APPENDIX 2

IN THE DISTRICT COURT OF MARYLAND FOR ANNE ARUNDEL COUNTY

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v.

Case Nos., D07CV220127000, D07CV22013292, and D07CV22013293

RILEY DEHORITY, ANNA PLETCH, and HANNAH STEINCAMP

Defendants.	
	/

AFFIDAVIT OF ANNA PLETCH IN SUPPORT OF DEFENDANTS' MOTION TO DISMISS

- I, Anna Pletch, certify as follows:
- 1. I am a full-time undergraduate student at Virginia Tech and reside in Blacksburg, Virginia.
- 2. I was employed by BookHolders, LLC ("BookHolders") in various capacities from approximately January 15, 2022 through July 7, 2022.
- 3. Attached hereto as "Exhibit A-1" is a true and correct copy of the Employee Arbitration Agreement that I was required to sign as a condition of my employment with BookHolders on January 15, 2022.
 - 4. I was initially paid at a wage rate of \$9.00 per hour.
- 5. After I was promoted to head clerk in April 2022, I was paid \$10.25 per hour.

- 6. In June 2022, I learned from a friend that the minimum wage in Virginia is \$11.00 per hour.
- 7. On or around June 23, 2022, I was told by John Verde, BookHolders' owner, that my wage rate was below \$11.00 because BookHolders maintained a federal certificate that enabled it to employ full-time students at flexible schedules at sub-minimum wage rates.
- 8. Based on conversations with Riley DeHority and others, I became concerned that BookHolders may be violating Virginia's minimum wage laws by paying me and other employees below \$11.00 per hour.
- 9. I voluntarily ended my employment with BookHolders on or around July 7, 2022.
- 10. I submitted a claim to the Virginia Department of Labor and Industry ("DOLI") on or around July 9, 2022, alleging minimum wage violations by BookHolders. Attached hereto as "Exhibit B-1" is a true and correct copy of the claim I submitted to DOLI.
- 11. Attached hereto as "Exhibit C-1" is a true and correct copy of the letter I received on August 2, 2022 from BookHolders' owner John Verde, which alleged that by filing a complaint with Virginia DOLI, I had breached the Employee Arbitration Agreement that I had signed as a condition of employment

with BookHolders. This letter threatened prompt legal action if I did not withdraw my complaint.

12. As of the date of this writing, I have not withdrawn my claim from DOLI.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

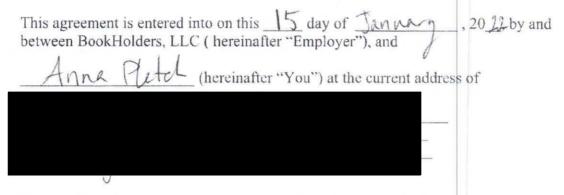
Dated: October 20, 2022

anna fletch BF9AA2B8D1FB483...

Anna Pletch

EXHIBIT A-1

Employee Arbitration Agreement



If an employment dispute arises, You agree to submit any such dispute arising out of your employment or the termination of your employment (including, but not limited to, claims of unlawful termination based on race, gender, age national origin, disability, breach of contract, unlawful discrimination or harassment under federal or state statutes or any other bias prohibited by law) exclusively to binding arbitration under the federal Arbitration Act, 9 U.S.C., Section 1. This arbitration shall be the exclusive means of resolving any dispute arising out of your employment or termination from employment by Employer or You, and no other action can be brought by employees in any court or any forum.

By simply accepting or continuing employment with Employer, You automatically agree that arbitration is the exclusive remedy for all disputes arising out of or related to your employment with Employer and You agree to waive all rights to a civil court action regarding your employment and the termination of your employment with Employer; only the arbitrator, and not a judge nor a jury, will decide the dispute

You must deliver a written request for arbitration to Employer within the date of termination, or six (6) months from the date on which the alleged incident(s) or conduct occurred, and respond within fourteen (14) calendar days to each communication regarding the selection of an arbitrator and the scheduling of a hearing. If Employer does not receive a written request for arbitration from You within six (6) months, or if You do not respond to any communication from six (6) months about the arbitration proceedings within fourteen (14) calendar days, You will have waived any right to raise any claims arising out of your employment, in arbitration and in any court or other forum. Arbitration shall occur in Maryland, by an arbitrator selected by Employer.

You and Employer shall each bear respective costs for legal representation at any such arbitration. The cost of the arbitrator and court reporter, if any, shall be shared equally by both parties.

Nothing contained in this Agreement shall limit the right of the Employer to enforce by court injunction or other equitable relief of your obligations under noncompetition and confidential information provisions.

