

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
Orlando Division

CASE NO.: 6:08-cv-01186-MSS-DAB

NANCY BUTLER-JONES, and HYWEL JONES,
NELSON I. del TORO, MEHMET SAHIN,
LINDA MEYERS, and WILLIAM DAVIS,
individually and on behalf of all other similarly
situated employees,

Plaintiffs,

v.

STERLING CASINO LINES, L.P., a Delaware
Limited Partnership, SEXTANT STERLING I,
INC., a Delaware Corporation, and
JOHN BREVICK, individually, and All
Other Subsidiaries or Successors,

Defendants.

OFFICIAL CLAIM FORM AND RELEASE

This Official Claim Form has been provided to you in connection with the settlement of this class action litigation. By properly completing this Claim Form, you may be entitled to recovery, subject to court approval. The attached Notice of Proposed Class Action, Settlement, Fairness Hearing and Right to Appear ("Notice") describes this litigation, the proposed settlement, Class Member eligibility requirements and the claim procedure.

**ONLY FORMER EMPLOYEES OF STERLING CASINO LINES SHOULD SUBMIT
THIS CLAIM FORM.**

If you are a former Sterling Casino Lines employee, failure to timely submit this fully-completed Official Claim form, will result in the denial of your claim.

Your fully-completed Official Claim Form(s) must be postmarked by thirty days from the postmark of your receipt of the Notice and this Claim Form. No extensions of this deadline are or will be permitted.

PART I ELIGIBILITY

As is more specifically detailed in the attached Notice and in the Settlement Agreement on file with the Clerk of Court in the U.S. District Court for the Middle District Florida:

If you previously were employed by Sterling Casino Lines, L.P. and suffered an employment loss on July 7, 2008, or thereafter, as part of the closing of Sterling Casino Lines' operations at Port Canaveral, Florida, you may be entitled to receive up to sixty (60) days pay.

As is more specifically explained in the attached Notice and in the Settlement Agreement, eligible Class Members who timely submit this Official Claim Form will (if eligible under the Settlement Agreement) receive a check for actual damages from Sterling Casino Lines.

To receive a payment, eligible class members must meet all requirements explained in the Notice and in the Settlement Agreement.

PART II HOW TO PREPARE YOUR CLAIM

If you are a **former Sterling employee whose employment was terminated on or after July 7, 2008** and you think that you meet the criteria set forth above and wish to apply for possible payment, you must do the following:

1. Read this Claim Form.
2. Review the Notice, which explains in more detail who is entitled to a payment.
3. Complete the Official Claim Form by completing all of the information required.
4. Sign the Official Claim Form, and return it by mail, postmarked on or before November 11, 2009, to the Claim Administrator addressed as follows:

Cynthia Kane
Sterling Casino Lines L.P.
3950 South Banana River Boulevard
Cocoa Beach, FL 32931

If your properly executed Official Claim Form is postmarked later than November 11, 2009, you will be barred from any recovery. Any and all information you submit on your Official Claim Form is subject to verification by the Court.

Completing this form does not automatically entitle you to recover under the Settlement Agreement. Your claim must meet all of the criteria set forth in the Settlement Agreement, and your claim is subject to all of the terms, requirements, circumstances, conditions, exclusions, and restrictions of the Settlement Agreement. You may not be entitled to recover any monies under the Settlement Agreement and/or this Official Claim Form. Please refer to your Notice and the Settlement Agreement for more details regarding the Settlement Agreement.

PART IV CLAIM INFORMATION

Please provide all of the information requested below. This information is required by the court in order to permit the Claims Administrator to identify, verify, and process your claim for recovery.

1. _____
Name

2. _____

Current mailing street address (your Settlement Payment will be mailed to this address)

3. _____
Social Security Number or Tax Identification Number (if applicable)

PART V SUBMISSION TO JURISDICTION OF COURT AND RELEASE

By submitting this Official Claim Form, I do declare, certify and agree:

1. I hereby submit to the jurisdiction of the United States District Court for the Middle District of Florida, and I agree to be bound by the terms of the Settlement Agreement referred to in the Notice.

2. I on behalf of myself, and my heirs, successors, and assigns (collectively "Releasers"), hereby release, acquit, and forever discharge Sterling Casino Lines, L.P., Sextant Sterling I, Inc., and John Brevick, their parents, subsidiaries, predecessors, successors and/or assigns, attorneys, accountants, representatives, affiliates, agents, present and former officers, inside and outside directors, shareholders, employees, and/or reinsurance carriers, (collectively "Releasees"), except as otherwise provided in the Settlement Agreement, from all claims, actions, suits, obligations, debts, demands, rights, causes of action, damages, statutory or common law claims, statutory and common law bad faith claims, liabilities of any nature

whatsoever, controversies, costs, court costs, expenses, prejudgment and post-judgment interest, and attorneys' fees whatsoever, at law or in equity, regardless of legal theory, which have been asserted, or could have been asserted, in this Action including but not limited to all violations of the law whatsoever which Releasers ever had, now have or hereinafter can, shall or may have against one or more of said Releasees, arising out of, contained in, or related to those claims and causes of action asserted in this Action.

3. I understand that by signing this Claim Form I do not waive any objection or motion to intervene that I have filed with the Court regarding the Settlement Agreement, but that should the Court overrule the objection and give final approval to the Settlement Agreement, this release will become effective when the Court's Order becomes final.

4. I hereby certify, swear and affirm, under penalty of perjury, that the information I have provided in this Official Claim Form is true and correct to the best of my knowledge, that was employed by Sterling Casino Lines. **I further certify, swear, and affirm, under penalty of perjury, that I have not already been reimbursed for any financial harm alleged in this Action (except as may have been settled by separate agreement)**, that I believe I am entitled to the payment of actual damages, that no one else has received said payment, and that I have not received monies from any source prior to the date I have signed this Official Claim Form relating to my WARN Act rights upon separation from Sterling Casino Lines.

Signature of Former Employee

Date