•	I, <u>Jason</u> under the Fair I	Labor Standards Act. (print name), consent to join the lawsuit seeking damages	s for unpaid wages					
•	I am similarly s wages for all he	situated to the named Plaintiff in this matter because I performed similar duties nours worked.	and did not receive					
•	name, and on r litigation, inclu	named Plaintiff and Plaintiff's Counsel to file and prosecute the above-refer my behalf, and I designate the named Plaintiff to make decisions on my bel uding negotiating a resolution of my claims and entering into a fee agreem understand that I will be bound be such decisions.	half concerning the					
•	I agree to be re	epresented by Counsel for the named Plaintiff.						
•		form is stricken for any reason, I authorize Plaintiff's Counsel to use this consarate or related action.	sent form to file my					
• Date: 6-26-25 Signature: 44/								
Inform	nation below th	his line will not be filed with the Court:						
Sta	art and end dates	s of employment: 3-20-09 to Present 6175 Carnation dr.						
Ac	ldress:	6175 Carnation dr.						
Ci		Beaument						
Sta	ate and Zip:	Texas 77706						
Ph	one:	409 - 454 - 7535						
	ternative one:							
En	nail:	Jason 2 Hoff agmail.com						
W	ork Locations:	Jason 2 Hoff agmail.com FCC Beaumont Worden Rivers						
Su	pervisor:	Worden Rivers						

- I, Kevin Was hinston (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound be such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.

• Date: 6-27-25 Signature: Kei W.

Information below this line will not be filed with the Court:

Start and end date	s of employment: 8-7-2005 to Current
Start and one date	A. C.
Address:	P.O. Box 365
City:	Charleston
State and Zip:	MS 38921
Phone:	662 375 4366
Alternative Phone:	
Email:	Klwashington 1911 @ yahoo. com
Work Locations:	FCC Yaros City
Supervisor:	Unit Manager Andrea Smith

T110 PC26766 Apex ID: 25USOA47643

	• I, OSVALDO LUA (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.						
	• I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.						
• I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in mame, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff' Counsel, and I understand that I will be bound be such decisions.							
	• I agree to be represented by Counsel for the named Plaintiff.						
	If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.						
• Date: <u>\(\lambda/25/25\)</u> Signature: <u>\(\lambda\)</u> Information below this line will not be filed with the Court:							
	Start and end dates of employment: 02/2017 to Present						
	Address: 4243 SW / 104TH PATH						
	City: MIAMI						
	City: MIAMI State and Zip: FL 33185 Phone: 419-919-5350						
	Phone: 419-919-5350						
	Alternative Phone:						
	Email: OLLESDSUD GMALLOM						
	Work Locations: FCI MIAMI (MIA)						

Jenifer Ozuna

Supervisor:

- I, Nicholds Games II (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound be such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.

• Date: <u>6/27/25</u> Signature: M/- Um

Information below this line will not be filed with the Court:

Start and end date	es of employment: 5/22/24 to Present	
Address:	1261 ne 42nd Ave.	
City:	Homestead FL	
State and Zip:	FL, 33033	
Phone:	786-594-1640	
Alternative Phone:		
Email:	Nich.gome253@yghoo.com	
Work Locations:	FCI Miani	
Supervisor:	LT Rodriguez	

• I, Sprint name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.

- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound be such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.

• Date: <u>C 23-2025</u> Signature:

Information below this line will not be filed with the Court:

Start and end date	es of employment: 8-20-2014 to	Present	
Address:	206 W. 7th St.		
City:	Florence		
State and Zip:	CO 81226		
Phone:	719-696-4484		
Alternative Phone:			
Email:	hompsiush@yahoo.com		
Work Locations:	FCI Florence		
Supervisor:			