If, for any reason, any provision of this agreement is held invalid, all other provisions of this agreement shall remain in effect. If this agreement is held invalid or cannot be enforced, then to the full extent permitted by law any prior agreement between the Employer (or any predecessor thereof) and the You shall be deemed reinstated as if this agreement had not been executed.

Governing Law:

This agreement shall be construed under laws of the state of Maryland.

The parties have executed this agreement on the date first written above.

BookHolders

Sign: John Verde

EXHIBIT B-1

Virginia Department of Labor and Industry Labor & Employment Law Division

INSTRUCTIONS FOR COMPLETING "CLAIM FOR WAGES" FORM *PLEASE READ AND FOLLOW THE INSTRUCTIONS TO AVOID PROCESSING DELAYS OF YOUR CLAIM

The attached claim for unpaid wages form must be completed, printed, signed and returned by mail in order for your claim to be investigated. Please complete all areas. If necessary, use a separate sheet of paper to provide additional information or explanation. Send the <u>original claim form</u> and include copies of all documents which will support your claim. You must be able to prove that you are owed wages or had wages wrongfully deducted. Incomplete forms <u>will be returned</u>, causing a delay in processing your claim. If you have not requested payment of your wages from your employer, you <u>must</u> do so before filing a claim. Only after you have been denied your wages should you file a claim with this office. NOTE: You must file your written request with this agency within two (2) years of being denied wages if the wages were earned BEFORE July 01, 2020. If the wages were earned AFTER July 01, 2020, you have three (3) years to file a claim.

EMPLOYEES PAID BY THE HOUR:

If you are claiming wages based on an hourly wage, include the dates, hours, and location(s) where the work was performed for which you were not paid. Be sure to include the **total amount of wages** you are claiming. Please provide documentation of employment and your established rate of pay, such as a paycheck stub; otherwise, our enforcement may be limited. The State Minimum Wage increased to \$11.00 per hour on January 1, 2022. If you are a covered employee, your hourly rate must be at least the state minimum. You can claim pay **for time actually worked only**. **Holiday, vacation, sick, severance, and expense reimbursements** are not collectable under the Virginia Payment of Wage Act.

EMPLOYEES PAID BY SALARY:

If you are claiming wages based on a salary rate, include the maximum number of hours and days you were required to or normally worked to receive the salary. Please provide documentation, such as a paycheck stub to verify that the salary or the deductions from salary you are claiming is accurate. Provide dates and hours worked for which you were not paid and include the total amount of wages you are claiming. Note: Virginia's Payment of Wage Act requires **pay for time actually worked ONLY**. You cannot recover pay for time not actually worked.

EMPLOYEES PAID BY COMMISSION:

State the total amount of commissions you claim are due and indicate how you arrived at the dollar amount of your claim. Please provide a copy of your commission agreement with your employer. Indicate what you had to do to earn the commission and under what circumstances the commission would become due and payable if no written commission document exists. Account for any and all "draws" you may have received. Identify each specific account for which you seek payment of a commission and state the dollar amount of the commission you claim for each account. Provide documentation such as a paycheck stub or commission report to verify employment and the commission rate you are claiming is accurate.

ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE COLLECTION OF WAGES:

Upon acceptance of your claim by the Virginia Department of Labor and Industry, **do not assume that your claim is valid and collectible.** In cases where the employer disputes your charges, you will be requested to provide documentary evidence of the amount and validity of your claim. Also, you must provide the company's complete name and mailing address along with the owner's or company representative's full name and address.

Since wage claims are handled by individual compliance officers, we do not provide periodic progress reports. Requests for progress reports only hinder the prompt resolution of your claim. It is imperative to

provide your current and accurate contact information. You will be contacted when your claim has been assigned to a compliance officer for investigation. Your prompt response to the compliance officer is requested. Failing to respond will delay the investigation of your claim. When additional information is needed or a determination is made on your claim, you will be notified.

Please notify this office immediately in *writing* of any change in your address, telephone number, or if you receive payment from your employer. You may contact via U.S. Postal mail to the address below or by email to laborlaw@doli.virginia.gov.

ADDITIONAL INFORMATION:

For wages earned AFTER July 01, 2020:

In addition to any civil or criminal penalties allowed by law, and without regard to any exhaustion of alternative administrative remedies, if an employer fails to pay wages to an employee, you may sue the employer to recover the wages owed. The court shall award the wages owed, an additional equal amount as liquidated damages, plus prejudgment interest (eight percent accruing from the date the wages were due) and reasonable attorney fees if the court finds in your favor. If the court finds the employer knowingly failed to pay wages to an employee the court shall award the employee an amount equal to triple the amount of wages due and reasonable attorney fees.

