago Individual de la Clase y a un Pago PAGA Individual (si lo hubiera). A cambio, renunciará a su derecho a hacer valer personalmente las reclamaciones salariales contra los Demandados cubiertas por este Acuerdo (Reclamaciones Exoneradas).
Puede optar por no participar en el Acuerdo Colectivo, pero no en el Acuerdo PAGA La fecha límite para optar por no participar es <u>6 de abril de 2026</u>	Si no desea participar plenamente en el Acuerdo Colectivo propuesto puede excluirse del mismo enviándole al Administrador una Solicitud de Exclusión por escrito. Una vez excluido, será un Miembro No Participante de la Clase y ya no podrá optar a un Pago Individual de la Clase. Los Miembros No Participantes de la Clase no pueden oponerse a ninguna parte del Acuerdo Colectivo propuesto. Véase la Sección 6 de esta Notificación. Usted no puede optar por excluirse de la parte PAGA del Acuerdo propuesto. Los Demandados deben pagar Pagos PAGA Individuales a todos los Empleados Agravados y los Empleados Agravados deben renunciar a sus derechos de presentar Reclamaciones Exoneradas (definidas a continuación).
Los Miembros Participantes de la Clase pueden objetarse al Acuerdo Colectivo, pero no al Acuerdo PAGA Las objeciones por escrito deben presentarse antes del <u>6 de abril de 2026</u>	Todos los Miembros Participantes de la Clase que no se excluyan (“Miembros Participantes de la Clase”) pueden objetarse a cualquier aspecto del Acuerdo propuesto que no sea el Acuerdo PAGA. La decisión del Tribunal sobre la aprobación definitiva del Acuerdo incluirá la determinación de la cantidad que se pagará a los Abogados de la Clase y a las Demandantes que ejercieron la Demanda en nombre de la Clase. Usted no es personalmente responsable de ningún pago a los Abogados de la Clase o a las Demandantes, pero cada dólar pagado a los Abogados de la Clase y a las Demandantes reduce la cantidad total pagada a los Miembros Participantes de la Clase. Puede oponerse a las cantidades solicitadas por los Abogados de la Clase o las Demandantes si considera que no son razonables. Consulte la Sección 7 de esta Notificación.
Puede participar en la Audiencia de Aprobación Definitiva del 11 de junio de 2026	La Audiencia de Aprobación Definitiva del Tribunal está prevista para el 11 de junio de 2026 a las 2:00 p.m. No tiene que asistir, pero sí tiene derecho a comparecer (o a contratar a un abogado para que comparezca en su nombre a su propio costo), en persona, por teléfono o utilizando la plataforma de comparecencia virtual del Tribunal. Los Miembros Participantes de la Clase pueden oponerse verbalmente al Acuerdo en la Audiencia de Aprobación Definitiva. Véase la Sección 8 de esta Notificación.
Puede impugnar el cálculo de sus Semanas Laborales/Períodos de Pago Las impugnaciones por escrito deben presentarse antes del <u>6 de abril de 2026</u>	El importe de su Pago Individual de la Clase y de su Pago PAGA (en su caso) dependerá del número de Semanas Laborales que haya trabajado al menos un día durante el Período de la Clase y del número de Períodos de Pago que haya trabajado al menos un día durante el Período PAGA, respectivamente. El número de Semanas Laborales del Período de Clase y el número de Períodos de Pago del Período PAGA que usted trabajó según los registros de los Demandados figura en la primera página de esta Notificación. Si no está de Acuerdo con alguna de estas cifras, debe impugnarla mediante 6 de abril de 2026 . Véase la Sección 4 de esta Notificación.

1. ¿DE QUÉ SE TRATA LA DEMANDA?

Las Demandantes son antiguas empleadas de los Demandados. La Demanda acusa a los Demandados de incumplir las leyes laborales de California al no pagar los salarios por horas extraordinarias, los salarios mínimos, los salarios debidos en caso de despido y los gastos reembolsables y al no proporcionar períodos de comida, descansos y declaraciones salariales detalladas y precisas. Basándose en las mismas reclamaciones, las Demandantes también han hecho valer una reclamación de sanciones civiles en virtud de la Ley General de Abogados Privados de California (Código Laboral §§ 2698, y siguientes) (“PAGA”). Las Demandantes están representadas por abogados en la demanda:

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(“Abogados de la Clase”).

Los Demandados niegan haber incumplido ley alguna o el haber faltado a pago salarial alguno y sostienen que cumplieron con todas las leyes aplicables.

2. ¿QUÉ SIGNIFICA QUE LA DEMANDA SE HA RESUELTO?

Hasta ahora, el Tribunal no ha determinado si los Demandados o las Demandantes tienen razón en cuanto al fondo. Mientras tanto, en lugar de continuar con el costoso y largo proceso del litigio, las Partes, a través de sus abogados, entablaron conversaciones que finalmente condujeron a una resolución. Mediante la firma de un Acuerdo de conciliación por escrito (“Acuerdo”) y acordando solicitar conjuntamente al Tribunal que dicte una sentencia que ponga fin a la Demanda y haga cumplir el Acuerdo, las Demandantes y los Demandados han negociado una propuesta de Acuerdo que está sujeta a la Aprobación Definitiva del Tribunal. Ambas partes están de Acuerdo en que el Acuerdo propuesto es un compromiso de las reclamaciones en disputa. Al aceptar llegar a un Acuerdo, los Demandados no admiten incumplimiento alguno ni conceden el mérito de reclamación alguna.

Las Demandantes y los Abogados de la Clase consideran que el Acuerdo le conviene a usted porque creen que (1) Los Demandados han acordado pagar una cantidad justa, razonable y adecuada teniendo en cuenta la solidez de las reclamaciones y el riesgo, las incertidumbres y los gastos de un litigio continuado; y (2) El Acuerdo es lo mejor para los Miembros de la Clase y los Empleados Agraviados. El Tribunal aprobó preliminarmente el Acuerdo propuesto como justo, razonable y adecuado, autorizó esta Notificación y programó una audiencia para determinar la Aprobación Definitiva.

3. ¿CUÁLES SON LOS TÉRMINOS IMPORTANTES DEL ACUERDO PROPUESTO?

1. Los Demandados Pagarán \$325,000.00 como el Monto Bruto del Acuerdo (Acuerdo Bruto). Los Demandados han acordado depositar el Acuerdo Bruto en una cuenta controlada por el Administrador del Acuerdo. El Administrador utilizará el Acuerdo Bruto para pagar los Pagos Individuales de la Clase, los Pagos PAGA Individuales, el Pago por Servicios del Representante de la Clase, los honorarios y gastos de los abogados del Abogado de la Clase, los gastos del Administrador y las multas que se pagarán a la Agencia para el Desarrollo del Trabajo y la Fuerza Laboral de California ("LWDA"). Suponiendo que el Tribunal conceda la Aprobación Definitiva, los Demandados financiarán el Acuerdo Bruto no más de 14 días después de que la Sentencia dictada por el Tribunal sea definitiva. La Sentencia será definitiva en la fecha en que el Tribunal dicte Sentencia, o en una fecha posterior si los Miembros Participantes de la Clase se oponen al Acuerdo propuesto o se apela la Sentencia.
2. Deducciones del Acuerdo Bruto Aprobadas por el Tribunal. En la Audiencia de Aprobación Definitiva, las Demandantes y/o los Abogados de la Clase le solicitarán al Tribunal que apruebe las siguientes deducciones del Acuerdo Bruto, cuyos importes serán decididos por el Tribunal en la Audiencia de Aprobación Definitiva:
 - A. Hasta \$97,500.00 (30% del Acuerdo Bruto) a los Abogados de la Clase por concepto de honorarios de abogados y hasta \$25,000 por sus gastos de litigio. Hasta la fecha, los Abogados de la Clase han trabajado e incurrido en gastos en la Demanda sin recibir pago alguno.
 - B. Hasta \$5,000 a cada Demandante nombrado como Adjudicación del Representante de la Clase por presentar la Demanda, trabajar con el Abogado de la Clase y por representar a la Clase. La Adjudicación del Representante de la Clase será el único dinero que las Demandante recibirán aparte del Pago Individual de la Clase de las Demandantes y cualquier Pago PAGA Individual.
 - C. Hasta \$10,000 al Administrador por servicios de administración del Acuerdo.
 - D. Hasta \$30,000 para las Penalidades PAGA, asignándose 75% al Pago PAGA de la LWDA y 25% en Pagos PAGA Individuales a los Empleados Agraviados con base en sus Períodos de Pago PAGA.

Los Miembros Participantes de la Clase tienen derecho a objetarse a cualquiera de estas deducciones que no sean las asignaciones PAGA. El Tribunal considerará todas las objeciones.

3. Acuerdo Neto Distribuido a los Miembros de la Clase. Después de realizar las deducciones anteriores en las cantidades aprobadas por el Tribunal, el Administrador distribuirá el resto del Acuerdo Bruto (el "Acuerdo Neto") realizando Pagos Individuales de la Clase a los Miembros Participantes de la Clase en base a sus Semanas Laborales del Período de la Clase.
4. Impuestos adeudados sobre los pagos a los miembros de la Clase. Las Demandantes y los Demandados le solicitan al Tribunal que apruebe una asignación del 50% de cada Pago Individual de la Clase a salarios sujetos a impuestos ("Porción Salarial") y del 50% a intereses y multas ("Porción No Salarial"). La Porción Salarial está sujeta a retención y se declarará en los Formularios W-2 del IRS. Los Demandados pagarán por separado los impuestos sobre la nómina del empleador que adeude sobre la Porción Salarial. Los Pagos PAGA Individuales se contabilizan como sanciones y no como salarios a efectos fiscales. El Administrador reportará los Pagos PAGA Individuales y las Porciones No Salariales de los Pagos Individuales de la Clase en los Formularios 1099 del IRS.

Aunque las Demandantes y los Demandados han acordado estas asignaciones, ninguna de las partes le está dando ningún consejo sobre si sus Pagos están sujetos a impuestos o cuánto podría deber en impuestos. Usted es responsable de pagar todos los impuestos (incluidas las multas y los intereses sobre impuestos atrasados) sobre cualquier Pago recibido del Acuerdo propuesto. Debe consultar con un asesor fiscal si tiene alguna duda sobre las consecuencias fiscales del Acuerdo propuesto.

5. Necesidad de cobrar con prontitud los cheques de pago. El anverso de cada cheque emitido para Pagos Individuales de la Clase y Pagos PAGA Individuales mostrará la fecha en la que el caduca el cheque (la fecha de anulación). Si no lo cobra antes de la fecha de caducidad, su cheque se anulará automáticamente y el dinero se depositará en el Fondo de Propiedad No Reclamada del Controlador de California a su nombre.

Si el dinero que representa su cheque se envía al Fondo de Propiedad No Reclamada del Controlador, deberá consultar las normas del Fondo para obtener instrucciones sobre cómo recuperar su dinero.

6. Solicitudes de Exclusión del Acuerdo Colectivo. Se le tratará como Miembro Participante de la Clase, participando plenamente en el Acuerdo Colectivo, a menos que le notifique por escrito al Administrador a más tardar el _____ que desea excluirse. Puede (pero no está obligado a) utilizar el Formulario de Exclusión que se incluye con este Paquete de Notificación. Alternativamente, puede enviar su propia carta escrita y firmada al Administrador con su nombre, la dirección actual, número de teléfono y una declaración simple donde solicita ser excluido de la Declaración. Los Miembros de la Clase excluidos (es decir, los Miembros No Participantes de la Clase) no recibirán Pagos Individuales de la Clase, pero conservarán sus derechos a presentar personalmente Demandas por salarios y horas contra los Demandados.

No puede excluirse de la parte PAGA del Acuerdo. Los Miembros Participantes de la Clase que se excluyan del Acuerdo Colectivo (Miembros No Participantes de la Clase) seguirán reuniendo los requisitos para recibir los Pagos PAGA Individuales y deberán renunciar a su derecho de hacer valer reclamaciones PAGA contra los Demandados con base en los hechos del Período PAGA alegados en la Demanda.

7. El Acuerdo Propuesto será Nulo si el Tribunal Deniega la Aprobación Definitiva. Es posible que el Tribunal se niegue a conceder la Aprobación Definitiva del Acuerdo o se niegue a dictar una Sentencia. También es posible que el Tribunal dicte una Sentencia que sea revocada en apelación. Las Demandantes y los Demandados han acordado que, en cualquiera de los dos casos, el Acuerdo será nulo: Los Demandados no pagarán dinero alguno y los Miembros de la Clase no renunciarán a ninguna reclamación contra los Demandados.
8. Administrador. El Tribunal ha designado a una empresa neutral, Phoenix Settlement Administrators (el “Administrador”) para que envíe esta Notificación, calcule y efectúe los pagos y tramite las Solicitudes de Exclusión de los Miembros de la Clase. El Administrador también decidirá las Recusaciones de los Miembros de la Clase durante las Semanas Laborales, enviará y volverá a enviar los cheques del Acuerdo y los formularios fiscales, y realizará otras tareas necesarias para administrar el Acuerdo. La información de contacto del Administrador figura en la [Sección 9](#) de esta Notificación.
9. Liberación de los Miembros Participantes de la Clase. Una vez que la Sentencia sea definitiva y los Demandados hayan financiado totalmente el Acuerdo Bruto y pagado por separado todos los impuestos sobre la nómina del empleador, los Miembros Participantes de la Clase estarán legalmente impedidos de hacer valer cualquiera de las Demandas liberadas en virtud del Acuerdo. Esto significa que, a menos que usted haya optado por excluirse válidamente del Acuerdo Colectivo, no podrá Demandar, continuar Demandando ni ser parte de ninguna otra Demanda contra los Demandados o entidades relacionadas por salarios basados en los hechos del Período de la Clase y sanciones PAGA basadas en los hechos del Período PAGA, según se alega en la Demanda y se resuelve mediante este Acuerdo.

Los Miembros Participantes de la Clase estarán obligados por el siguiente descargo:

Todos los Miembros Participantes de la Clase, en nombre propio y en el de sus respectivos representantes, agentes, abogados, herederos, administradores, sucesores y cesionarios anteriores y actuales, eximen a las Partes Exoneradas de todas las reclamaciones que fueron, o razonablemente podrían haber sido, alegadas, basadas en los hechos contenidos en la Primera Demanda Enmendada, que fue presentada el 19 de agosto de 2024 titulada Rebecca Hannett y Mitzi Yaloha Burciaga c. Serendipity Hearing, Inc, Willard Clayton Gililland y Sonus Hearing Care Professionals, en el caso número 30-2021-01216930, que son las reclamaciones por la supuesta falta del Demandado de proporcionar períodos para comidas y descansos, falta de pago de compensaciones adicionales por períodos de comidas y descansos no proporcionados y a las tarifas correctas correspondientes, falta de pago de horas extras y a las tarifas correctas correspondientes (incluyendo por trabajo fuera de horario o salarios no pagados debido a redondeo ilegal), pagar salarios mínimos o regulares por todas las horas trabajadas (incluido el trabajo fuera de horario o los salarios no pagados debido al redondeo ilegal), pagar puntualmente los salarios durante el empleo, pagar todos los salarios devengados y acumulados a los empleados despedidos/separados, proporcionar declaraciones salariales detalladas y precisas, mantener los registros de nóminas requeridos e indemnizar a los empleados por los gastos empresariales en incumplimiento de los §§ 201-204, 210, 226, 226.3, 226.7, 510 y 226.8.3, 226.7, 510, 512, 551, 552, 558, 1174, 1174.5, 1194, 1194.2, 1197, 1197.1, 1198, 1198.5, 2802 del Código Laboral, Código de Negocios y Profesiones § 17200, y siguientes. Los Miembros Participantes de la Clase no renuncian a ninguna otra reclamación, incluidas las reclamaciones por prestaciones adquiridas, despido improcedente, violación de la Ley de Empleo y Vivienda Justos, seguro de desempleo, incapacidad, seguridad social, indemnización laboral o reclamaciones basadas en hechos ocurridos fuera del Período de la Clase.

