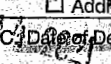
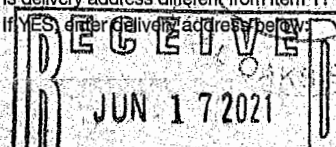


# **EXHIBIT 4**

delivered  
6/17/21

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>                                                                                                                                      |  |
| 1. Article Addressed to:                                                                                                                                                                                                                                                                                                     |  | B. Received by (Printed Name)  C. Date of Delivery                                                                                                |  |
| Sedgwick Claims Management Services, Inc.<br>c/o Corporation Service Company<br>2710 Gateway Oaks Drive, Suite 105N<br>Sacramento, California 95833                                                                                                                                                                          |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                              |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |  |
|                                                                                                                                                                                                                                                                                                                              |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                       |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                           |  | 7014 3490 0000 3116 1901                                                                                                                                                                                                                                                                                               |  |
| PS Form 3811, July 2013                                                                                                                                                                                                                                                                                                      |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                |  |

CERTIFIED MAIL®



7014 3490 0000 3116 1901

B910604

\$1.110  
US POSTAGE  
FIRST-CLASS  
062S0009565018  
77046



\$7.560  
US POSTAGE  
FIRST-CLASS  
062S0009564988  
77046



SC00163

**SLS** SHELLIST | LAZARZ | SLOBIN  
EMPLOYMENT LAW TRIAL LAWYERS

11 GREENWAY PLAZA, SUITE 1515  
HOUSTON, TEXAS 77046

Sedgwick Claims Management Services, Inc.  
c/o Corporation Service Company  
2710 Gateway Oaks Drive, Suite 105N  
Sacramento, California 95833

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Sedgwick Claims Management Services, Inc.  
c/o Corporation Service Company  
2710 Gateway Oaks Drive, Suite 105N  
Sacramento, California 95833

**COMPLETE THIS SECTION ON DELIVERY**

|                                                                                                                                                 |                                                                                                           |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| A. Signature<br>                                              |                                                                                                           | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| B. Received by (Printed Name)<br>                             | C. Date of Delivery<br> |                                                                      |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |                                                                                                           |                                                                      |

|                                                                  |                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| 3. Service Type                                                  |                                                                    |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Priority Mail Express™                    |
| <input type="checkbox"/> Registered                              | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail                            | <input type="checkbox"/> Collect on Delivery                       |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |                                                                    |

2. Article Number  
(Transfer from service label)

7014 3490 0000 3116 1901

PS Form 3811, July 2013

Domestic Return Receipt



Cavanaugh, Susan <scavanaugh@eeoc.net>

---

**Fwd: Thank you for submission of your PAGA Case.**

---

**Arbuckle, Melinda** <marbuckle@eeoc.net>  
To: Susan Cavanaugh <scavanaugh@eeoc.net>  
Cc: Rick Prieto <rprieto@eeoc.net>

Wed, Jun 9, 2021 at 2:33 PM

FYI.

Melinda Arbuckle  
Associate Attorney  
**Shellist | Lazarz | Slobin LLP**  
11 Greenway Plaza | Suite 1515 | Houston, Texas 77046  
Tel: 713.621.2277 | Fax: 713.621.0993  
marbuckle@eeoc.net | www.eeoc.net



----- Forwarded message -----

From: **LWDA DO NOT REPLY** <lwdadonotreply@dir.ca.gov>  
Date: Wed, Jun 9, 2021 at 2:31 PM  
Subject: Thank you for submission of your PAGA Case.  
To: marbuckle@eeoc.net <marbuckle@eeoc.net>

6/9/2021

LWDA Case No. LWDA-CM-834484-21  
Law Firm : Shellist Lazarz Slobin LLP  
Plaintiff Name : Holly Garrett  
Employer: Sedgwick Claims Management Services, Inc.  
Filing Fee : \$75.00  
IFP Claimed : No

Item submitted: Initial PAGA Notice

Thank you for your submission to the Labor and Workforce Development Agency. Please make a note of the LWDA Case No. above as you may need this number for future reference when filing any subsequent documents for this Case.

If you have questions or concerns regarding this submission or your case, please send an email to [pagainfo@dir.ca.gov](mailto:pagainfo@dir.ca.gov).

DIR PAGA Unit on behalf of  
Labor and Workforce Development Agency

Website: [http://labor.ca.gov/Private\\_Attorneys\\_General\\_Act.htm](http://labor.ca.gov/Private_Attorneys_General_Act.htm)