Mailing Instructions for submitting a Claim for Unpaid Wages:

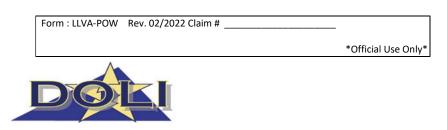
U.S. Postal mail only - Faxed forms cannot be accepted

Please print and submit your completed claim form to the following address by U.S. Mail:

Virginia Department of Labor and Industry Division of Labor and Employment Law 600 East Main Street, Ste. 207 Richmond, Virginia 23219.

***Remember to sign the claim form and make sure to include the employer's full address as well the total amount of wages claimed. Please include your email address for notices about your claim.

Rev. 1/22



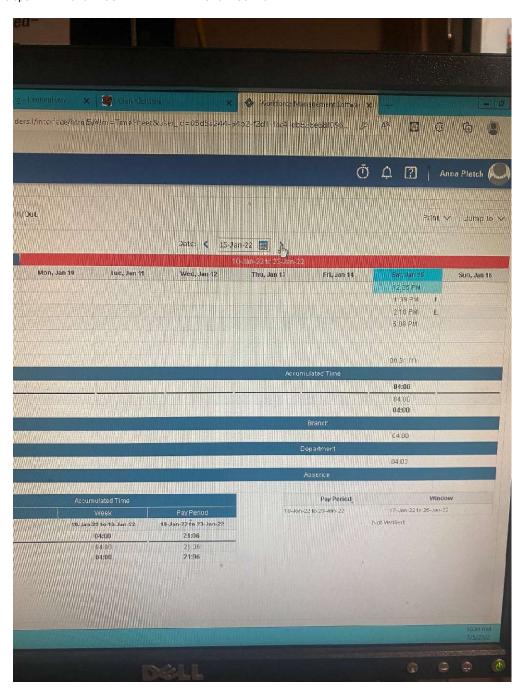
VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY
STATEMENT OF CLAIM FOR UNPAID WAGES

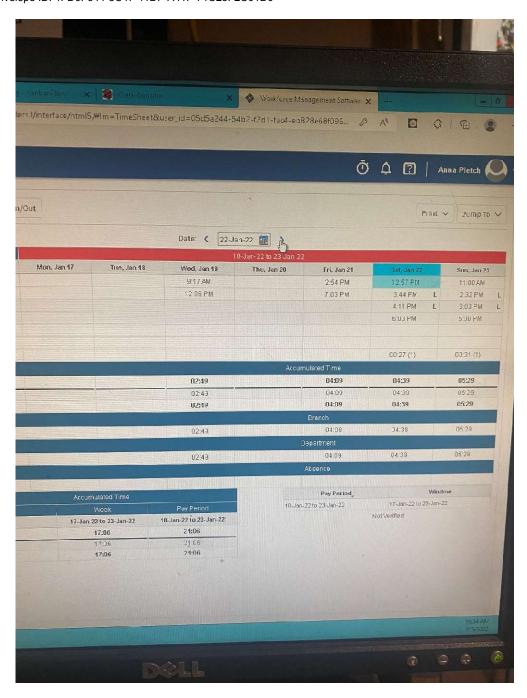
YOUR FULL NAME: Anna Marie Pletch

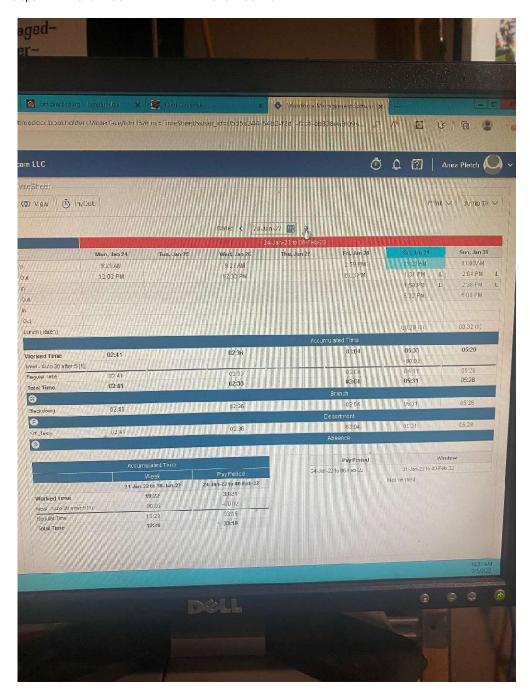
HOME PH	ONE: WORK PHONE:
E-MAIL AD	
WHAT WA	AS YOUR JOB TITLE? Head clerk
	E: <u>01/15/2022</u> TERMINATION DATE: <u>07/07/2022</u> LAST DATE ACTUALLY WORKED: <u>07/07/2022</u>
SUPERVISO	DR'S NAME: John Verde
HAVE YOU	DEMANDED PAYMENT OF THE WAGES YOU CLAIM? YES
	WHAT DATE DID YOU ASK FOR YOUR WAGES? June 30, 2022
	PERSON WHO REFUSED TO PAY YOU: John Verde
REASON GIV	VEN: "BookHolders has a certificate granted to them that allows them to pay their employees less than minimum wage in airing solely full-time students and being very flexible with their schedules."
BUSINESS N	IAME: <u>BookHolders</u>
	SINESS: <u>Used book store</u>
	TE NUMBER OF EMPLOYEES: 8-10 at Blacksburg location
	REET ADDRESS: 125 N Main St.
	burg STATE: Virginia ZIP: 24060 BUSINESS PHONE: (540)-808-4481 EMPLOYER'S HOME/CELL PHONE: (540)- AILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS:
DID THEY CO	NDUCT BUSINESS UNDER ANY OTHER NAME(S)? YES NO IDENTIFY:
COMPANY PR	RESIDENT OR OWNER NAME: John VerdeTITLE: CEO
PRESIDENT OF	R OWNER'S HOME ADDRESS: <u>Unknown</u> CITY:
	STATE:
	ZIP:
Statement of Clo	aim for Unpaid Wages Page 1
Statement of Clo	aim for Unpaid Wages
	aim for Unpaid Wages Page 1
DENTIFY THE F	aim for Unpaid Wages