10. Liberación PAGA de los Empleados Agraviados. Una vez que la sentencia del Tribunal sea definitiva, y los Demandados hayan pagado el Acuerdo bruto (y pagado por separado los impuestos sobre la nómina del lado del empleador), todos los Empleados perjudicados quedarán impedidos de hacer valer reclamaciones PAGA contra los Demandados, independientemente de que se excluyan o no del Acuerdo y de que cobren o no sus cheques. Esto significa que todos los Empleados Agraviados, incluidos los que sean Miembros Participantes de la Clase y los que opten por excluirse del Acuerdo Colectivo, no podrán Demandar, seguir Demandando ni participar en ninguna otra reclamación PAGA contra los Demandados o sus entidades relacionadas con base en los hechos del Período PAGA alegados en la Demanda y resueltos por este Acuerdo. Las Exoneraciones de los Empleados Agraviados para los Miembros Participantes y No Participantes de la Clase son las siguientes:

Se considera que todos los Empleados Agraviados eximen, en su nombre y en el de sus respectivos representantes anteriores y actuales, agentes, abogados, herederos, administradores, sucesores y cesionarios, a las Partes Exoneradas de todas las reclamaciones por sanciones PAGA que se alegaron en la Primera Demanda Enmendada, que se presentó el 19 de agosto de 2024 con el título Rebecca Hannett y Mitzi Yaloha Burciaga c. Serendipity Hearing, Inc, Willard Clayton Gililland y Sonus Hearing Care Professionals, en el caso número 30-2021-01216930, así como la Notificación PAGA del 25 de agosto de 2021 presentada por Rebecca Hannett contra Serendipity Hearing, Inc. y Willard Clayton Gililland y la Notificación PAGA del 22 de junio de 2023 presentada por Mitzi Yaloha Burciaga contra Serendipity Hearing, Inc. y Sonus Hearing Care Professionals, que son las reclamaciones por la supuesta falta del Demandado de proporcionar períodos para comidas y descansos, falta de pago de compensaciones adicionales por períodos de comidas y descansos no proporcionados y a las tarifas correctas correspondientes, falta de pago de horas extras y a las tarifas correctas

correspondientes (incluyendo por trabajo fuera de horario o salarios no pagados debido a redondeos ilegales), pagar salarios mínimos o regulares por todas las horas trabajadas (incluido el trabajo fuera de horario o los salarios no pagados debido a redondeos ilegales), pagar puntualmente los salarios durante el empleo, pagar todos los salarios devengados y acumulados a los empleados despedidos/separados, proporcionar declaraciones salariales detalladas y precisas, mantener los registros de nóminas requeridos e indemnizar a los empleados por los gastos empresariales en incumplimiento de las §§ 201-204, 210, 226, 226.3, 226.7, 510 y 226.8.3, 226.7, 510, 512, 551, 552, 558, 1174, 1174.5, 1194, 1194.2, 1197, 1197.1, 1198, 1198.5, 2802 del Código Laboral, y la sección 2698 y siguientes del Código Laboral.

4. ¿CÓMO CALCULARÁ EL ADMINISTRADOR MI PAGO?

1. Pagos Individuales de la Clase. El Administrador calculará los Pagos Individuales de la Clase (a) dividiendo el Monto Neto del Acuerdo por el número total de Semanas Laborales trabajadas por todos los Miembros Participantes de la Clase, y (b) multiplicando el resultado por el número de Semanas Laborales trabajadas por cada Miembro Participante de la Clase individual.
2. Pagos PAGA Individuales. El Administrador calculará los Pagos PAGA Individuales (a) dividiendo \$ ____ entre el número total de Períodos de Pago PAGA trabajados por todos los Empleados Agravados y (b) multiplicando el resultado por el número de Períodos de Pago PAGA trabajados por cada Empleado Agravado individual.
3. Impugnaciones de Semanas Laborales/Períodos de Pago. El número de Semanas Laborales de Clase que usted trabajó durante el Período de Clase y el número de Períodos de Pago PAGA que trabajó durante el Período PAGA, según consta en los expedientes de los Demandados se indican en la primera página de esta Notificación. Usted tiene hasta el **6 de abril de 2026** para impugnar el número de Semanas Laborales y/o Períodos de Pago que se le han acreditado. Puede presentar su impugnación firmando y enviando una carta al Administrador por correo, correo electrónico o fax. En la [Sección 9](#) de esta Notificación encontrará los datos de contacto del Administrador.

Debe apoyar su impugnación enviando copias de los talones de pago u otros comprobantes. El Administrador aceptará el cálculo de Semanas Laborales y/o Períodos de Pago de los Demandados con base en los expedientes de los Demandados como preciso a menos que usted envíe copias de documentos que contengan información contraria. Debe enviar copias en lugar de originales porque éstos no le serán devueltos. El Administrador resolverá las impugnaciones de Semanas Laborales y/o Períodos de Pago con base en su presentación y en las aportaciones de los Abogados de la Clase (que abogarán en nombre de los Miembros Participantes de la Clase) y de los Abogados de los Demandados. El Administrador tomará la decisión inicial sobre su impugnación y el Tribunal podrá revisar cualquier decisión tomada por el Administrador.

5. ¿CÓMO SE ME PAGARÁ?

1. Miembros Participantes de la Clase. El Administrador enviará, por correo de Estados Unidos un cheque único a cada Miembro Participante de la Clase (es decir, a cada Miembro Participante de la Clase que no opte por la exclusión) incluyendo a aquellos que también califiquen como Empleados Agravados. El cheque único combinará el Pago Individual de la Clase y el Pago PAGA Individual.
2. Miembros No Participantes de la Clase. El Administrador enviará, por correo de Estados Unidos un único cheque de Pago PAGA Individual a cada Empleado Agravado que opte por no participar en el Acuerdo Colectivo (es decir, a cada Miembro No Participante de la Clase).

Su cheque se enviará a la misma dirección que se usó para enviarle esta Notificación. Si cambia de dirección, asegúrese de notificárselo al Administrador lo antes posible. La [Sección 9](#) de esta Notificación contiene la información de contacto del Administrador.

6. ¿CÓMO PUEDO EXCLUIRME DEL ACUERDO COLECTIVO?

Envíe una carta escrita y firmada con su nombre, dirección actual, número de teléfono y una declaración sencilla de que no desea participar en el Acuerdo. Puede (pero no está obligado a) utilizar el Formulario de Exclusión que se incluye con este Paquete de Notificación. El Administrador le excluirá basándose en cualquier escrito que comunique su solicitud de ser excluido. Asegúrese de firmar personalmente su solicitud, identificar la Demanda como la Demanda Colectiva de *Hannett*, la Demanda Colectiva de *Burciaga*, la Demanda Colectiva de *Serendipity Hearing, Inc.* o la Demanda Colectiva de *Sonus Hearing Care Professionals*, e incluir sus datos identificativos (nombre completo, dirección, número de teléfono, fechas aproximadas de empleo y número de la seguridad social a efectos de verificación). Debe realizar la solicitud usted mismo. Si otra persona realiza la solicitud por usted, ésta no será válida. **Deberá enviar al administrador su solicitud de exclusión por fax, correo electrónico o correo postal antes del 6 de abril de 2026 o no será válida.** En la [Sección 9](#) de la Notificación encontrará los datos de contacto del Administrador.

7. ¿CÓMO PUEDO Oponerme al Acuerdo?

Sólo los Miembros Participantes de la Clase (es decir, aquellos que no presenten una Solicitud de Exclusión) tienen derecho a objetarse al Acuerdo. Al menos 16 días hábiles antes de la Audiencia de Aprobación Definitiva del 18 de diciembre de 2025, los Abogados de la Clase y/o las Demandantes presentarán ante el Tribunal (1) una Petición de Aprobación Definitiva que incluya, entre otras cosas, las razones por las que el Acuerdo propuesto es justo, y (2) una Petición de Honorarios, Gastos de Litigio y Adjudicación de Servicios que indique (i) la cantidad que solicitan los Abogados de la Clase en concepto de honorarios de abogados y gastos de litigio; y (ii) la cantidad que solicita las Demandantes como Adjudicación de Servicios del Representante de la Clase. Previa solicitud razonable, los Abogados de la Clase (cuyos datos de contacto figuran en la [Sección 9](#) de esta Notificación) le enviarán copias de estos documentos sin costo alguno para usted. También puede consultarlos en el sitio web del Administrador [hannett-v-serendipity-hearing.phoenixcases.com](https://www.hannett-v-serendipity-hearing.phoenixcases.com) o en el sitio web del Tribunal <https://www.occourts.org/online-services/case-access>.

Un Miembro Participante de la Clase que no esté de Acuerdo con cualquier aspecto del Acuerdo, la Moción de Aprobación Definitiva y/o la Moción de Honorarios, Gastos de Litigio y Adjudicación de Servicios puede desear objetar. **La fecha límite para enviarle objeciones por escrito al Administrador por fax, correo electrónico o correo postal es 6 de abril de 2026.** Puede (pero no está obligado a) utilizar el Formulario de Objeción incluido en este Paquete de Notificación. Asegúrese de decirle al Administrador a qué se opone, por qué se opone y cualquier hecho que apoye su objeción. Asegúrese de identificar la Demanda como la Demanda Colectiva de *Hannett*, la Demanda Colectiva de *Burciaga*, la Demanda Colectiva de *Serendipity Hearing, Inc.* o la Demanda Colectiva de *Sonus Hearing Care Professionals*, e incluya su nombre, dirección actual, número de teléfono y fechas aproximadas de empleo de los Demandados y firme la objeción. La [Sección 9](#) de esta Notificación contiene la información de contacto del Administrador.

Alternativamente, un Miembro Participante de la Clase puede objetarse (o contratar personalmente a un abogado para que objete a su propio costo) asistiendo a la Audiencia de Aprobación Definitiva. Usted (o su abogado) debe estar preparado para comunicar al Tribunal a qué se opone, por qué se opone y cualquier hecho que apoye su objeción. Consulte la **Sección 8** de esta Notificación (inmediatamente a continuación) para obtener información específica sobre la Audiencia de Aprobación Definitiva.

8. ¿PUEDO ASISTIR A LA AUDIENCIA DE APROBACIÓN DEFINITIVA?

Usted puede, pero no tiene que, asistir a la Audiencia de Aprobación Definitiva el **11 de junio de 2026 a las 2:00 p.m.** en el Juzgado CX105 del Tribunal Superior del Condado de Orange, ubicado en 751 W. Santa Ana Blvd. Santa Ana, CA 92701. En la Audiencia, el juez decidirá si concede la Aprobación Definitiva del Acuerdo y qué cantidad del Acuerdo bruto se pagará a los Abogados de la Clase, a las Demandantes y al Administrador. El Tribunal invitará a los objetores, a los Abogados de la Clase y a los Abogados de la Defensa a presentar sus comentarios antes de tomar una decisión. Puede asistir (o contratar a un abogado para que asista) personalmente o de forma virtual a través de la plataforma de Audiencias Civiles a Distancia del Tribunal Superior del Condado de Orange en <https://acikiosk.azurewebsites.us/?dept=CX104> <https://acikiosk.azurewebsites.us/?dept=CX105>. Consulte la página web del Tribunal para obtener la información más actualizada.

Es posible que el Tribunal re programe la Audiencia de Aprobación Definitiva. Debe consultar el sitio web del Administrador en hannett-v-serendipity-hearing.phoenixcases.com con antelación o ponerse en contacto con el Abogado de la Clase para verificar la fecha y hora de la Audiencia de Aprobación Definitiva.

9. ¿CÓMO PUEDO OBTENER MÁS INFORMACIÓN?

El Acuerdo establece todo lo que los Demandados y las Demandantes han prometido hacer en virtud del Acuerdo propuesto. La forma más fácil de leer el Acuerdo, la Sentencia o cualquier otro documento del Acuerdo es ir al sitio web de Phoenix Settlement Administrators en hannett-v-serendipity-hearing.phoenixcases.com. La Orden Final y la Sentencia se publicarán en el sitio web del Administrador durante al menos 180 días. También puede llamar por teléfono o enviarles un correo electrónico a los Abogados de la Clase o al Administrador utilizando la información de contacto que se indica a continuación, o consultar el sitio web del Tribunal Superior entrando en (<https://www.occourts.org/online-services/case-access>) e introduciendo el Número de Causa de la Demanda, n° de causa 1 30-2021-01216930-CU-OE-CXC o n° de causa 30-2021-01229201-CU-OE-CXC.

NO LLAME POR TELÉFONO AL TRIBUNAL SUPERIOR PARA OBTENER INFORMACIÓN SOBRE EL ACUERDO.

Abogado de la Clase:

Zack I. Domb

Correo electrónico zack@dombrauchwerger.com

Devin Rauchwerger

Correo electrónico devin@dombrauchwerger.com

DOMB & RAUCHWERGER LLP

1055 East Colorado Blvd., Fifth Floor

Pasadena, California 91106

Teléfono: (213) 537-9225

Joanna Ghosh

Correo electrónico joanna@calljustice.com

Elizabeth Parker-Fawley

Correo electrónico elizabeth@calljustice.com

LAWYERS for JUSTICE, PC

450 N. Brand Blvd., Suite 900

Glendale, California 91203

Teléfono: (818) 265-1020

Fax: (818) 265-1021

Administrador del Acuerdo:

Phoenix Settlement Administrators

P.O. Box 7208, Orange, CA 92863

Telephone: (800) 523-5773

Facsimile: (949) 209-2503

Email: info@phoenixclassaction.com

10. ¿QUÉ OCURRE SI PIERDO MI CHEQUE DE ACUERDO?

Si pierde o extravía su cheque del Acuerdo antes de cobrarlo, el Administrador se lo reemplazará siempre que solicite el reemplazo antes de la fecha de nulidad que figura en el anverso del cheque original. Si su cheque ya es nulo, deberá consultar el Fondo de Propiedad No Reclamada del estado de California para obtener instrucciones sobre cómo recuperar los fondos.

11. ¿QUÉ OCURRE SI CAMBIO DE DIRECCIÓN?

Para recibir su cheque, debe notificarle inmediatamente al Administrador si se cambia de casa o de alguna forma su dirección postal

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

EXCLUSION FORM

YOU MAY USE AND RETURN THIS FORM ONLY IF YOU WISH TO EXCLUDE YOURSELF FROM THE CLASS SETTLEMENT.

If you wish to exclude yourself from the Class Settlement, read and sign the following statement and return this form to the Settlement Administrator, by mail, postmarked on or before **April 6, 2026**, at the following mailing address:

Phoenix Settlement Administrators

P.O. Box 7208

Orange, CA 92863

I request to be excluded from the class action settlement in the matter of *Rebecca Hannett, Mitzi Yaloha Burciaga, et al. v. Serendipity Hearing, Inc., et al.*. By excluding myself from the class action settlement, I understand that I will not be bound by the settlement and release of the Class Released Claims, and that I will not receive an Individual Settlement Payment. I also understand that submission of a request for exclusion from the class settlement will not exclude me from the Private Attorney Generals Act (“PAGA”) portion of the settlement and that if I am entitled to receive one, I will still receive an Individual PAGA Payment even if I request exclusion from the class action settlement.

Date: _____
Full Name: _____
Address: _____

Telephone Number: (____ ____) ____ ____ ____ ____ ____ ____
Signature: _____

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

____ _

Rebecca Hannett v. Serendipity Hearing, Inc., Tribunal Superior del Condado de Orange, Caso N.º 30-2021-01216930-CU-OE-CXC; Rebecca Hannett v. Serendipity Hearing, Inc. y Willard Clayton Gililand, Tribunal Superior del Condado de Orange, Caso N.º 30-2021-01229201-CU-OE-CXC; y Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. y Sonus Hearing Care Professionals, Tribunal Superior del Condado de Los Angeles, Caso N.º 23STCV24334

FORMULARIO DE EXCLUSIÓN

USTED PUEDE USAR Y DEVOLVER ESTE FORMULARIO ÚNICAMENTE SI DESEA EXCLUIRSE DEL ACUERDO DE LA CLASE.

