

**CONTINGENT FEE AGREEMENT**

RE: Litigation against Postal Fleet Services Inc.

The undersigned ("Client") engage(s) William B. Federman ("Federman") of Federman & Sherwood ("Attorney") to investigate the facts and circumstances surrounding allegations by Client against Postal Fleet Services Inc. ("Defendant") and, if necessary, to institute litigation upon Client's behalf against Defendant and anyone else believed by the Attorney to be liable. Client agrees that the Attorney may associate with other law firms or consultants as Attorney believes is necessary.

For their services, Attorney agrees to accept this engagement on a contingency basis. In addition, Attorney will be responsible for all expenses in the litigation. Attorney is not required to pursue any appeals. Expenses may include, but are not limited to, filing fees, costs of travel, lodging, copying, telephone calls, postage, depositions and expert witness fees. Reimbursement of all expenses advanced by Attorney, or others, will be made before distribution of the net proceeds of any recovery. Client agrees that Attorney will receive 40% of any amount recovered or value recovered, or such fees as approved by the court if a class action is certified that includes Client as a Class member or as otherwise agreed by the parties. Client is not responsible for any fees or expenses if the action is not successful. Client understands the duty to preserve any documents, computer files, and smart phone apps and data that Client may have related to Defendant or the subject matter of this action.

Client grants Attorney an Attorney's Lien on any recovery in this matter. Any disputes under this agreement shall be resolved by binding arbitration in Oklahoma City under the laws of Oklahoma pursuant to the then existing rules of the American Arbitration Association for commercial arbitration.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Print Name)

FEDERMAN & SHERWOOD

By: \_\_\_\_\_  
William B. Federman, Esq.

**CLIENT INFORMATION:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone Number and Fax Number

\_\_\_\_\_  
E-Mail Address