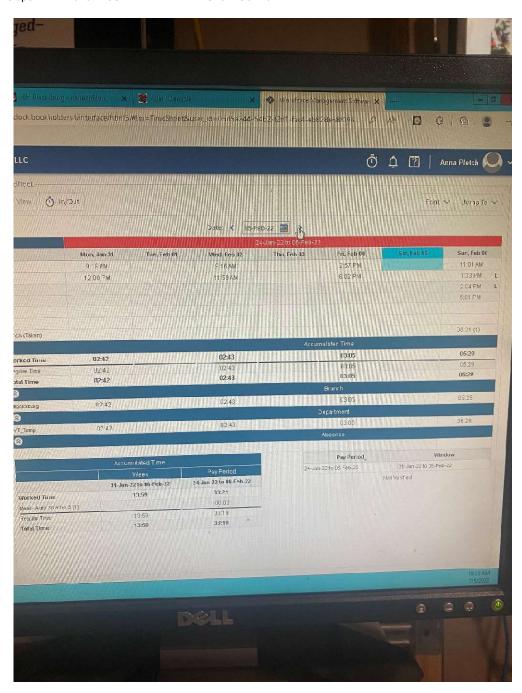
4.	YES NO	Y DID C	OU WORK F	OR THIS BUSINESS	AS A SELF-E	MPLOYED PE	ERSON?		
5.	YES NO	<mark>)</mark> WER	E YOU A <u>COR</u>	PORATE DIRECTO	R, <u>OWNER</u> C	R <u>PARTNER</u> I	IN THE BU	ISINESS?	
6.	YES NO			OURT CASE FOR UI	NPAID WAG	ES?			
7.	YES NO		YOU HIRED						
8.	YES NO	O EXCE	PT FOR TAXE	S, WERE MONIES				S WITHOUT	YOUR
		Wha	at was the pur	pose of the deductio	n?				
9.	YES were give	n.)	NO	DID THE BUSINE	SS GIVE YOU	J A BAD PAYF	ROLL CHE	CK? (Attach	n copies of all payroll checks yo
10.	CHECK WI	HAT APPLIES	TO YOU:	SALARIED DAILY RA	I TE	HOURLY PAID BY	THE JOE	COMMIS OR PIECE	SSIQ NS
11.	WHAT WA	· · · · · · · · · · · · · · · · · · ·	<u>re of Pay</u> ?	\$ <u>10.25</u> PER <u>hour</u>	(as head cle	rk, was previ		75 and the	n \$9 as clerk and trainee Piece, Etc.)
12.	HOW OFT	EN WERE YO	OU PAID? <u>Biw</u>	<u>reekly</u> LAST DATE	YOU WERE	E PAID? <u>05/31</u>	1/2022		
13.	FOR WHA	T TIME PERI	OD WERE YO	U NOT PAID YOUF	R WAGES? <u>0</u>	1/15/2022 Th (Month – Day		0/2022	(Month – Day – Year)
Ben	("Gross" am efits, Per Die	nount means	<u>oefore</u> taxes h se Reimburser		from your wa	ages.) Note: Sid		-	s, Vacation Leave, Severance O INCLUDE THESE ITEMS
15.	WAS THE	WORK PART	OF A STATE	OF VIRGINIA PUBL	LIC WORKS F	PROJECT? YE	s 🗌	□ <mark>N</mark>	0
16.	ARE YOU	CLAIMING Y	OU WERE PA	ID LESS THAN THE	VIRGINIA M	1INIMUM WA	AGE? YES	o No	
17.	DOES YOU	JR CLAIM IN	VOLVE A FAII	LURE TO PAY OVER	RTIME WAG	ES? YES] _{NO} [
JSE	THIS SPACE	TO SHOW US	HOW YOU AR	RIVED AT THE DOLLA	AR AMOUNT (OF YOUR WAG	E CLAIM. A	ATTACH COP	IES OF PAYROLL CHECK STUBS,