Si desea excluirse del Acuerdo de la Clase, debe leer y firmar la siguiente declaración y devolver este formulario al Administrador del Acuerdo, por correo, con matasellos en o antes de la **6 de abril de 2026**, a la siguiente dirección postal:

**Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863**

Solicito ser excluido del acuerdo de la demanda colectiva en el asunto de *Rebecca Hannett, Mitzi Yaloha Burciaga, et al. v. Serendipity Hearing, Inc., et al.* Al excluirme del acuerdo de la demanda colectiva, entiendo que no estaré obligado por el acuerdo ni liberaré las Reclamaciones Liberadas de la Clase, y que no recibiré un Pago Individual del Acuerdo. También entiendo que la presentación de una solicitud de exclusión del acuerdo de la demanda colectiva no me excluirá de la parte del acuerdo correspondiente a la Ley de Fiscales Generales Privados ("PAGA") y que, si tengo derecho a recibir uno, aún recibiré un Pago Individual PAGA incluso si solicito la exclusión del acuerdo de la demanda colectiva.

Fecha: _____

Nombre Completo: _____

Dirección: _____

Número Telefónico: (____) _____

Firma: _____

Para garantizar que este formulario sea procesado correctamente en su nombre y para evitar confusiones en caso de que varias personas con el mismo o similar nombre presenten este formulario, por favor proporcione al administrador los últimos 4 dígitos de su Número de Seguro Social para que su identidad pueda ser confirmada:

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

OBJECTION FORM

YOU MAY USE AND RETURN THIS FORM ONLY IF YOU WISH TO OBJECT TO THE CLASS SETTLEMENT.

If you wish to object to the Class Settlement, you may use this form to state all grounds for your objection accompanied by any legal support (space is provided below for doing so), attach any papers, briefs, or other documents you are relying on for your objection, sign on the following page, and return this form by mail to the Settlement Administrator, at the following mailing address, postmarked on or before April 6, 2026.

**Phoenix Settlement Administrators
P.O. Box 7208,
Orange, CA 92863**

I wish to object to the Class Settlement on the following grounds:

Date: _____

Full Name: _____

Address: _____

Telephone Number: (____) _____

Signature: _____

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed: _____

Rebecca Hannett v. Serendipity Hearing, Inc., Tribunal Superior del Condado de Orange, Caso N.º 30-2021-01216930-CU-OE-CXC; Rebecca Hannett v. Serendipity Hearing, Inc. y Willard Clayton Gililand, Tribunal Superior del Condado de Orange, Caso N.º 30-2021-01229201-CU-OE-CXC; y Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. y Sonus Hearing Care Professionals, Tribunal Superior del Condado de Los Angeles, Caso N.º 23STCV24334

FORMULARIO DE OBJECCIÓN

USTED PUEDE USAR Y DEVOLVER ESTE FORMULARIO ÚNICAMENTE SI DESEA OBJETAR EL ACUERDO DE LA CLASE.

Si desea objetar el Acuerdo de la Clase, puede usar esta forma para indicar todos los fundamentos de su objeción acompañados de cualquier sustento legal (se proporciona espacio a continuación para hacerlo), adjuntar cualquier documento, escrito u otros documentos en los que se base para su objeción, firmar en la página siguiente y devolver este formulario por correo al Administrador del Acuerdo, a la siguiente dirección postal, con matasellos en o antes de la 6 de abril de 2026.

**Phoenix Settlement Administrators
P.O. Box 7208,
Orange, CA 92863**

Deseo objetar el Acuerdo de la Clase por los siguientes fundamentos:

Fecha: _____

Nombre Completo: _____

Dirección: _____

Número Telefónico: (____) _____

Firma: _____

Para garantizar que este formulario sea procesado correctamente en su nombre y para evitar confusiones en caso de que varias personas con el mismo o similar nombre presenten este formulario, por favor proporcione al administrador los últimos 4 dígitos de su Número de Seguro Social para que su identidad pueda ser confirmada: _____

Exhibit B

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-
01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los
Angeles County Superior Court Case No. 23STCV24334

EXCLUSION FORM

YOU MAY USE AND RETURN THIS FORM ONLY IF YOU WISH TO EXCLUDE YOURSELF FROM THE CLASS SETTLEMENT.

If you wish to exclude yourself from the Class Settlement, read and sign the following statement and return this form to the Settlement Administrator, by mail, postmarked on or before **April 6, 2026**, at the following mailing address:

**Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863**

I request to be excluded from the class action settlement in the matter of *Rebecca Hannett, Mitzi Yaloha Burciaga, et al. v. Serendipity Hearing, Inc., et al.*. By excluding myself from the class action settlement, I understand that I will not be bound by the settlement and release of the Class Released Claims, and that I will not receive an Individual Settlement Payment. I also understand that submission of a request for exclusion from the class settlement will not exclude me from the Private Attorney Generals Act ("PAGA") portion of the settlement and that if I am entitled to receive one, I will still receive an Individual PAGA Payment even if I request exclusion from the class action settlement.

Date:

3, 21, 26

Full Name:

Shiva Akhavan

Address:

[REDACTED]

Telephone Number:

[REDACTED]

Signature:

S. Akhavan

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

[REDACTED]

RECEIVED
APR 06 2026

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

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**Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863**

I request to be excluded from the class action settlement in the matter of *Rebecca Hannett, Mitzi Yaloha Burciaga, et al. v. Serendipity Hearing, Inc., et al.* By excluding myself from the class action settlement, I understand that I will not be bound by the settlement and release of the Class Released Claims, and that I will not receive an Individual Settlement Payment. I also understand that submission of a request for exclusion from the class settlement will not exclude me from the Private Attorney Generals Act ("PAGA") portion of the settlement and that if I am entitled to receive one, I will still receive an Individual PAGA Payment even if I request exclusion from the class action settlement.

Date:

3-24-26

Full Name:

Eduardo De Santiago

Address:

Telephone Number:

Signature:

[Signature]

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

For the last five years.

I've always been paid correctly with
 no errors. When worked overtime was always
 marked in Heartland.



Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-
01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los
Angeles County Superior Court Case No. 23STCV24334

EXCLUSION FORM

YOU MAY USE AND RETURN THIS FORM ONLY IF YOU WISH TO EXCLUDE YOURSELF FROM THE CLASS SETTLEMENT.

If you wish to exclude yourself from the Class Settlement, read and sign the following statement and return this form to the Settlement Administrator, by mail, postmarked on or before **April 6, 2026**, at the following mailing address:

Phoenix Settlement Administrators

P.O. Box 7208

Orange, CA 92863

I request to be excluded from the class action settlement in the matter of *Rebecca Hannett, Mitzi Yaloha Burciaga, et al. v. Serendipity Hearing, Inc., et al.*. By excluding myself from the class action settlement, I understand that I will not be bound by the settlement and release of the Class Released Claims, and that I will not receive an Individual Settlement Payment. I also understand that submission of a request for exclusion from the class settlement will not exclude me from the Private Attorney Generals Act ("PAGA") portion of the settlement and that if I am entitled to receive one, I will still receive an Individual PAGA Payment even if I request exclusion from the class action settlement.

Date:

March 18 2026

Full Name:

Amber Lopez

Address:

[REDACTED ADDRESS]

Telephone Number:

[REDACTED TELEPHONE NUMBER]

Signature:

[Handwritten Signature]

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

[REDACTED SOCIAL SECURITY NUMBER]



Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

EXCLUSION FORM

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**Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863**

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Date: 3/20/2028

Full Name: Ana Carmona

Address: [REDACTED]

Telephone Number: [REDACTED]

Signature: [Signature]

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

[REDACTED]



Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-
01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los
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EXCLUSION FORM

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P.O. Box 7208
Orange, CA 92863**

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Date: 3/24/26
Full Name: Mihiduni Lakshika Ekanayake
Address: [REDACTED]
Telephone Number: ([REDACTED])
Signature: [Signature]

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

[REDACTED]

RECEIVED
MAR 30 2026

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

EXCLUSION FORM

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**Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863**

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Date:

Full Name:

Address:

Telephone Number:

Signature:

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:

RECEIVED
MAR 23 2026

Exhibit C

Rebecca Hannett v. Serendipity Hearing, Inc., Orange County Superior Court Case No. 30-2021-01216930-CU-OE-CXC;
Rebecca Hannett v. Serendipity Hearing, Inc. and Willard Clayton Gililand, Orange County Superior Court Case No. 30-2021-01229201-CU-OE-CXC; and *Mitzi Yaloha Burciaga v. Serendipity Hearing, Inc. and Sonus Hearing Care Professionals*, Los Angeles County Superior Court Case No. 23STCV24334

OBJECTION FORM

YOU MAY USE AND RETURN THIS FORM ONLY IF YOU WISH TO OBJECT TO THE CLASS SETTLEMENT.

If you wish to object to the Class Settlement, you may use this form to state all grounds for your objection accompanied by any legal support (space is provided below for doing so), attach any papers, briefs, or other documents you are relying on for your objection, sign on the following page, and return this form by mail to the Settlement Administrator, at the following mailing address, postmarked on or before April 6, 2026.

Phoenix Settlement Administrators
P.O. Box 7208,
Orange, CA 92863

I wish to object to the Class Settlement on the following grounds:

Date:

Full Name:

Address:

Telephone Number:

Signature:

To ensure that this form is properly processed on your behalf and to avoid confusion in the event that multiple individuals having the same or similar names submit this form, please provide the last 4 digits of your Social Security Number to the administrator so that your identity may be confirmed:



~~N/A~~

Exhibit D

From: [Info PSA](#)
To: [Kevin Lee](#)
Subject: Rosalinda Olivares - HASRNDP321 Serendipity Dispute
Date: Friday, March 13, 2026 9:44:25 AM
Attachments: [August2023tojan2024.pdf](#)
[July1dec172021.pdf](#)
[Jan2024tomarch2024.pdf](#)
[Marchtoaugust2023.pdf](#)
[Octobertomarch2023.pdf](#)
[Maytooct2022.pdf](#)
[Decmay2022.pdf](#)
[image001.png](#)

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

From: Rosalinda Olivares <rosalindaolivares30@gmail.com>
Sent: Thursday, March 12, 2026 6:26 PM
To: Info PSA <info@phoenixclassaction.com>; zack@dombrauchwerger.com;
devin@dombrauchwerger.com
Subject: Roherca Hannett. Mitzi Yaloha Burciaga, et al v. Serendinin Hearing, Inc. et al.

Hello,

I'd like to challenge the initial

Calculation of my Workweeks/Pay Period. I started 7/1/2021 and still currently working. I will provide the pay stubs down below. Please let me know if anything else is needed from me.

Thank you

Sent from my iPhone

Sent from my iPhone

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	6/27/2021	Check Date:	7/16/2021				
Clock Number:		Department:	1005	Period End:	7/10/2021						
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V71291127		\$0.00		\$962.71		\$725.08					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	48.00	816.00	48.00	816.00	SOC SEC EE	52.68	52.68	FSA Medical	38.46	38.46
Overtime	25.5000	0.42	10.71	0.42	10.71	MED EE	12.32	12.32	Vision 125	6.01	6.01
Holiday	17.0000	8.00	136.00	8.00	136.00	FEDERAL WH	36.70	36.70	Medical 125	58.01	58.01
						CALIFORNIA WH	11.02	11.02	Dental 125	10.50	10.50
						CALIFORNIA SDI EE	10.20	10.20	Principle - VOL	1.73	1.73

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	7/11/2021	Check Date:	7/30/2021				5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	7/24/2021									
SSN:	XXX-XX-██	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V71828155		\$0.00		\$1,375.81		\$1,037.30								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	80.00	1,360.00	128.00	2,176.00	SOC SEC EE	78.30	130.98	FSA Medical	38.46	76.92			
Overtime	25.5000	0.62	15.81	1.04	26.52	MED EE	18.31	30.63	Vision 125	6.01	12.02			
Holiday		0.00	0.00	8.00	136.00	FEDERAL WH	85.96	122.66	Medical 125	58.01	116.02			
						CALIFORNIA WH	26.08	37.10	Dental 125	10.50	21.00			
						CALIFORNIA SDI EE	15.15	25.35	Principle - VOL	1.73	3.46			

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	7/25/2021	Check Date:	8/13/2021	5555 GARDEN GROVE BLVD STE 200			
Clock Number:		Department:	1005	Period End:	8/7/2021			WESTMINSTER, CA 92683			
SSN:	XXX-XX-██	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V72365230		\$0.00		\$1,368.84		\$1,032.08					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	79.95	1,359.15	207.95	3,535.15	SOC SEC EE	77.86	208.84	FSA Medical	38.46	115.38
Overtime	25.5000	0.38	9.69	1.42	36.21	MED EE	18.21	48.84	Vision 125	6.01	18.03
Holiday		0.00	0.00	8.00	136.00	FEDERAL WH	85.13	207.79	Medical 125	58.01	174.03
						CALIFORNIA WH	25.78	62.88	Dental 125	10.50	31.50
						CALIFORNIA SDI EE	15.07	40.42	Principle - VOL	1.73	5.19

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	8/8/2021	Check Date:	8/27/2021							
Clock Number:		Department:	1005	Period End:	8/21/2021	5555 GARDEN GROVE BLVD STE 200								
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:	WESTMINSTER, CA 92683							
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V72894378		\$0.00		\$1,373.17		\$1,035.32								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	79.98	1,359.66	287.93	4,894.81	SOC SEC EE	78.13	286.97	FSA Medical	38.46	153.84			
Overtime	25.5000	0.53	13.51	1.95	49.72	MED EE	18.27	67.11	Vision 125	6.01	24.04			
Holiday		0.00	0.00	8.00	136.00	FEDERAL WH	85.65	293.44	Medical 125	58.01	232.04			
						CALIFORNIA WH	25.97	88.85	Dental 125	10.50	42.00			
						CALIFORNIA SDI EE	15.12	55.54	Principle - VOL	1.73	6.92			
						</								

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	8/22/2021	Check Date:	9/10/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	9/4/2021							
SSN:	XXX-XX-██	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:						
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V73420229		\$0.00		\$1,529.05		\$1,151.83						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	78.93	1,341.81	366.86	6,236.62	SOC SEC EE	87.80	374.77	FSA Medical	38.46	192.30	
Overtime	25.5000	0.48	12.24	2.43	61.96	MED EE	20.54	87.65	Vision 125	6.01	30.05	
Bonus PCC	17.0000	0.00	175.00	0.00	175.00	FEDERAL WH	104.35	397.79	Medical 125	58.01	290.05	
Holiday		0.00	0.00	8.00	136.00	CALIFORNIA WH	32.82	121.67	Dental 125	10.50	52.50	
						CALIFORNIA SDI EE	17.00	72.54	Principle - VOL	1.73	8.65	
									</			

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	9/5/2021	Check Date:	9/24/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	9/18/2021						
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V73976996		\$0.00		\$1,368.84		\$1,032.08					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	71.95	1,223.15	438.81	7,459.77	SOC SEC EE	77.86	452.63	FSA Medical	38.46	230.76
Overtime	25.5000	0.38	9.69	2.81	71.65	MED EE	18.21	105.86	Vision 125	6.01	36.06
Holiday	17.0000	8.00	136.00	16.00	272.00	FEDERAL WH	85.13	482.92	Medical 125	58.01	348.06
Bonus PCC		0.00	0.00	0.00	175.00	CALIFORNIA WH	25.78	147.45	Dental 125	10.50	63.00
						CALIFORNIA SDI EE	15.07	87.61	Principle - VOL	1.73	10.38

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	9/19/2021	Check Date:	10/8/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	10/2/2021									
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V74523954		\$0.00		\$1,384.23		\$1,043.59								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	80.00	1,360.00	518.81	8,819.77	SOC SEC EE	78.82	531.45	FSA Medical	38.46	269.22			
Overtime	25.5000	0.95	24.23	3.76	95.88	MED EE	18.43	124.29	Vision 125	6.01	42.07			
Bonus PCC		0.00	0.00	0.00	175.00	FEDERAL WH	86.97	569.89	Medical 125	58.01	406.07			
Holiday		0.00	0.00	16.00	272.00	CALIFORNIA WH	26.45	173.90	Dental 125	10.50	73.50			
						CALIFORNIA SDI EE	15.26	102.87	Principle - VOL	1.73	12.11			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)				
Employee #:	507	Division:	Hourly	Period Begin:	10/3/2021	Check Date:	10/22/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	10/16/2021						
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V75064816		\$0.00		\$1,386.01		\$1,044.92					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	80.00	1,360.00	598.81	10,179.77	SOC SEC EE	78.93	610.38	FSA Medical	38.46	307.68
Overtime	25.5000	1.02	26.01	4.78	121.89	MED EE	18.46	142.75	Vision 125	6.01	48.08
Bonus PCC		0.00	0.00	0.00	175.00	FEDERAL WH	87.19	657.08	Medical 125	58.01	464.08
Holiday		0.00	0.00	16.00	272.00	CALIFORNIA WH	26.53	200.43	Dental 125	10.50	84.00
						CALIFORNIA SDI EE	15.27	118.14	Principle - VOL	1.73	13.84

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)				
Employee #:	507	Division:	Hourly	Period Begin:	10/17/2021	Check Date:	11/5/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	10/30/2021						
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V75614480		\$0.00		\$1,559.73		\$1,174.78					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	80.00	1,360.00	678.81	11,539.77	SOC SEC EE	89.70	700.08	FSA Medical	38.46	346.14
Overtime	25.5000	0.97	24.73	5.75	146.62	MED EE	20.98	163.73	Vision 125	6.01	54.09
Bonus PCC	17.0000	0.00	175.00	0.00	350.00	FEDERAL WH	108.03	765.11	Medical 125	58.01	522.09
Holiday		0.00	0.00	16.00	272.00	CALIFORNIA WH	34.17	234.60	Dental 125	10.50	94.50
						CALIFORNIA SDI EE	17.36	135.50	Principle - VOL	1.73	15.57

[illegible]

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
11/19/2021	V76170750

Your entire Net pay of \$1,179.99 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,179.99

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	11/14/2021	Check Date:	12/3/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	11/27/2021									
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V76712136		\$0.00		\$1,549.96		\$1,128.61								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	63.98	1,087.66	822.69	13,985.73	SOC SEC EE	89.09	879.30	FSA Medical	38.46	423.06			
Overtime	25.5000	0.60	15.30	6.68	170.33	MED EE	20.83	205.64	Vision 125	6.01	66.11			
Bonus PCC	17.0000	0.00	175.00	0.00	525.00	FEDERAL WH	101.28	975.26	Medical 125	58.01	638.11			
Holiday	17.0000	16.00	272.00	32.00	544.00	CALIFORNIA WH	31.70	300.78	Dental 125	10.50	115.50			
*401k ER Match		0.00	23.25	0.00	23.25	CALIFORNIA SDI EE	17.24	170.19	Principle - VOL	1.73	19.03			
PCC Evnt Incent		0.00	0.00	0.00	200.00				401(k)	46.50	46.50			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	11/28/2021	Check Date:	12/17/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	12/11/2021							
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:						
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V77275675		\$0.00		\$1,371.05		\$999.34						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	78.10	1,327.70	900.79	15,313.43	SOC SEC EE	78.00	957.30	FSA Medical	38.46	461.52	
Overtime	25.5000	0.52	13.26	7.20	183.59	MED EE	18.25	223.89	Vision 125	6.01	72.12	
Vacation	17.0000	1.77	30.09	1.77	30.09	FEDERAL WH	80.46	1,055.72	Medical 125	58.01	696.12	
*401k ER Match		0.00	20.56	0.00	43.81	CALIFORNIA WH	24.06	324.84	Dental 125	10.50	126.00	
Bonus PCC		0.00	0.00	0.00	525.00	CALIFORNIA SDI EE	15.10	185.29	Principle - VOL	1.73	20.76	
Holiday		0.00	0.00	32.00	544.00				401(k)	41.13	87.63	
PCC Evnt Incent		0.00	0.00	0.00	200.00							
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Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	12/12/2021	Check Date:	12/31/2021	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	12/25/2021							
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:						
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V77843187		\$0.00		\$1,371.39		\$999.60						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	39.95	679.15	940.74	15,992.58	SOC SEC EE	78.02	1,035.32	FSA Medical	38.46	499.98	
Overtime	25.5000	0.48	12.24	7.68	195.83	MED EE	18.24	242.13	Vision 125	6.01	78.13	
Vacation	17.0000	32.00	544.00	33.77	574.09	FEDERAL WH	80.50	1,136.22	Medical 125	58.01	754.13	
Holiday	17.0000	8.00	136.00	40.00	680.00	CALIFORNIA WH	24.08	348.92	Dental 125	10.50	136.50	
*401k ER Match		0.00	20.57	0.00	64.38	CALIFORNIA SDI EE	15.10	200.39	Principle - VOL	1.73	22.49	
Bonus PCC		0.00	0.00	0.00	525.00				401(k)	41.14	128.77	
PCC Evnt Incent		0.00	0.00	0.00	200.00							

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	12/26/2021	Check Date:	1/14/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	1/8/2022							
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:						
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V78372867		\$0.00		\$1,546.47		\$1,096.94						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	51.70	878.90	51.70	878.90	SOC SEC EE	86.34	86.34	FSA Medical	76.92	76.92	
Overtime	25.5000	0.65	16.57	0.65	16.57	MED EE	20.19	20.19	Principle - VOL	1.73	1.73	
Sick	17.0000	12.00	204.00	12.00	204.00	FEDERAL WH	95.97	95.97	401(k)	46.39	46.39	
Bonus PCC	17.0000	0.00	175.00	0.00	175.00	CALIFORNIA WH	29.75	29.75	FSA Health Care	76.92	76.92	
Holiday	17.0000	16.00	272.00	16.00	272.00	CALIFORNIA SDI EE	15.32	15.32				
*401k ER Match		0.00	23.20	0.00	23.20							

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	1/9/2022	Check Date:	1/28/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	1/22/2022						
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V78913306		\$0.00		\$1,374.53		\$1,030.50					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	67.52	1,147.84	119.22	2,026.74	SOC SEC EE	80.21	166.55	FSA Medical	-76.92	0.00
Overtime	25.5000	0.57	14.53	1.22	31.10	MED EE	18.76	38.95	Principle - VOL	1.73	3.46
Vacation	17.0000	4.48	76.16	4.48	76.16	FEDERAL WH	82.61	178.58	401(k)	41.24	87.63
Sick	17.0000	8.00	136.00	20.00	340.00	CALIFORNIA WH	24.33	54.08	Vision	6.01	6.01
*401k ER Match		0.00	20.62	0.00	43.82	CALIFORNIA SDI EE	14.23	29.55	FSA Health Care	76.92	153.84
Bonus PCC		0.00	0.00	0.00	175.00				Dental	10.50	10.50
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	64.41

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	1/23/2022	Check Date:	2/11/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	2/5/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V79446887		\$0.00		\$1,380.83		\$916.94								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	73.73	1,253.41	192.95	3,280.15	SOC SEC EE	70.81	237.36	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.83	21.17	2.05	52.27	MED EE	16.56	55.51	401(k)	41.42	129.05			
Vacation	17.0000	1.97	33.49	6.45	109.65	FEDERAL WH	64.40	242.98	Vision	12.02	18.03			
Sick	17.0000	4.28	72.76	24.28	412.76	CALIFORNIA WH	17.65	71.73	FSA Health Care	76.92	230.76			
*401k ER Match		0.00	20.71	0.00	64.53	CALIFORNIA SDI EE	12.56	42.11	Dental	21.00	31.50			
Bonus PCC		0.00	0.00	0.00	175.00				Voluntary	1.73	1.73			
Holiday		0.00	0.00	16.00	272.00				Medical	128.82	193.23			

Statement of Earnings For: Rosalinda Olivares								SERENDIPITY HEARING INC (0200BFUJ)						
Employee #:	507	Division:	Hourly	Period Begin:	2/6/2022	Check Date:	2/25/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	2/19/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V80032721		\$0.00		\$1,370.54		\$970.06								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	79.87	1,357.79	272.82	4,637.94	SOC SEC EE	75.18	312.54	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.50	12.75	2.55	65.02	MED EE	17.58	73.09	401(k)	41.12	170.17			
*401k ER Match		0.00	20.56	0.00	85.09	FEDERAL WH	72.92	315.90	Vision	6.01	24.04			
Vacation		0.00	0.00	6.45	109.65	CALIFORNIA WH	20.77	92.50	FSA Health Care	76.92	307.68			
Sick		0.00	0.00	24.28	412.76	CALIFORNIA SDI EE	13.34	55.45	Dental	10.50	42.00			
Bonus PCC		0.00	0.00	0.00	175.00				Voluntary	1.73	3.46			
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	257.64			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	2/20/2022	Check Date:	3/11/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	3/5/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V80597398		\$0.00		\$1,368.50		\$968.57								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	46.13	784.21	318.95	5,422.15	SOC SEC EE	75.06	387.60	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.40	10.20	2.95	75.22	MED EE	17.56	90.65	401(k)	41.06	211.23			
Vacation	17.0000	32.47	551.99	38.92	661.64	FEDERAL WH	72.68	388.58	Vision	6.01	30.05			
Sick	17.0000	1.30	22.10	25.58	434.86	CALIFORNIA WH	20.68	113.18	FSA Health Care	76.92	384.60			
*401k ER Match		0.00	20.53	0.00	105.62	CALIFORNIA SDI EE	13.32	68.77	Dental	10.50	52.50			
Bonus PCC		0.00	0.00	0.00	175.00				Voluntary	1.73	5.19			
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	322.05			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)				
Employee #:	507	Division:	Hourly	Period Begin:	3/6/2022	Check Date:	3/25/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	3/19/2022						
SSN:	XXX-XX-██	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V81166577		\$0.00		\$1,377.51		\$975.10					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	77.65	1,320.05	396.60	6,742.20	SOC SEC EE	75.62	463.22	Principle - VOL	0.00	3.46
Overtime	25.5000	0.70	17.85	3.65	93.07	MED EE	17.68	108.33	401(k)	41.33	252.56
Sick	17.0000	2.33	39.61	27.91	474.47	FEDERAL WH	73.73	462.31	Vision	6.01	36.06
*401k ER Match		0.00	20.66	0.00	126.28	CALIFORNIA WH	21.07	134.25	FSA Health Care	76.92	461.52
Vacation		0.00	0.00	38.92	661.64	CALIFORNIA SDI EE	13.41	82.18	Dental	10.50	63.00
Bonus PCC		0.00	0.00	0.00	175.00				Voluntary	1.73	6.92
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	386.46

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	3/20/2022	Check Date:	4/8/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	4/2/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:								
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V81728207		\$0.00		\$1,389.49		\$983.76								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	79.98	1,359.66	476.58	8,101.86	SOC SEC EE	76.37	539.59	Principle - VOL	0.00	3.46			
Overtime	25.5000	1.17	29.83	4.82	122.90	MED EE	17.86	126.19	401(k)	41.68	294.24			
*401k ER Match		0.00	20.84	0.00	147.12	FEDERAL WH	75.12	537.43	Vision	6.01	42.07			
Vacation		0.00	0.00	38.92	661.64	CALIFORNIA WH	21.58	155.83	FSA Health Care	76.92	538.44			
Sick		0.00	0.00	27.91	474.47	CALIFORNIA SDI EE	13.55	95.73	Dental	10.50	73.50			
Bonus PCC		0.00	0.00	0.00	175.00				Voluntary	1.73	8.65			
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	450.87			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)				
Employee #:	507	Division:	Hourly	Period Begin:	4/3/2022	Check Date:	4/22/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	4/16/2022						
SSN:	XXX-XX-XXXX	Federal Filing:	Single or Marri	Exemptions:	N/A	Additional Tax:					
Company Id:	0200BFUJ	State Filing:		Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V82295162		\$0.00		\$1,363.57		\$965.01					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	71.88	1,221.96	548.46	9,323.82	SOC SEC EE	74.75	614.34	Principle - VOL	0.00	3.46
Overtime	25.5000	0.22	5.61	5.04	128.51	MED EE	17.49	143.68	401(k)	40.91	335.15
Sick	17.0000	8.00	136.00	35.91	610.47	FEDERAL WH	72.11	609.54	Vision	6.01	48.08
*401k ER Match		0.00	20.46	0.00	167.58	CALIFORNIA WH	20.47	176.30	FSA Health Care	76.92	615.36
Vacation		0.00	0.00	38.92	661.64	CALIFORNIA SDI EE	13.26	108.99	Dental	10.50	84.00
Bonus PCC		0.00	0.00	0.00	175.00				Voluntary	1.73	10.38
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	515.28

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	4/17/2022	Check Date:	5/6/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	4/30/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V82870795		\$0.00		\$1,541.63		\$1,054.14								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	77.47	1,316.99	625.93	10,640.81	SOC SEC EE	85.80	700.14	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.28	7.14	5.32	135.65	MED EE	20.06	163.74	401(k)	46.25	381.40			
Sick	17.0000	2.50	42.50	38.41	652.97	FEDERAL WH	132.52	742.06	Vision	6.01	54.09			
Bonus PCC	17.0000	0.00	175.00	0.00	350.00	CALIFORNIA WH	28.07	204.37	FSA Health Care	76.92	692.28			
*401k ER Match		0.00	23.12	0.00	190.70	CALIFORNIA SDI EE	15.22	124.21	Dental	10.50	94.50			
Vacation		0.00	0.00	38.92	661.64				Voluntary	1.73	12.11			
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	579.69			
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Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	5/1/2022	Check Date:	5/20/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	5/14/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V83412643		\$0.00		\$1,362.55		\$924.58								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	77.92	1,324.64	703.85	11,965.45	SOC SEC EE	74.69	774.83	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.10	2.55	5.42	138.20	MED EE	17.47	181.21	401(k)	40.88	422.28			
Vacation	17.0000	1.65	28.05	40.57	689.69	FEDERAL WH	111.68	853.74	Vision	6.01	60.10			
Sick	17.0000	0.43	7.31	38.84	660.28	CALIFORNIA WH	20.43	224.80	FSA Health Care	76.92	769.20			
*401k ER Match		0.00	20.44	0.00	211.14	CALIFORNIA SDI EE	13.25	137.46	Dental	10.50	105.00			
Bonus PCC		0.00	0.00	0.00	350.00				Voluntary	1.73	13.84			
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	644.10			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	5/15/2022	Check Date:	6/3/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	5/28/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V84036388		\$0.00		\$1,582.60		\$1,083.77								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	71.10	1,208.70	774.95	13,174.15	SOC SEC EE	88.33	863.16	Principle - VOL	0.00	3.46			
Overtime	25.5000	1.90	48.45	7.32	186.65	MED EE	20.66	201.87	401(k)	47.48	469.76			
Vacation	17.0000	8.00	136.00	48.57	825.69	FEDERAL WH	137.29	991.03	Vision	6.01	66.11			
Sick	17.0000	0.85	14.45	39.69	674.73	CALIFORNIA WH	29.82	254.62	FSA Health Care	76.92	846.12			
Bonus PCC	17.0000	0.00	175.00	0.00	525.00	CALIFORNIA SDI EE	15.68	153.14	Dental	10.50	115.50			
*401k ER Match		0.00	23.74	0.00	234.88				Voluntary	1.73	15.57			
Holiday		0.00	0.00	16.00	272.00				Medical	64.41	708.51			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)				
Employee #:	507	Division:	Hourly	Period Begin:	5/29/2022	Check Date:	6/17/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	6/11/2022						
SSN:	XXX-XX-██	Federal Filing:	Single	Exemptions:	0	Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V84623739		\$0.00		\$1,371.05		\$930.74					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	63.93	1,086.81	838.88	14,260.96	SOC SEC EE	75.22	938.38	Principle - VOL	0.00	3.46
Overtime	25.5000	0.48	12.24	7.80	198.89	MED EE	17.59	219.46	401(k)	41.13	510.89
Vacation	17.0000	8.00	136.00	56.57	961.69	FEDERAL WH	112.67	1,103.70	Vision	6.01	72.12
Holiday	17.0000	8.00	136.00	24.00	408.00	CALIFORNIA WH	20.79	275.41	FSA Health Care	76.92	923.04
*401k ER Match		0.00	20.56	0.00	255.44	CALIFORNIA SDI EE	13.34	166.48	Dental	10.50	126.00
Sick		0.00	0.00	39.69	674.73				Voluntary	1.73	17.30
Bonus PCC		0.00	0.00	0.00	525.00				Medical	64.41	772.92