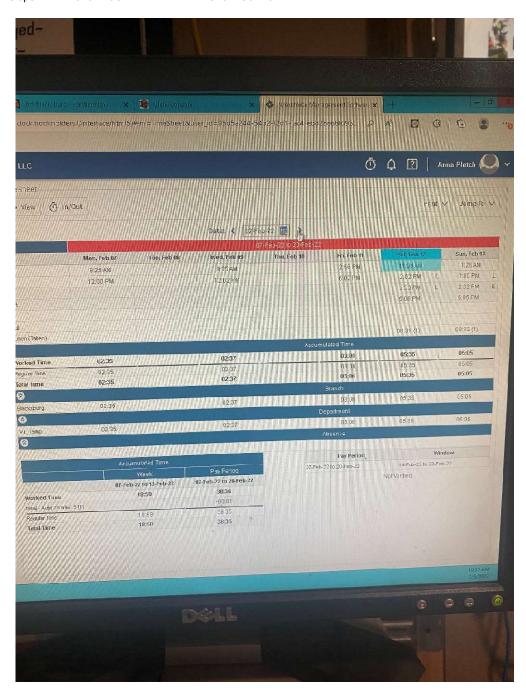
USE THIS SPACE TO SHOW US HOW YOU ARRIVED AT THE DOLLAR AMOUNT OF YOUR WAGE CLAIM. ATTACH COPIES OF PAYROLL CHECK STUBS, "BAD CHECKS", FEDERAL W-2 OR 1099 FORMS, EMPLOYMENT AGREEMENTS AND ANY OTHER SUPPORTING DOCUMENTS YOU MAY HAVE.