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	6/12/2022	Check Date:	7/1/2022							
Clock Number:		Department:	1005	Period End:	6/25/2022		5555 GARDEN GROVE BLVD STE 200							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:	WESTMINSTER, CA 92683							
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V85198293		\$0.00		\$1,544.69		\$1,056.34								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	79.77	1,356.09	918.65	15,617.05	SOC SEC EE	85.99	1,024.37	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.38	9.69	8.18	208.58	MED EE	20.11	239.57	401(k)	46.34	557.23			
Sick	17.0000	0.23	3.91	39.92	678.64	FEDERAL WH	132.88	1,236.58	Vision	6.01	78.13			
Bonus PCC	17.0000	0.00	175.00	0.00	700.00	CALIFORNIA WH	28.20	303.61	FSA Health Care	76.92	999.96			
*401k ER Match		0.00	23.17	0.00	278.61	CALIFORNIA SDI EE	15.26	181.74	Dental	10.50	136.50			
Vacation		0.00	0.00	56.57	961.69				Voluntary	1.73	19.03			
Holiday		0.00	0.00	24.00	408.00				Medical	64.41	837.33			

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	6/26/2022	Check Date:	7/15/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	7/9/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V85822274		\$0.00		\$1,374.53		\$933.26								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	72.00	1,224.00	990.65	16,841.05	SOC SEC EE	75.43	1,099.80	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.57	14.53	8.75	223.11	MED EE	17.64	257.21	401(k)	41.24	598.47			
Holiday	17.0000	8.00	136.00	32.00	544.00	FEDERAL WH	113.07	1,349.65	Vision	6.01	84.14			
*401k ER Match		0.00	20.62	0.00	299.23	CALIFORNIA WH	20.94	324.55	FSA Health Care	76.92	1,076.88			
Vacation		0.00	0.00	56.57	961.69	CALIFORNIA SDI EE	13.38	195.12	Dental	10.50	147.00			
Sick		0.00	0.00	39.92	678.64				Voluntary	1.73	20.76			
Bonus PCC		0.00	0.00	0.00	700.00				Medical	64.41	901.74			

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	7/10/2022	Check Date:	7/29/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	7/23/2022							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V86408608		\$0.00		\$1,381.67		\$938.41						
EARNINGS						*Not included in Totals		TAXES			DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	75.18	1,278.06	1,065.83	18,119.11	SOC SEC EE	75.88	1,175.68	Principle - VOL	0.00	3.46	
Overtime	25.5000	0.85	21.67	9.60	244.78	MED EE	17.75	274.96	401(k)	41.45	639.92	
Vacation	17.0000	2.42	41.14	58.99	1,002.83	FEDERAL WH	113.90	1,463.55	Vision	6.01	90.15	
Sick	17.0000	2.40	40.80	42.32	719.44	CALIFORNIA WH	21.25	345.80	FSA Health Care	76.92	1,153.80	
*401k ER Match		0.00	20.72	0.00	319.95	CALIFORNIA SDI EE	13.46	208.58	Dental	10.50	157.50	
Bonus PCC		0.00	0.00	0.00	700.00				Voluntary	1.73	22.49	
Holiday		0.00	0.00	32.00	544.00				Medical	64.41	966.15	

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	7/24/2022	Check Date:	8/12/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	8/6/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V86991106		\$0.00		\$1,390.26		\$944.25								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	77.98	1,325.66	1,143.81	19,444.77	SOC SEC EE	76.38	1,252.06	Principle - VOL	0.00	3.46			
Overtime	25.5000	1.20	30.60	10.80	275.38	MED EE	17.86	292.82	401(k)	41.71	681.63			
Sick	17.0000	2.00	34.00	44.32	753.44	FEDERAL WH	114.84	1,578.39	Vision	6.01	96.16			
*401k ER Match		0.00	20.86	0.00	340.81	CALIFORNIA WH	21.59	367.39	FSA Health Care	76.92	1,230.72			
Vacation		0.00	0.00	58.99	1,002.83	CALIFORNIA SDI EE	13.55	222.13	Dental	11.01	168.51			
Bonus PCC		0.00	0.00	0.00	700.00				Voluntary	1.73	24.22			
Holiday		0.00	0.00	32.00	544.00				Medical	64.41	1,030.56			

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	8/7/2022	Check Date:	8/26/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	8/20/2022						
SSN:	XXX-XX-██	Federal Filing:	Single	Exemptions:	0	Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V87582052		\$0.00		\$1,373.85		\$932.38					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	17.0000	78.13	1,328.21	1,221.94	20,772.98	SOC SEC EE	75.36	1,327.42	Principle - VOL	0.00	3.46
Overtime	25.5000	0.57	14.53	11.37	289.91	MED EE	17.62	310.44	401(k)	41.22	722.85
Sick	17.0000	1.83	31.11	46.15	784.55	FEDERAL WH	112.93	1,691.32	Vision	6.01	102.17
*401k ER Match		0.00	20.61	0.00	361.42	CALIFORNIA WH	20.89	388.28	FSA Health Care	76.92	1,307.64
Vacation		0.00	0.00	58.99	1,002.83	CALIFORNIA SDI EE	13.37	235.50	Dental	11.01	179.52
Bonus PCC		0.00	0.00	0.00	700.00				Voluntary	1.73	25.95
Holiday		0.00	0.00	32.00	544.00				Medical	64.41	1,094.97

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	8/21/2022	Check Date:	9/9/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	9/3/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V88146194		\$0.00		\$1,647.92		\$1,130.64								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	79.98	1,359.66	1,301.92	22,132.64	SOC SEC EE	92.35	1,419.77	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.52	13.26	11.89	303.17	MED EE	21.60	332.04	401(k)	49.44	772.29			
Bonus PCC	17.0000	0.00	175.00	0.00	875.00	FEDERAL WH	144.83	1,836.15	Vision	6.01	108.18			
PCC Mentorship	17.0000	0.00	100.00	0.00	100.00	CALIFORNIA WH	32.59	420.87	FSA Health Care	76.92	1,384.56			
*401k ER Match		0.00	24.72	0.00	386.14	CALIFORNIA SDI EE	16.39	251.89	Dental	11.01	190.53			
Vacation		0.00	0.00	58.99	1,002.83				Voluntary	1.73	27.68			
Sick		0.00	0.00	46.15	784.55				Medical	64.41	1,159.38			
Holiday		0.00	0.00	32.00	544.00									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	9/4/2022	Check Date:	9/23/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	9/17/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V88777333		\$0.00		\$1,364.25		\$925.42								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	41.07	698.19	1,342.99	22,830.83	SOC SEC EE	74.77	1,494.54	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.20	5.10	12.09	308.27	MED EE	17.49	349.53	401(k)	40.93	813.22			
Vacation	17.0000	24.00	408.00	82.99	1,410.83	FEDERAL WH	111.82	1,947.97	Vision	6.01	114.19			
Sick	17.0000	6.88	116.96	53.03	901.51	CALIFORNIA WH	20.48	441.35	FSA Health Care	76.92	1,461.48			
Holiday	17.0000	8.00	136.00	40.00	680.00	CALIFORNIA SDI EE	13.26	265.15	Dental	11.01	201.54			
*401k ER Match		0.00	20.46	0.00	406.60				Voluntary	1.73	29.41			
Bonus PCC		0.00	0.00	0.00	875.00				Medical	64.41	1,223.79			
PCC Mentorship		0.00	0.00	0.00	100.00									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683							
Employee #:	507	Division:	Hourly	Period Begin:	9/18/2022	Check Date:						10/7/2022		
Clock Number:		Department:	1005	Period End:	10/1/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V89373503		\$0.00		\$1,550.30		\$1,060.03								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	62.02	1,054.34	1,405.01	23,885.17	SOC SEC EE	86.30	1,580.84	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.62	15.81	12.71	324.08	MED EE	20.18	369.71	401(k)	46.51	859.73			
Vacation	17.0000	16.00	272.00	98.99	1,682.83	FEDERAL WH	133.47	2,081.44	Vision	6.01	120.20			
Sick	17.0000	1.95	33.15	54.98	934.66	CALIFORNIA WH	28.42	469.77	FSA Health Care	76.92	1,538.40			
Bonus PCC	17.0000	0.00	175.00	0.00	1,050.00	CALIFORNIA SDI EE	15.31	280.46	Dental	11.01	212.55			
*401k ER Match		0.00	23.26	0.00	429.86				Voluntary	1.73	31.14			
Holiday		0.00	0.00	40.00	680.00				Medical	64.41	1,288.20			
PCC Mentorship		0.00	0.00	0.00	100.00									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	10/2/2022	Check Date:	10/21/2022	5555 GARDEN GROVE BLVD STE 200				
Clock Number:		Department:	1005	Period End:	10/15/2022			WESTMINSTER, CA 92683				
SSN:	XXX-XX-██	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V89963648		\$0.00		\$1,374.19		\$932.62						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	79.98	1,359.66	1,484.99	25,244.83	SOC SEC EE	75.38	1,656.22	Principle - VOL	0.00	3.46	
Overtime	25.5000	0.57	14.53	13.28	338.61	MED EE	17.63	387.34	401(k)	41.23	900.96	
*401k ER Match		0.00	20.62	0.00	450.48	FEDERAL WH	112.97	2,194.41	Vision	6.01	126.21	
Vacation		0.00	0.00	98.99	1,682.83	CALIFORNIA WH	20.90	490.67	FSA Health Care	76.92	1,615.32	
Sick		0.00	0.00	54.98	934.66	CALIFORNIA SDI EE	13.38	293.84	Dental	11.01	223.56	
Bonus PCC		0.00	0.00	0.00	1,050.00				Voluntary	1.73	32.87	
Holiday		0.00	0.00	40.00	680.00				Medical	64.41	1,352.61	
PCC Mentorship		0.00	0.00	0.00	100.00							

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	10/16/2022	Check Date:	11/4/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	10/29/2022									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V90558820		\$0.00		\$1,368.92		\$928.80								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	17.0000	74.30	1,263.10	1,559.29	26,507.93	SOC SEC EE	75.06	1,731.28	Principle - VOL	0.00	3.46			
Overtime	25.5000	0.37	9.43	13.65	348.04	MED EE	17.56	404.90	401(k)	41.07	942.03			
Vacation	17.0000	3.85	65.45	102.84	1,748.28	FEDERAL WH	112.36	2,306.77	Vision	6.01	132.22			
Sick	17.0000	1.82	30.94	56.80	965.60	CALIFORNIA WH	20.68	511.35	FSA Health Care	76.92	1,692.24			
*401k ER Match		0.00	20.54	0.00	471.02	CALIFORNIA SDI EE	13.31	307.15	Dental	11.01	234.57			
Bonus PCC		0.00	0.00	0.00	1,050.00				Voluntary	1.73	34.60			
Holiday		0.00	0.00	40.00	680.00				Medical	64.41	1,417.02			
PCC Mentorship		0.00	0.00	0.00	100.00									

Statement of Earnings For: Rosalinda Olivares								SERENDIPITY HEARING INC (0200BFUJ)				
Employee #:	507	Division:	Hourly	Period Begin:	10/30/2022	Check Date:	11/18/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	11/12/2022							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V91142057		\$0.00		\$1,465.10		\$998.40						
EARNINGS						*Not included in Totals		TAXES			DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	79.85	1,357.45	1,639.14	27,865.38	SOC SEC EE	81.01	1,812.29	Principle - VOL	0.00	3.46	
Overtime	25.5000	0.30	7.65	13.95	355.69	MED EE	18.94	423.84	401(k)	43.95	985.98	
PCC Evnt Incent	17.0000	0.00	100.00	0.00	100.00	FEDERAL WH	123.56	2,430.33	Vision	6.01	138.23	
*401k ER Match		0.00	21.98	0.00	493.00	CALIFORNIA WH	24.78	536.13	FSA Health Care	76.92	1,769.16	
Vacation		0.00	0.00	102.84	1,748.28	CALIFORNIA SDI EE	14.38	321.53	Dental	11.01	245.58	
Sick		0.00	0.00	56.80	965.60				Voluntary	1.73	36.33	
Bonus PCC		0.00	0.00	0.00	1,050.00				Medical	64.41	1,481.43	
Holiday		0.00	0.00	40.00	680.00							
PCC Mentorship		0.00	0.00	0.00	100.00							

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	11/13/2022	Check Date:	12/2/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	11/26/2022							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V91828073		\$0.00		\$1,545.71		\$1,056.70						
EARNINGS						*Not included in Totals		TAXES			DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	64.00	1,088.00	1,703.14	28,953.38	SOC SEC EE	86.02	1,898.31	Principle - VOL	0.00	3.46	
Overtime	25.5000	0.42	10.71	14.37	366.40	MED EE	20.12	443.96	401(k)	46.37	1,032.35	
Bonus PCC	17.0000	0.00	175.00	0.00	1,225.00	FEDERAL WH	132.94	2,563.27	Vision	6.01	144.24	
Holiday	17.0000	16.00	272.00	56.00	952.00	CALIFORNIA WH	28.22	564.35	FSA Health Care	76.92	1,846.08	
*401k ER Match		0.00	23.18	0.00	516.18	CALIFORNIA SDI EE	15.26	336.79	Dental	11.01	256.59	
Vacation		0.00	0.00	102.84	1,748.28				Voluntary	1.73	38.06	
Sick		0.00	0.00	56.80	965.60				Medical	64.41	1,545.84	
PCC Mentorship		0.00	0.00	0.00	100.00							
PCC Evnt Incent		0.00	0.00	0.00	100.00							

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	11/27/2022	Check Date:	12/16/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	12/10/2022							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V92426619		\$0.00		\$1,460.64		\$995.17						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	63.95	1,087.15	1,767.09	30,040.53	SOC SEC EE	80.74	1,979.05	Principle - VOL	0.00	3.46	
Overtime	25.5000	3.98	101.49	18.35	467.89	MED EE	18.88	462.84	401(k)	43.82	1,076.17	
Vacation	17.0000	8.00	136.00	110.84	1,884.28	FEDERAL WH	123.04	2,686.31	Vision	6.01	150.25	
Sick	17.0000	8.00	136.00	64.80	1,101.60	CALIFORNIA WH	24.59	588.94	FSA Health Care	76.92	1,923.00	
*401k ER Match		0.00	21.91	0.00	538.09	CALIFORNIA SDI EE	14.32	351.11	Dental	11.01	267.60	
Bonus PCC		0.00	0.00	0.00	1,225.00				Voluntary	1.73	39.79	
Holiday		0.00	0.00	56.00	952.00				Medical	64.41	1,610.25	
PCC Mentorship		0.00	0.00	0.00	100.00							
PCC Evnt Incent		0.00	0.00	0.00	100.00							

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	12/11/2022	Check Date:	12/30/2022	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	12/24/2022							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V93085437		\$0.00		\$1,364.42		\$925.54						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	17.0000	63.88	1,085.96	1,830.97	31,126.49	SOC SEC EE	74.78	2,053.83	Principle - VOL	0.00	3.46	
Overtime	25.5000	0.22	5.61	18.57	473.50	MED EE	17.49	480.33	401(k)	40.93	1,117.10	
Vacation	17.0000	3.70	62.90	114.54	1,947.18	FEDERAL WH	111.84	2,798.15	Vision	6.01	156.26	
Sick	17.0000	4.35	73.95	69.15	1,175.55	CALIFORNIA WH	20.49	609.43	FSA Health Care	76.92	1,999.92	
Holiday	17.0000	8.00	136.00	64.00	1,088.00	CALIFORNIA SDI EE	13.27	364.38	Dental	11.01	278.61	
*401k ER Match		0.00	20.46	0.00	558.55				Voluntary	1.73	41.52	
Bonus PCC		0.00	0.00	0.00	1,225.00				Medical	64.41	1,674.66	
PCC Mentorship		0.00	0.00	0.00	100.00							
PCC Evnt Incent		0.00	0.00	0.00	100.00							

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	12/25/2022	Check Date:	1/13/2023							
Clock Number:		Department:	1005	Period End:	1/7/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V93643003		\$0.00		\$1,780.93		\$1,209.04								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	51.35	949.98	51.35	949.98	SOC SEC EE	99.16	99.16	401(k)	53.43	53.43			
Overtime	27.7500	0.28	7.77	0.28	7.77	MED EE	23.19	23.19	Vision	6.01	6.01			
Vacation	18.5000	12.60	233.10	12.60	233.10	FEDERAL WH	157.53	157.53	FSA Health Care	96.15	96.15			
Bonus PCC	18.5000	0.00	175.00	0.00	175.00	CALIFORNIA WH	37.66	37.66	Voluntary	1.73	1.73			
Holiday	18.5000	16.00	296.00	16.00	296.00	CALIFORNIA SDI EE	17.59	17.59	Dental	11.01	11.01			
MLR rebate		0.00	119.08	0.00	119.08				Medical	68.43	68.43			
*401k ER Match		0.00	26.72	0.00	26.72									

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	1/8/2023	Check Date:	1/27/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	1/21/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V94218730		\$0.00		\$1,493.14		\$1,009.65								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	77.38	1,431.53	128.73	2,381.51	SOC SEC EE	81.31	180.47	401(k)	44.79	98.22			
Overtime	27.7500	0.52	14.43	0.80	22.20	MED EE	19.02	42.21	Vision	6.01	12.02			
Sick	18.5000	2.55	47.18	2.55	47.18	FEDERAL WH	124.03	281.56	FSA Health Care	96.15	192.30			
*401k ER Match		0.00	22.40	0.00	49.12	CALIFORNIA WH	22.40	60.06	Voluntary	1.73	3.46			
Vacation		0.00	0.00	12.60	233.10	CALIFORNIA SDI EE	8.61	26.20	Dental	11.01	22.02			
Bonus PCC		0.00	0.00	0.00	175.00				Medical	68.43	136.86			
Holiday		0.00	0.00	16.00	296.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)						
Employee #:	507	Division:	Hourly	Period Begin:	1/22/2023	Check Date:	2/10/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683					
Clock Number:		Department:	1005	Period End:	2/4/2023								
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:							
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:							
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message					
V94806556		\$0.00		\$1,660.91		\$1,128.15							
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD		
Regular	18.5000	79.73	1,475.00	208.46	3,856.51	SOC SEC EE	91.72	272.19	401(k)	49.83	148.05		
Overtime	27.7500	0.28	7.77	1.08	29.97	MED EE	21.45	63.66	Vision	6.01	18.03		
Sick	18.5000	0.17	3.14	2.72	50.32	FEDERAL WH	143.56	425.12	FSA Health Care	96.15	288.45		
Bonus PCC	18.5000	0.00	175.00	0.00	350.00	CALIFORNIA WH	29.56	89.62	Voluntary	1.73	5.19		
*401k ER Match		0.00	24.92	0.00	74.04	CALIFORNIA SDI EE	13.31	39.51	Dental	11.01	33.03		
Vacation		0.00	0.00	12.60	233.10				Medical	68.43	205.29		
Holiday		0.00	0.00	16.00	296.00								
MLR rebate		0.00	0.00	0.00	119.08								

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	2/5/2023	Check Date:	2/24/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	2/18/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V95408250		\$0.00		\$1,484.72		\$1,000.35								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	74.68	1,381.58	283.14	5,238.09	SOC SEC EE	80.79	352.98	401(k)	44.54	192.59			
Overtime	27.7500	0.27	7.50	1.35	37.47	MED EE	18.89	82.55	Vision	6.01	24.04			
Sick	18.5000	5.17	95.64	7.89	145.96	FEDERAL WH	123.05	548.17	FSA Health Care	96.15	384.60			
*401k ER Match		0.00	22.27	0.00	96.31	CALIFORNIA WH	22.04	111.66	Voluntary	1.73	6.92			
Vacation		0.00	0.00	12.60	233.10	CALIFORNIA SDI EE	11.73	51.24	Dental	11.01	44.04			
Bonus PCC		0.00	0.00	0.00	350.00				Medical	68.43	273.72			
Holiday		0.00	0.00	16.00	296.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683											
Employee #:	507	Division:	Hourly	Period Begin:	2/19/2023							Check Date:	3/10/2023				
Clock Number:		Department:	1005	Period End:	3/4/2023												
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0							Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:											
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message									
V96013203		\$0.00		\$1,762.87		\$1,202.12											
EARNINGS						*Not included in Totals						TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD						
Regular	18.5000	74.48	1,377.88	357.62	6,615.97	SOC SEC EE	98.04	451.02	401(k)	52.89	245.48						
Overtime	27.7500	0.35	9.72	1.70	47.19	MED EE	22.93	105.48	Vision	6.01	30.05						
Vacation	18.5000	2.30	42.55	14.90	275.65	FEDERAL WH	155.42	703.59	FSA Health Care	96.15	480.75						
Sick	18.5000	3.12	57.72	11.01	203.68	CALIFORNIA WH	33.91	145.57	Voluntary	1.73	8.65						
Bonus PCC	18.5000	0.00	175.00	0.00	525.00	CALIFORNIA SDI EE	14.23	65.47	Dental	11.01	55.05						
PCC Mentorship	18.5000	0.00	100.00	0.00	100.00				Medical	68.43	342.15						
*401k ER Match		0.00	26.44	0.00	122.75												
Holiday		0.00	0.00	16.00	296.00												
MLR rebate		0.00	0.00	0.00	119.08												

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	3/5/2023	Check Date:	3/24/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	3/18/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V96604162		\$0.00		\$1,478.25		\$1,000.35								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	69.77	1,290.74	427.39	7,906.71	SOC SEC EE	80.40	531.42	401(k)	44.35	289.83			
Overtime	27.7500	0.07	1.95	1.77	49.14	MED EE	18.80	124.28	Vision	6.01	36.06			
Vacation	18.5000	8.48	156.88	23.38	432.53	FEDERAL WH	117.58	821.17	FSA Health Care	96.15	576.90			
Sick	18.5000	1.55	28.68	12.56	232.36	CALIFORNIA WH	21.77	167.34	Voluntary	1.73	10.38			
*401k ER Match		0.00	22.18	0.00	144.93	CALIFORNIA SDI EE	11.67	77.14	Dental	11.01	66.06			
Bonus PCC		0.00	0.00	0.00	525.00				Medical	68.43	410.58			
Holiday		0.00	0.00	16.00	296.00									
PCC Mentorship		0.00	0.00	0.00	100.00									
MLR rebate		0.00	0.00	0.00	119.08									
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SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
3/24/2023	V96604162

Your entire Net pay of \$1,000.35 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,000.35

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)									
Employee #:	507	Division:	Hourly	Period Begin:	3/19/2023	Check Date:	4/7/2023	5555 GARDEN GROVE BLVD STE 200							
Clock Number:		Department:	1005	Period End:	4/1/2023			WESTMINSTER, CA 92683							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:									
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:									
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message							
V97203129		\$0.00		\$1,674.27		\$1,142.56									
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS			
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD				
Regular	18.5000	76.47	1,414.70	503.86	9,321.41	SOC SEC EE	92.54	623.96	401(k)	50.23	340.06				
Overtime	31.1850	0.73	22.77	2.50	71.91	MED EE	21.65	145.93	Vision	6.01	42.07				
Vacation	18.5000	1.87	34.60	25.25	467.13	FEDERAL WH	140.40	961.57	FSA Health Care	96.15	673.05				
Sick	18.5000	1.47	27.20	14.03	259.56	CALIFORNIA WH	30.13	197.47	Voluntary	1.73	12.11				
Bonus PCC	18.5000	0.00	175.00	0.00	700.00	CALIFORNIA SDI EE	13.43	90.57	Dental	11.01	77.07				
*401k ER Match		0.00	25.12	0.00	170.05				Medical	68.43	479.01				
Holiday		0.00	0.00	16.00	296.00										
PCC Mentorship		0.00	0.00	0.00	100.00										
MLR rebate		0.00	0.00	0.00	119.08										
Total:						80.54	1,674.27	561.64	11,335.09	Total:	298.15	2,019.50	Total:	233.56	1,623.37
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY									
						Checking	Account: XXXX-XXXX-XXXX	Deposit Amount:	1,142.56						

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
4/7/2023	V97203129

Your entire Net pay of \$1,142.56 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,142.56

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	4/2/2023	Check Date:	4/21/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	4/15/2023									
SSN:	XXX-XX-██	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V97789244		\$0.00		\$1,494.88		\$1,012.42								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	76.90	1,422.65	580.76	10,744.06	SOC SEC EE	81.42	705.38	401(k)	44.85	384.91			
Overtime	27.7500	0.65	18.03	3.15	89.94	MED EE	19.04	164.97	Vision	6.01	48.08			
Vacation	18.5000	1.60	29.60	26.85	496.73	FEDERAL WH	119.52	1,081.09	FSA Health Care	96.15	769.20			
Sick	18.5000	1.33	24.60	15.36	284.16	CALIFORNIA WH	22.48	219.95	Voluntary	1.73	13.84			
*401k ER Match		0.00	22.42	0.00	192.47	CALIFORNIA SDI EE	11.82	102.39	Dental	11.01	88.08			
Bonus PCC		0.00	0.00	0.00	700.00				Medical	68.43	547.44			
Holiday		0.00	0.00	16.00	296.00									
PCC Mentorship		0.00	0.00	0.00	100.00									
MLR rebate		0.00	0.00	0.00	119.08									

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
4/21/2023	V97789244

Your entire Net pay of \$1,012.42 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,012.42

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	4/16/2023	Check Date:	5/5/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	4/29/2023						
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V98431176		\$0.00		\$1,652.89		\$1,127.04					
EARNINGS *Not included in Totals						TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	18.5000	47.67	881.90	628.43	11,625.96	SOC SEC EE	91.22	796.60	401(k)	49.59	434.50
Overtime	33.2550	0.12	3.99	3.27	93.93	MED EE	21.33	186.30	Vision	6.01	54.09
Vacation	18.5000	32.00	592.00	58.85	1,088.73	FEDERAL WH	137.91	1,219.00	FSA Health Care	96.15	865.35
Bonus PCC	18.5000	0.00	175.00	0.00	875.00	CALIFORNIA WH	29.22	249.17	Voluntary	1.73	15.57
*401k ER Match		0.00	24.80	0.00	217.27	CALIFORNIA SDI EE	13.25	115.64	Dental	11.01	99.09
Sick		0.00	0.00	15.36	284.16				Medical	68.43	615.87
Holiday		0.00	0.00	16.00	296.00						
PCC Mentorship		0.00	0.00	0.00	100.00						
MLR rebate		0.00	0.00	0.00	119.08						

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
5/5/2023	V98431176

Your entire Net pay of \$1,127.04 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,127.04

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)															
Employee #: 507		Division:		Hourly		Period Begin: 4/30/2023		Check Date: 5/19/2023		5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683											
Clock Number:		Department:		1005		Period End: 5/13/2023															
SSN: XXX-XX-XXXX		Federal Filing:		Single		Exemptions: 0		Additional Tax:													
Company Id: 0200BFUJ		State Filing:		Single or Marri		Exemptions: 0		Additional Tax:													
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message													
V99024259		\$0.00		\$1,484.64		\$1,004.99															
EARNINGS						*Not included in Totals						TAXES			DEDUCTIONS						
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD										
Regular	18.5000	56.55	1,046.18	684.98	12,672.14	SOC SEC EE	80.79	877.39	401(k)	44.54	479.04										
Overtime	27.7500	0.22	6.11	3.49	100.04	MED EE	18.90	205.20	Vision	6.01	60.10										
Vacation	18.5000	21.42	396.27	80.27	1,485.00	FEDERAL WH	118.33	1,337.33	FSA Health Care	96.15	961.50										
Sick	18.5000	1.95	36.08	17.31	320.24	CALIFORNIA WH	22.04	271.21	Voluntary	1.73	17.30										
*401k ER Match		0.00	22.27	0.00	239.54	CALIFORNIA SDI EE	11.72	127.36	Dental	11.01	110.10										
Bonus PCC		0.00	0.00	0.00	875.00				Medical	68.43	684.30										
Holiday		0.00	0.00	16.00	296.00																
PCC Mentorship		0.00	0.00	0.00	100.00																
MLR rebate		0.00	0.00	0.00	119.08																
Total:												80.14	1,484.64	802.05	15,967.50	Total:	251.78	2,818.49	Total:	227.87	2,312.34
CURRENT PERIOD LEAVE ACCRUAL												DISTRIBUTION OF NET PAY									
												Checking Account: XXXXX-XXXX-XXXX Deposit Amount: 1,004.99									

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	5/14/2023	Check Date:	6/2/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	5/27/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V99593014		\$0.00		\$1,489.07		\$1,008.20								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	76.87	1,422.10	761.85	14,094.24	SOC SEC EE	81.07	958.46	401(k)	44.67	523.71			
Overtime	27.7500	0.38	10.55	3.87	110.59	MED EE	18.96	224.16	Vision	6.01	66.11			
Sick	18.5000	3.05	56.42	20.36	376.66	FEDERAL WH	118.84	1,456.17	FSA Health Care	96.15	1,057.65			
*401k ER Match		0.00	22.34	0.00	261.88	CALIFORNIA WH	22.23	293.44	Voluntary	1.73	19.03			
Vacation		0.00	0.00	80.27	1,485.00	CALIFORNIA SDI EE	11.77	139.13	Dental	11.01	121.11			
Bonus PCC		0.00	0.00	0.00	875.00				Medical	68.43	752.73			
Holiday		0.00	0.00	16.00	296.00									
PCC Mentorship		0.00	0.00	0.00	100.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)																	
Employee #: 507		Division:		Hourly		Period Begin: 5/28/2023		Check Date: 6/16/2023		5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683													
Clock Number:		Department:		1005		Period End: 6/10/2023																	
SSN: XXX-XX-XXXX		Federal Filing:		Single		Exemptions: 0		Additional Tax:															
Company Id: 0200BFUJ		State Filing:		Single or Marri		Exemptions: 0		Additional Tax:															
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message															
V100258965		\$0.00		\$1,486.28		\$1,006.19																	
EARNINGS						*Not included in Totals						TAXES			DEDUCTIONS								
Description		Rate		Hours		Dollars		YTD Hours		YTD Dollars		Description		Current		YTD		Description		Current		YTD	
Regular		18.5000		69.98		1,294.63		831.83		15,388.87		SOC SEC EE		80.89		1,039.35		401(k)		44.59		568.30	
Overtime		27.7500		0.42		11.65		4.29		122.24		MED EE		18.91		243.07		Vision		6.01		72.12	
Sick		18.5000		1.73		32.00		22.09		408.66		FEDERAL WH		118.52		1,574.69		FSA Health Care		96.15		1,153.80	
Holiday		18.5000		8.00		148.00		24.00		444.00		CALIFORNIA WH		22.11		315.55		Voluntary		1.73		20.76	
*401k ER Match				0.00		22.30		0.00		284.18		CALIFORNIA SDI EE		11.74		150.87		Dental		11.01		132.12	
Vacation				0.00		0.00		80.27		1,485.00								Medical		68.43		821.16	
Bonus PCC				0.00		0.00		0.00		875.00													
PCC Mentorship				0.00		0.00		0.00		100.00													
MLR rebate				0.00		0.00		0.00		119.08													