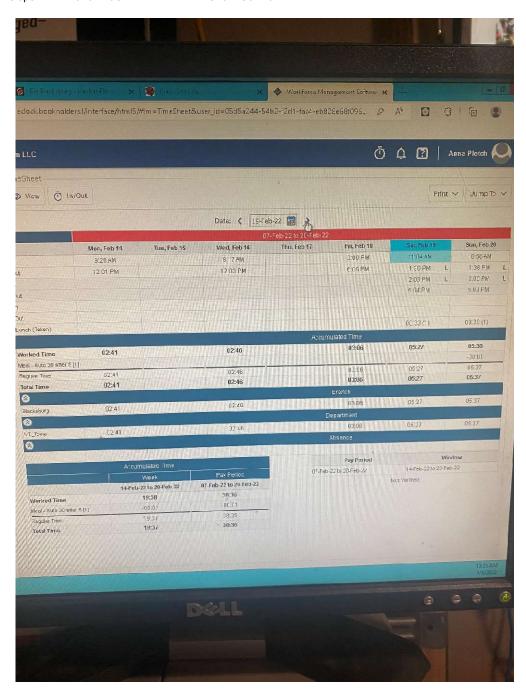


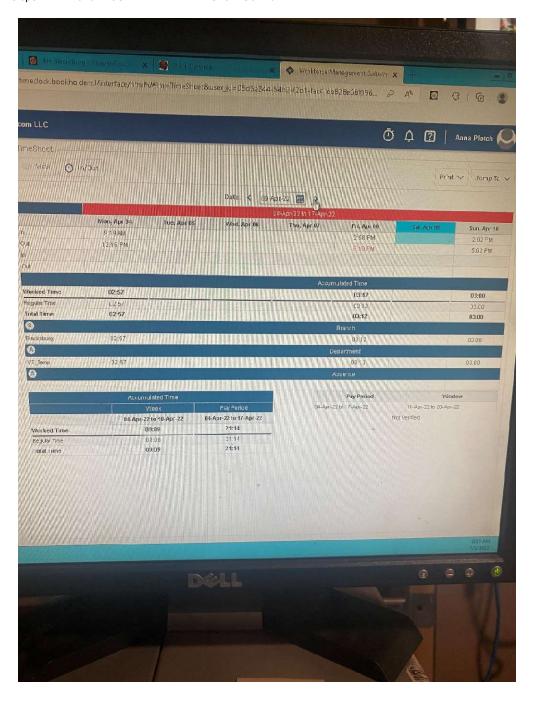


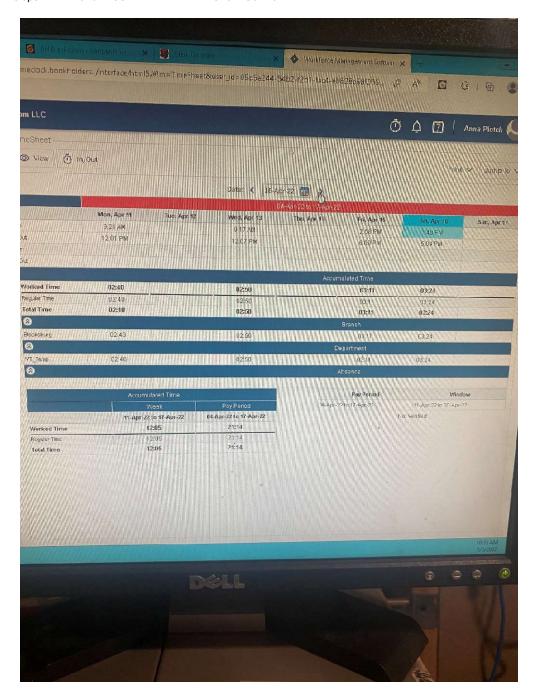


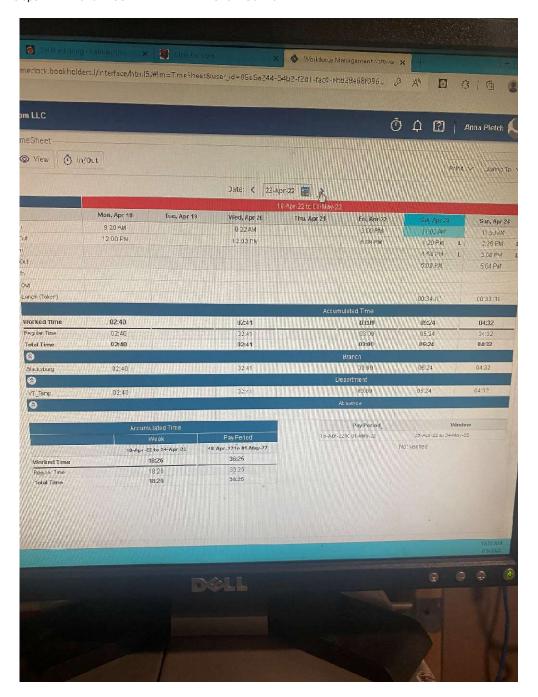


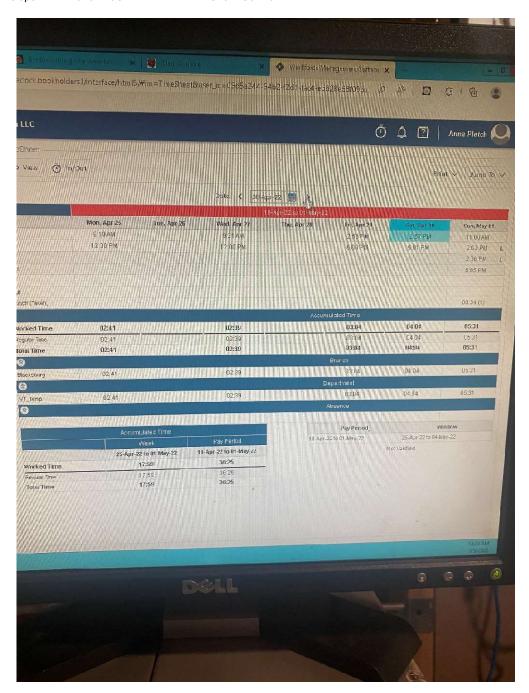


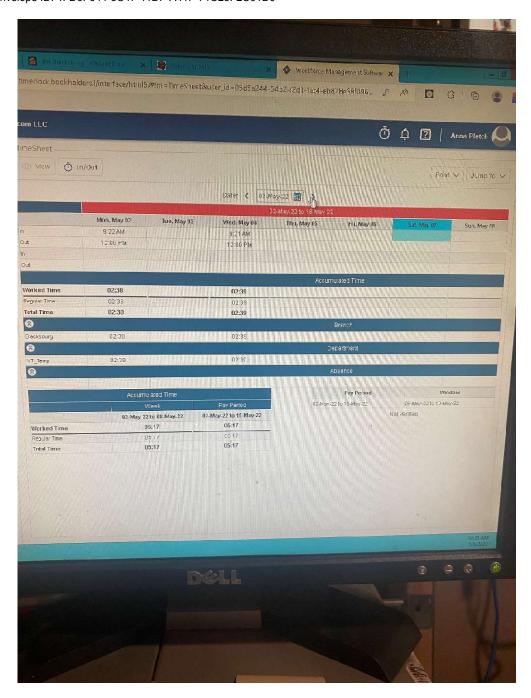


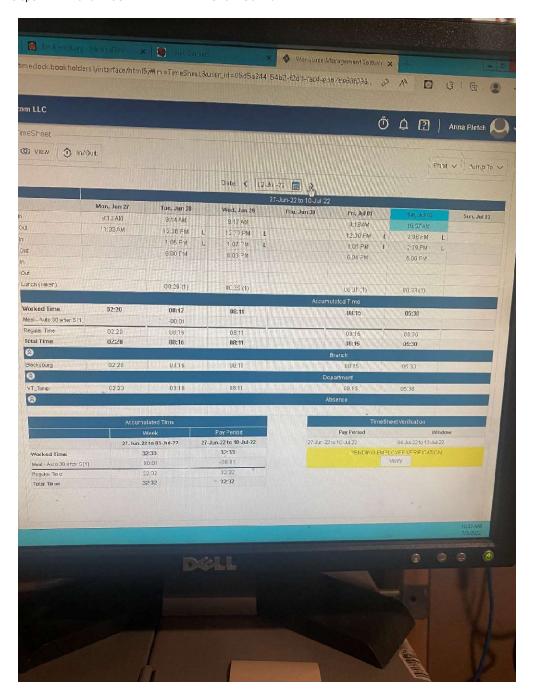


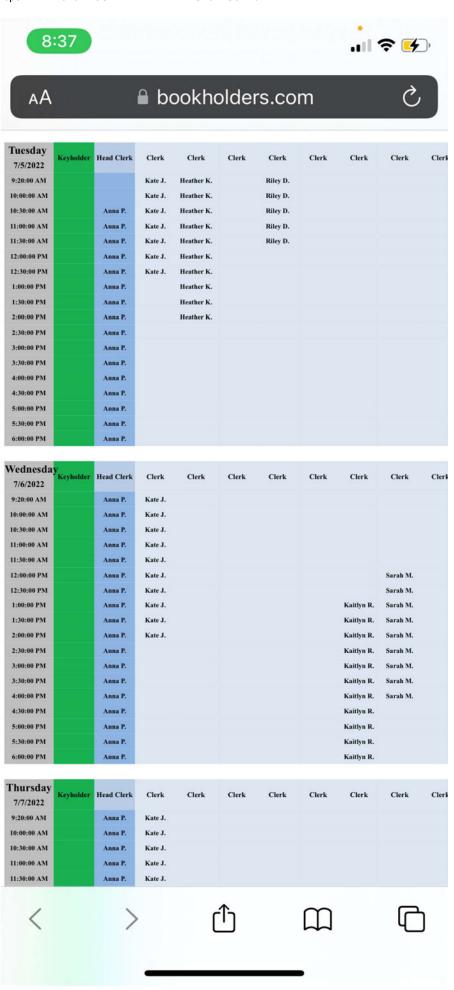










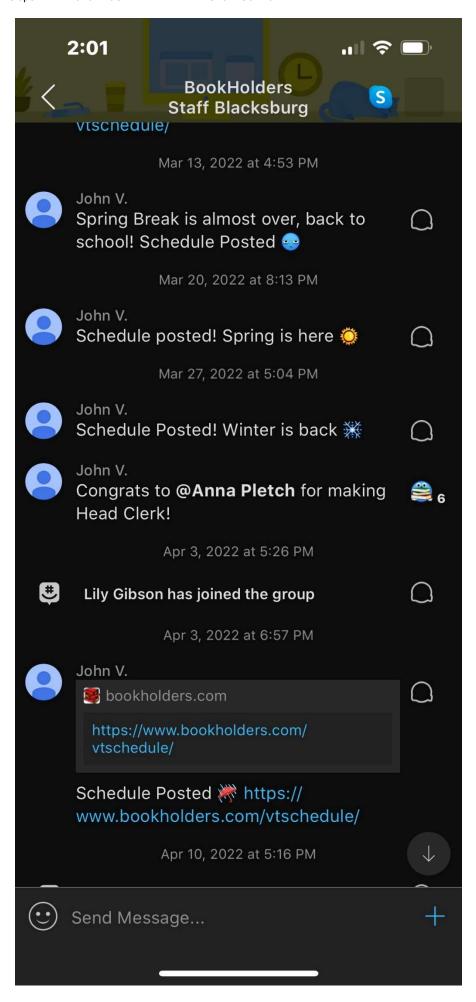






bookholders.com − Private

6:00:00 PM		Anna P.						Kaitlyn R.		
Thursday										
7/7/2022	Keyholder	Head Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk
9:20:00 AM		Anna P.	Kate J.							
10:00:00 AM		Anna P.	Kate J.							
10:30:00 AM		Anna P.	Kate J.							
11:00:00 AM		Anna P.	Kate J.							
11:30:00 AM		Anna P.	Kate J.							
12:00:00 PM		Anna P.	Kate J.							
12:30:00 PM		Anna P.	Kate J.							
1:00:00 PM		Anna P.	Kate J.					Kaitlyn R.		
1:30:00 PM		Anna P.	Kate J.					Kaitlyn R.		
2:00:00 PM		Anna P.	Kate J.					Kaitlyn R.		
2:30:00 PM		Anna P.						Kaitlyn R.		
3:00:00 PM		Anna P.						Kaitlyn R.		
3:30:00 PM		Anna P.						Kaitlyn R.		
4:00:00 PM		Anna P.						Kaitlyn R.		
4:30:00 PM		Anna P.						Kaitlyn R.		
5:00:00 PM		Anna P.						Kaitlyn R.		
5:30:00 PM 6:00:00 PM		Anna P. Anna P.						Kaitlyn R.		
6:00:00 PM	,	Anna P.						Kaitlyn R.		
Friday	V2	W161-1	CI. I	CII	CI. I	CI. I	CI. I	CI. I	CII	CI-1
7/8/2022	Keyholder	Head Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk
9:20:00 AM		Anna P.		Heather K.						
10:00:00 AM		Anna P.		Heather K.						
10:30:00 AM		Anna P.		Heather K.						
11:00:00 AM		Anna P.		Heather K.						
11:30:00 AM		Anna P.		Heather K.						
12:00:00 PM		Anna P.		Heather K.					Sarah M.	
12:30:00 PM		Anna P.		Heather K.					Sarah M.	
1:00:00 PM		Anna P.		Heather K.	Jackson K.			Kaitlyn R.	Sarah M.	
1:30:00 PM		Anna P.		Heather K.	Jackson K.			Kaitlyn R.	Sarah M.	
2:00:00 PM		Anna P.		Heather K.	Jackson K.			Kaitlyn R.	Sarah M.	
2:30:00 PM		Anna P.			Jackson K.			Kaitlyn R.	Sarah M.	
3:00:00 PM		Anna P.			Jackson K.			Kaitlyn R.	Sarah M.	
3:30:00 PM		Anna P.			Jackson K.			Kaitlyn R.	Sarah M.	
4:00:00 PM		Anna P.			Jackson K.			Kaitlyn R.	Sarah M.	
4:30:00 PM		Anna P.			Jackson K.			Kaitlyn R.	Sarah M.	
5:00:00 PM		Anna P.			Jackson K.			Kaitlyn R.	Sarah M.	
5:30:00 PM		Anna P.			Jackson K.			Kaitlyn R.		
6:00:00 PM		Anna P.			Jackson K.			Kaitlyn R.		
Saturday	Grant Brown		aged to	72.2	100		130 F	920.00	925.55	
7/9/2022	Keyholder	Head Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk	Clerk
11:00:00 AM							Lauren W.			
11:30:00 AM							Lauren W.			
12:00:00 PM					Jackson K.		Lauren W.			