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	6/11/2023	Check Date:	6/30/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	6/24/2023									
SSN:	XXX-XX-██	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V100877616		\$0.00		\$1,489.62		\$1,008.61								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	70.62	1,306.47	902.45	16,695.34	SOC SEC EE	81.09	1,120.44	401(k)	44.69	612.99			
Overtime	27.7500	0.40	11.10	4.69	133.34	MED EE	18.97	262.04	Vision	6.01	78.13			
Vacation	18.5000	5.58	103.23	85.85	1,588.23	FEDERAL WH	118.91	1,693.60	FSA Health Care	96.15	1,249.95			
Sick	18.5000	3.72	68.82	25.81	477.48	CALIFORNIA WH	22.25	337.80	Voluntary	1.73	22.49			
*401k ER Match		0.00	22.34	0.00	306.52	CALIFORNIA SDI EE	11.77	162.64	Dental	11.01	143.13			
Bonus PCC		0.00	0.00	0.00	875.00				Medical	68.43	889.59			
Holiday		0.00	0.00	24.00	444.00									
PCC Mentorship		0.00	0.00	0.00	100.00									
MLR rebate		0.00	0.00	0.00	119.08									

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
6/30/2023	V100877616

Your entire Net pay of \$1,008.61 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,008.61

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	6/25/2023	Check Date:	7/14/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	7/8/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V101509980		\$0.00		\$1,655.89		\$1,129.21								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	63.83	1,180.86	966.28	17,876.20	SOC SEC EE	91.41	1,211.85	401(k)	49.68	662.67			
Overtime	31.0350	0.13	4.03	4.82	137.37	MED EE	21.38	283.42	Vision	6.01	84.14			
Vacation	18.5000	8.00	148.00	93.85	1,736.23	FEDERAL WH	138.26	1,831.86	FSA Health Care	96.15	1,346.10			
Bonus PCC	18.5000	0.00	175.00	0.00	1,050.00	CALIFORNIA WH	29.35	367.15	Voluntary	1.73	24.22			
Holiday	18.5000	8.00	148.00	32.00	592.00	CALIFORNIA SDI EE	13.27	175.91	Dental	11.01	154.14			
*401k ER Match		0.00	24.84	0.00	331.36				Medical	68.43	958.02			
Sick		0.00	0.00	25.81	477.48									
PCC Mentorship		0.00	0.00	0.00	100.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	7/9/2023	Check Date:	7/28/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	7/22/2023							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V102063502		\$0.00		\$1,733.11		\$1,185.26						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	18.5000	76.12	1,408.22	1,042.40	19,284.42	SOC SEC EE	96.19	1,308.04	401(k)	51.99	714.66	
Overtime	32.4300	0.17	5.52	4.99	142.89	MED EE	22.49	305.91	Vision	6.01	90.15	
Vacation	18.5000	1.70	31.45	95.55	1,767.68	FEDERAL WH	147.25	1,979.11	FSA Health Care	96.15	1,442.25	
Sick	18.5000	2.05	37.92	27.86	515.40	CALIFORNIA WH	32.64	399.79	Voluntary	1.73	25.95	
Referral Bonus		0.00	250.00	0.00	250.00	CALIFORNIA SDI EE	13.96	189.87	Dental	11.01	165.15	
*401k ER Match		0.00	26.00	0.00	357.36				Medical	68.43	1,026.45	
Bonus PCC		0.00	0.00	0.00	1,050.00							
Holiday		0.00	0.00	32.00	592.00							
PCC Mentorship		0.00	0.00	0.00	100.00							
MLR rebate		0.00	0.00	0.00	119.08							

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)									
Employee #:	507	Division:	Hourly	Period Begin:	7/23/2023	Check Date:	8/11/2023								
Clock Number:		Department:	1005	Period End:	8/5/2023										
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:									
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:									
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message							
V102712491		\$0.00		\$1,656.32		\$1,129.52									
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS			
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD				
Regular	18.5000	79.82	1,476.67	1,122.22	20,761.09	SOC SEC EE	91.44	1,399.48	401(k)	49.69	764.35				
Overtime	31.0350	0.15	4.65	5.14	147.54	MED EE	21.39	327.30	Vision	6.01	96.16				
PCC Mentorship	18.5000	0.00	175.00	0.00	275.00	FEDERAL WH	138.31	2,117.42	FSA Health Care	96.15	1,538.40				
*401k ER Match		0.00	24.84	0.00	382.20	CALIFORNIA WH	29.37	429.16	Voluntary	1.73	27.68				
Vacation		0.00	0.00	95.55	1,767.68	CALIFORNIA SDI EE	13.27	203.14	Dental	11.01	176.16				
Sick		0.00	0.00	27.86	515.40				Medical	68.43	1,094.88				
Bonus PCC		0.00	0.00	0.00	1,050.00										
Referral Bonus		0.00	0.00	0.00	250.00										
Holiday		0.00	0.00	32.00	592.00										
MLR rebate		0.00	0.00	0.00	119.08										
Total:						79.97	1,656.32	1,282.77	25,477.79	Total:	293.78	4,476.50	Total:	233.02	3,697.63
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY									
SICK	Accrued:	1.850000	Taken:	0.000000	Balance:	17.430000	Checking	Account:	XXXX-XXXX-XXXX	Deposit Amount:	1,129.52				
Vacation	Accrued:	4.620000	Taken:	0.000000	Balance:	26.240000									

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
8/11/2023	V102712491

Your entire Net pay of \$1,129.52 has been deposited in your bank account(s).

TOTAL NET PAY	
*****	\$1,129.52

507 Hourly 1005

Rosalinda Olivares

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	8/6/2023	Check Date:	8/25/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	8/19/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V103341233		\$0.00		\$1,487.22		\$1,006.86								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	70.17	1,298.14	1,192.39	22,059.23	SOC SEC EE	80.94	1,480.42	401(k)	44.62	808.97			
Overtime	27.7500	0.40	11.10	5.54	158.64	MED EE	18.93	346.23	Vision	6.01	102.17			
Vacation	18.5000	8.87	164.10	104.42	1,931.78	FEDERAL WH	118.63	2,236.05	FSA Health Care	96.15	1,634.55			
Sick	18.5000	0.75	13.88	28.61	529.28	CALIFORNIA WH	22.15	451.31	Voluntary	1.73	29.41			
*401k ER Match		0.00	22.31	0.00	404.51	CALIFORNIA SDI EE	11.76	214.90	Dental	11.01	187.17			
Bonus PCC		0.00	0.00	0.00	1,050.00				Medical	68.43	1,163.31			
Referral Bonus		0.00	0.00	0.00	250.00									
Holiday		0.00	0.00	32.00	592.00									
PCC Mentorship		0.00	0.00	0.00	275.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683								
Employee #:	507	Division:	Hourly	Period Begin:	8/20/2023	Check Date:						9/8/2023			
Clock Number:		Department:	1005	Period End:	9/2/2023										
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:									
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:									
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message							
V103997855		\$0.00		\$1,660.83		\$1,132.80									
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS			
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD				
Regular	18.5000	79.25	1,466.12	1,271.64	23,525.35	SOC SEC EE	91.72	1,572.14	401(k)	49.82	858.79				
Overtime	31.0200	0.20	6.21	5.74	164.85	MED EE	21.45	367.68	Vision	6.01	108.18				
Sick	18.5000	0.73	13.50	29.34	542.78	FEDERAL WH	138.84	2,374.89	FSA Health Care	96.15	1,730.70				
Bonus PCC	18.5000	0.00	175.00	0.00	1,225.00	CALIFORNIA WH	29.56	480.87	Voluntary	1.73	31.14				
*401k ER Match		0.00	24.91	0.00	429.42	CALIFORNIA SDI EE	13.31	228.21	Dental	11.01	198.18				
Vacation		0.00	0.00	104.42	1,931.78				Medical	68.43	1,231.74				
Referral Bonus		0.00	0.00	0.00	250.00										
Holiday		0.00	0.00	32.00	592.00										
PCC Mentorship		0.00	0.00	0.00	275.00										
MLR rebate		0.00	0.00	0.00	119.08										
Total:						80.18	1,660.83	1,443.14	28,625.84	Total:	294.88	5,023.79	Total:	233.15	4,158.73
CURRENT PERIOD LEAVE ACCRUAL										DISTRIBUTION OF NET PAY					
SICK	Accrued:	1.850000	Taken:	0.730000	Balance:	19.650000	Checking	Account:	XXXX-XXXX	Deposit Amount:	1,132.80				
Vacation	Accrued:	4.620000	Taken:	0.000000	Balance:	26.620000									

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
9/8/2023	V103997855

Your entire Net pay of \$1,132.80 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$1,132.80

507 Hourly 1005
Rosalinda Olivares
[Redacted]

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)						
Employee #:	507	Division:	Hourly	Period Begin:	9/3/2023	Check Date:	9/22/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683					
Clock Number:		Department:	1005	Period End:	9/16/2023								
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:							
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:							
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message					
V104583329		\$0.00		\$1,480.11		\$1,001.72							
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD		
Regular	18.5000	53.35	986.98	1,324.99	24,512.33	SOC SEC EE	80.50	1,652.64	401(k)	44.40	903.19		
Overtime	27.7500	0.15	4.17	5.89	169.02	MED EE	18.83	386.51	Vision	6.01	114.19		
Vacation	18.5000	8.00	148.00	112.42	2,079.78	FEDERAL WH	117.80	2,492.69	FSA Health Care	96.15	1,826.85		
Sick	18.5000	10.43	192.96	39.77	735.74	CALIFORNIA WH	21.85	502.72	Voluntary	1.73	32.87		
Holiday	18.5000	8.00	148.00	40.00	740.00	CALIFORNIA SDI EE	11.68	239.89	Dental	11.01	209.19		
*401k ER Match		0.00	22.20	0.00	451.62				Medical	68.43	1,300.17		
Bonus PCC		0.00	0.00	0.00	1,225.00								
Referral Bonus		0.00	0.00	0.00	250.00								
PCC Mentorship		0.00	0.00	0.00	275.00								
MLR rebate		0.00	0.00	0.00	119.08								

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	9/17/2023	Check Date:	10/6/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	9/30/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V105196917		\$0.00		\$1,655.95		\$1,129.27								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	70.40	1,302.40	1,395.39	25,814.73	SOC SEC EE	91.41	1,744.05	401(k)	49.68	952.87			
Overtime	31.0350	0.18	5.58	6.07	174.60	MED EE	21.37	407.88	Vision	6.01	120.20			
Vacation	18.5000	8.93	165.20	121.35	2,244.98	FEDERAL WH	138.27	2,630.96	FSA Health Care	96.15	1,923.00			
Sick	18.5000	0.42	7.77	40.19	743.51	CALIFORNIA WH	29.35	532.07	Voluntary	1.73	34.60			
Bonus PCC	18.5000	0.00	175.00	0.00	1,400.00	CALIFORNIA SDI EE	13.27	253.16	Dental	11.01	220.20			
*401k ER Match		0.00	24.84	0.00	476.46				Medical	68.43	1,368.60			
Referral Bonus		0.00	0.00	0.00	250.00									
Holiday		0.00	0.00	40.00	740.00									
PCC Mentorship		0.00	0.00	0.00	275.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	10/1/2023	Check Date:	10/20/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683				
Clock Number:		Department:	1005	Period End:	10/14/2023							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:						
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V105771951		\$0.00		\$1,485.08		\$1,005.31						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	18.5000	70.03	1,295.56	1,465.42	27,110.29	SOC SEC EE	80.82	1,824.87	401(k)	44.55	997.42	
Overtime	27.7500	0.45	12.48	6.52	187.08	MED EE	18.90	426.78	Vision	6.01	126.21	
Sick	18.5000	9.57	177.04	49.76	920.55	FEDERAL WH	118.38	2,749.34	FSA Health Care	96.15	2,019.15	
*401k ER Match		0.00	22.28	0.00	498.74	CALIFORNIA WH	22.06	554.13	Voluntary	1.73	36.33	
Vacation		0.00	0.00	121.35	2,244.98	CALIFORNIA SDI EE	11.73	264.89	Dental	11.01	231.21	
Bonus PCC		0.00	0.00	0.00	1,400.00				Medical	68.43	1,437.03	
Referral Bonus		0.00	0.00	0.00	250.00							
Holiday		0.00	0.00	40.00	740.00							
PCC Mentorship		0.00	0.00	0.00	275.00							
MLR rebate		0.00	0.00	0.00	119.08							

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Employee #:	507	Division:	Hourly	Period Begin:	10/15/2023				Check Date:	11/3/2023		
Clock Number:		Department:	1005	Period End:	10/28/2023							
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0				Additional Tax:			
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message				
V106407275		\$0.00		\$1,664.91		\$1,135.77						
EARNINGS						*Not included in Totals			TAXES		DEDUCTIONS	
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD	
Regular	18.5000	76.03	1,406.56	1,541.45	28,516.85	SOC SEC EE	91.96	1,916.83	401(k)	49.95	1,047.37	
Overtime	31.0200	0.48	14.89	7.00	201.97	MED EE	21.51	448.29	Vision	6.01	132.22	
Vacation	18.5000	2.75	50.88	124.10	2,295.86	FEDERAL WH	139.31	2,888.65	FSA Health Care	96.15	2,115.30	
Sick	18.5000	0.95	17.58	50.71	938.13	CALIFORNIA WH	29.73	583.86	Voluntary	1.73	38.06	
Bonus PCC	18.5000	0.00	175.00	0.00	1,575.00	CALIFORNIA SDI EE	13.35	278.24	Dental	11.01	242.22	
*401k ER Match		0.00	24.98	0.00	523.72				Medical	68.43	1,505.46	
Referral Bonus		0.00	0.00	0.00	250.00							
Holiday		0.00	0.00	40.00	740.00							
PCC Mentorship		0.00	0.00	0.00	275.00							
MLR rebate		0.00	0.00	0.00	119.08							

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
11/3/2023	V106407275

Your entire Net pay of \$1,135.77 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$1,135.77

507 Hourly 1005
Rosalinda Olivares



NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683								
Employee #:	507	Division:	Hourly	Period Begin:	10/29/2023				Check Date:	11/17/2023				
Clock Number:		Department:	1005	Period End:	11/11/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0				Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Single or Marri	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V107016958		\$0.00		\$1,732.60		\$1,322.29								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	73.53	1,360.30	1,614.98	29,877.15	SOC SEC EE	107.43	2,024.26	401(k)	51.98	1,099.35			
Overtime	32.4450	0.20	6.49	7.20	208.46	MED EE	25.12	473.41	Vision	0.00	132.22			
Vacation	18.5000	2.08	38.48	126.18	2,334.34	FEDERAL WH	168.98	3,057.63	FSA Health Care	0.00	2,115.30			
Sick	18.5000	4.18	77.33	54.89	1,015.46	CALIFORNIA WH	41.21	625.07	Voluntary	0.00	38.06			
PCC Evnt Incent	18.5000	0.00	250.00	0.00	250.00	CALIFORNIA SDI EE	15.59	293.83	Dental	0.00	242.22			
*401k ER Match		0.00	25.99	0.00	549.71				Medical	0.00	1,505.46			
Bonus PCC		0.00	0.00	0.00	1,575.00									
Referral Bonus		0.00	0.00	0.00	250.00									
Holiday		0.00	0.00	40.00	740.00									
PCC Mentorship		0.00	0.00	0.00	275.00									
MLR rebate		0.00	0.00	0.00	119.08									
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Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ)							
Employee #:	507	Division:	Hourly	Period Begin:	11/12/2023	Check Date:	12/1/2023	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	11/25/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V107685612		\$0.00		\$1,692.80		\$1,314.16								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	53.65	992.52	1,668.63	30,869.67	SOC SEC EE	104.95	2,129.21	401(k)	50.78	1,150.13			
Overtime	30.9900	1.25	38.73	8.45	247.19	MED EE	24.55	497.96	Vision	0.00	132.22			
Vacation	18.5000	8.00	148.00	134.18	2,482.34	FEDERAL WH	164.35	3,221.98	FSA Health Care	0.00	2,115.30			
Sick	18.5000	2.30	42.55	57.19	1,058.01	CALIFORNIA WH	18.77	643.84	Voluntary	0.00	38.06			
Bonus PCC	18.5000	0.00	175.00	0.00	1,750.00	CALIFORNIA SDI EE	15.24	309.07	Dental	0.00	242.22			
Holiday	18.5000	16.00	296.00	56.00	1,036.00				Medical	0.00	1,505.46			
*401k ER Match		0.00	25.39	0.00	575.10									
Referral Bonus		0.00	0.00	0.00	250.00									
PCC Mentorship		0.00	0.00	0.00	275.00									
PCC Evtnt Incent		0.00	0.00	0.00	250.00									
MLR rebate		0.00	0.00	0.00	119.08									

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683							
Employee #:	507	Division:	Hourly	Period Begin:	11/26/2023	Check Date:						12/15/2023		
Clock Number:		Department:	1005	Period End:	12/9/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V108341008		\$0.00		\$1,534.51		\$1,195.96								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	66.63	1,232.66	1,735.26	32,102.33	SOC SEC EE	95.14	2,224.35	401(k)	46.04	1,196.17			
Overtime	27.7500	0.93	25.80	9.38	272.99	MED EE	22.25	520.21	Vision	0.00	132.22			
Vacation	18.5000	13.30	246.05	147.48	2,728.39	FEDERAL WH	145.92	3,367.90	FSA Health Care	0.00	2,115.30			
Gift Card	18.5000	0.00	30.00	0.00	30.00	CALIFORNIA WH	15.39	659.23	Voluntary	0.00	38.06			
*401k ER Match		0.00	23.02	0.00	598.12	CALIFORNIA SDI EE	13.81	322.88	Dental	0.00	242.22			
Sick		0.00	0.00	57.19	1,058.01				Medical	0.00	1,505.46			
Bonus PCC		0.00	0.00	0.00	1,750.00									
Referral Bonus		0.00	0.00	0.00	250.00									
Holiday		0.00	0.00	56.00	1,036.00									
PCC Mentorship		0.00	0.00	0.00	275.00									
PCC Evtnt Incent		0.00	0.00	0.00	250.00									
MLR rebate		0.00	0.00	0.00	119.08									
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SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
12/15/2023	V108341008

Your entire Net pay of \$1,195.96 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$1,195.96

507 Hourly 1005
Rosalinda Olivares
[Redacted]

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares							SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683							
Employee #:	507	Division:	Hourly	Period Begin:	12/10/2023	Check Date:						12/29/2023		
Clock Number:		Department:	1005	Period End:	12/23/2023									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V108971095		\$0.00		\$1,523.76		\$1,187.94								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	71.27	1,318.50	1,806.53	33,420.83	SOC SEC EE	94.47	2,318.82	401(k)	45.71	1,241.88			
Overtime	27.7500	1.63	45.24	11.01	318.23	MED EE	22.10	542.31	Vision	0.00	132.22			
Vacation	18.5000	0.65	12.02	148.13	2,740.41	FEDERAL WH	144.67	3,512.57	FSA Health Care	0.00	2,115.30			
Holiday	18.5000	8.00	148.00	64.00	1,184.00	CALIFORNIA WH	15.16	674.39	Voluntary	0.00	38.06			
*401k ER Match		0.00	22.86	0.00	620.98	CALIFORNIA SDI EE	13.71	336.59	Dental	0.00	242.22			
Sick		0.00	0.00	57.19	1,058.01				Medical	0.00	1,505.46			
Bonus PCC		0.00	0.00	0.00	1,750.00									
Referral Bonus		0.00	0.00	0.00	250.00									
PCC Mentorship		0.00	0.00	0.00	275.00									
PCC Evtnt Incent		0.00	0.00	0.00	250.00									
Gift Card		0.00	0.00	0.00	30.00									
MLR rebate		0.00	0.00	0.00	119.08									

SERENDIPITY HEARING INC (0200BFUJ)
5555 GARDEN GROVE BLVD STE 200
WESTMINSTER, CA 92683

CHECK DATE	VOUCHER ID
12/29/2023	V108971095

Your entire Net pay of \$1,187.94 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$1,187.94

507 Hourly 1005
Rosalinda Olivares
[Redacted]

NOT NEGOTIABLE

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683								
Employee #: 507		Division:		Hourly		Period Begin: 12/24/2023		Check Date: 1/12/2024						
Clock Number:		Department:		1005		Period End: 1/6/2024								
SSN: XXX-XX-XXXX		Federal Filing:		Single		Exemptions: 0		Additional Tax:						
Company Id: 0200BFUJ		State Filing:		Head of House		Exemptions: 0		Additional Tax:						
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V109588691		\$0.00		\$1,844.45		\$1,265.90								
EARNINGS						TAXES						DEDUCTIONS		
*Not included in Totals														
Description		Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description		Current	YTD	Description		Current	YTD
Regular		18.5000	53.30	986.05	53.30	986.05	SOC SEC EE		101.61	101.61	401(k)		55.33	55.33
Overtime		31.0200	0.33	10.23	0.33	10.23	MED EE		23.76	23.76	Vision		4.81	4.81
Vacation		18.5000	8.00	148.00	8.00	148.00	FEDERAL WH		157.34	157.34	FSA Health Care		115.38	115.38
Sick		18.5000	2.70	49.95	2.70	49.95	CALIFORNIA WH		16.95	16.95	Dental		8.81	8.81
Bonus PCC		18.5000	0.00	175.00	0.00	175.00	CALIFORNIA SDI EE		18.03	18.03	Medical		76.53	76.53
Holiday		18.5000	16.00	296.00	16.00	296.00								
MLR rebate			0.00	179.22	0.00	179.22								
*401k ER Match			0.00	27.66	0.00	27.66								

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683					
Employee #:	507	Division:	Hourly	Period Begin:	1/7/2024	Check Date:	1/26/2024				
Clock Number:		Department:	1005	Period End:	1/20/2024						
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V110155582		\$0.00		\$1,482.70		\$1,010.70					
EARNINGS						TAXES			DEDUCTIONS		
*Not included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	18.5000	75.23	1,391.76	128.53	2,377.81	SOC SEC EE	79.19	180.80	401(k)	44.48	99.81
Overtime	27.7500	0.43	11.94	0.76	22.17	MED EE	18.52	42.28	Vision	4.81	9.62
Sick	18.5000	4.27	79.00	6.97	128.95	FEDERAL WH	115.23	272.57	FSA Health Care	115.38	230.76
*Phone Stipend		0.00	5.00	0.00	5.00	CALIFORNIA WH	0.00	16.95	Dental	8.81	17.62
*401k ER Match		0.00	22.24	0.00	49.90	CALIFORNIA SDI EE	14.05	32.08	Medical	76.53	153.06
Vacation		0.00	0.00	8.00	148.00						
Bonus PCC		0.00	0.00	0.00	175.00						
Holiday		0.00	0.00	16.00	296.00						
MLR rebate		0.00	0.00	0.00	179.22						
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Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)								
Employee #:	507	Division:	Hourly	Period Begin:	1/21/2024	Check Date:	2/9/2024	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683						
Clock Number:		Department:	1005	Period End:	2/3/2024									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V110736985		\$0.00		\$1,677.26		\$1,145.31								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	60.00	1,110.00	188.53	3,487.81	SOC SEC EE	91.24	272.04	401(k)	50.32	150.13			
Overtime	31.0050	0.73	22.63	1.49	44.80	MED EE	21.34	63.62	Vision	4.81	14.43			
Vacation	18.5000	19.98	369.63	27.98	517.63	FEDERAL WH	133.95	406.52	FSA Health Care	115.38	346.14			
Bonus PCC	18.5000	0.00	175.00	0.00	350.00	CALIFORNIA WH	13.38	30.33	Dental	8.81	26.43			
*401k ER Match		0.00	25.16	0.00	75.06	CALIFORNIA SDI EE	16.19	48.27	Medical	76.53	229.59			
Sick		0.00	0.00	6.97	128.95									
Holiday		0.00	0.00	16.00	296.00									
*Phone Stipend		0.00	0.00	0.00	5.00									
MLR rebate		0.00	0.00	0.00	179.22									

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ) 5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683								
Employee #:	507	Division:	Hourly	Period Begin:	2/4/2024	Check Date:	2/23/2024							
Clock Number:		Department:	1005	Period End:	2/17/2024									
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:								
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:								
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message						
V111335205		\$0.00		\$1,510.53		\$1,035.93								
EARNINGS						*Not included in Totals			TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD			
Regular	18.5000	67.90	1,256.15	256.43	4,743.96	SOC SEC EE	80.91	352.95	401(k)	45.32	195.45			
Overtime	27.7500	1.12	31.08	2.61	75.88	MED EE	18.93	82.55	Vision	4.81	19.24			
Vacation	18.5000	8.00	148.00	35.98	665.63	FEDERAL WH	114.55	521.07	FSA Health Care	115.38	461.52			
Sick	18.5000	4.07	75.30	11.04	204.25	CALIFORNIA WH	0.00	30.33	Dental	8.81	35.24			
*Phone Stipend		0.00	5.00	0.00	10.00	CALIFORNIA SDI EE	14.36	62.63	Medical	76.53	306.12			
*401k ER Match		0.00	22.66	0.00	97.72									
Bonus PCC		0.00	0.00	0.00	350.00									
Holiday		0.00	0.00	16.00	296.00									
MLR rebate		0.00	0.00	0.00	179.22									

Statement of Earnings For: Rosalinda Olivares						SERENDIPITY HEARING INC (0200BFUJ)					
Employee #:	507	Division:	Hourly	Period Begin:	2/18/2024	Check Date:	3/8/2024	5555 GARDEN GROVE BLVD STE 200 WESTMINSTER, CA 92683			
Clock Number:		Department:	1005	Period End:	3/2/2024						
SSN:	XXX-XX-XXXX	Federal Filing:	Single	Exemptions:	0	Additional Tax:					
Company Id:	0200BFUJ	State Filing:	Head of House	Exemptions:	0	Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V111949453		\$0.00		\$1,710.05		\$1,169.72					
EARNINGS						*Not included in Totals					
						TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular	18.5000	74.70	1,381.95	331.13	6,125.91	SOC SEC EE	93.29	446.24	401(k)	51.30	246.75
Overtime	30.9600	1.82	56.34	4.43	132.22	MED EE	21.81	104.36	Vision	4.81	24.05
Vacation	18.5000	3.95	73.08	39.93	738.71	FEDERAL WH	137.77	658.84	FSA Health Care	115.38	576.90
Sick	18.5000	1.28	23.68	12.32	227.93	CALIFORNIA WH	14.08	44.41	Dental	8.81	44.05
Bonus PCC	18.5000	0.00	175.00	0.00	525.00	CALIFORNIA SDI EE	16.55	79.18	Medical	76.53	382.65
*401k ER Match		0.00	25.65	0.00	123.37						
Holiday		0.00	0.00	16.00	296.00						
*Phone Stipend		0.00	0.00	0.00	10.00						
MLR rebate		0.00	0.00	0.00	179.22						

Exhibit E



PHOENIX

CLASS ACTION ADMINISTRATION SOLUTIONS

CASE ASSUMPTIONS

Class Members	337
Opt Out Rate	0%
Opt Outs Received	6
Total Class Claimants	331
Subtotal Admin Only	\$9,194.12

TOTAL COSTS	\$8,950.00
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Fixed Fee

May 18, 2026

Case: Hannett, et al. v. Serendipity Hearing, Inc., et al.

Case & Database Setup / Toll Free Setup & Call Center / NCOA (USPS)

Administrative Tasks:	Rate	Hours/Units	Line Item Estimate
Programming Manager	\$100.00	3	\$300.00
Programming Database & Setup	\$100.00	3	\$300.00
Toll Free Setup*	\$140.00	1	\$140.00
Call Center & Long Distance	\$2.00	34	\$67.40
NCOA (USPS)	\$0.15	337	\$50.55
Total			\$857.95

Data Merger & Scrub / Notice Packet, Opt-Out Form & Postage /Translation

Project Action	Rate	Hours/Units	Line Item Estimate
Notice Packet Formatting	\$105.00	3	\$315.00
Data Merge & Duplication Scrub	\$0.35	337	\$117.95
Notice Packet & Opt-Out Form	\$1.50	337	\$505.50
Postage (up to 1 oz.)	\$0.74	337	\$249.38
Language Translation	\$1,000.00	1	\$1,000.00
Total			\$2,187.83

Skip Tracing & Remailing Notice Packets / Tracking & Programming Undeliverables

Project Action:	Rate	Hours/Units	Line Item Estimate
Case Associate	\$55.00	3	\$165.00
Skip Tracing Undeliverables	\$1.00	16	\$16.00
Remail Notice Packets	\$1.50	16	\$24.00
Postage	\$0.74	16	\$11.84
Programing Undeliverables	\$50.00	1	\$50.00
Total			\$266.84

Database Programming / Processing Opt-Outs, Deficiencies or Disputes

Project Action:	Rate	Hours/Units	Line Item Estimate
Programming Claims Database	\$100.00	3	\$300.00
Non Opt-Out Processing	\$200.00	2	\$400.00
Case Associate	\$55.00	3	\$165.00
Opt-Outs/Deficiency/Dispute Letters	\$5.00	0	\$0.00
Case Manager	\$85.00	3	\$255.00
Total			\$1,120.00

Calculation & Disbursement Programming/ Create & Manage QSF/ Mail Checks			
Project Action:	Rate	Hours/Units	Line Item Estimate
Programming Calculations	\$100.00	3	\$300.00
Disbursement Review	\$100.00	3	\$300.00
Programming Manager	\$95.00	2	\$190.00
QSF Fees, Bank Account & EIN	\$75.00	3	\$225.00
Check Run Setup & Printing	\$100.00	3	\$300.00
Mail Class Checks, W2 and 1099 *	\$1.00	331	\$331.00
Estimated Postage Checks, W2 and 1099	\$0.50	331	\$165.50
Total			\$1,811.50

* Checks are printed on 8.5 x 11 in. sheets with W2/1099 Tax Filing

Tax Reporting & Reconciliation / Re-Issuance of Checks / Conclusion Reports and Declarations			
Project Action:	Rate	Hours/Units	Line Item Estimate
Case Supervisor	\$100.00	3	\$300.00
Remail Undeliverable Checks (Postage Included)	\$1.50	40	\$60.00
Case Associate	\$55.00	2	\$110.00
Reconcile Uncashed Checks	\$85.00	3	\$255.00
Conclusion Reports	\$115.00	2	\$230.00
Case Manager Conclusion	\$85.00	2	\$170.00
Final Reporting & Declarations	\$115.00	1	\$115.00
Uncashed Check Notice Postcard (Postage Included)	\$1.50	40	\$60.00
Uncashed Check QSF Tax Filing	\$150.00	3	\$450.00
IRS & QSF Annual Tax Reporting * (State Tax Reporting Included)	\$1,200.00	1	\$1,200.00
Total			\$2,950.00

* All applicable California State & Federal taxes, which include SUI, ETT, and SDI, and FUTA filings. Additional taxes are Defendant's responsibility.

Total: \$9,194.12