12:30:00 PM					Jackson K.		Lauren W.			
1:00:00 PM					Jackson K.		Lauren W.			
1:30:00 PM					Jackson K.		Lauren W.			
2:00:00 PM					Jackson K.		Lauren W.			
2:30:00 PM					Jackson K.		Lauren W.			
3:00:00 PM					Jackson K.		Lauren W.			
3:30:00 PM					Jackson K.		Lauren W.			
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4:30:00 PM					Jackson K.		Lauren W.			
5:00:00 PM					ORTHODOL IN		Lauren W.			



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Hours Worked (a) by Pay Period: Paycheck: (b) records @ est. rate	101
Hours Worked (a) (my mobile of	eposit \
by Pay Period Paycheck : (b) I records @ est. rate	my bank
33.32 hr	
28 (4)	
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Mar 7 - 20: 19:32 173.51	
	The second secon
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Jan 27- July 10: \$55:33 - not get ~\$10.25,	hr
** 1 0 40 1	
* a beginning, known rate of \$9/hr	
9 × 21:16hr = \$189.9 (before taxes)	
175.04 = 0.921 189.9	
189.9	
1-0.921 = 0.079 > [est. tax rate of 7.90] Cobrs change	1 10
O TOTAL CONTRACTOR OF THE CONT	
-Promoted to head clerk on Mar 27 (2012)	
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11/24/11-025/-41/15/2	
1\8.48.60.25) = \$88.86	
\$343	
(H 3415)	

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department of Labor and Industry to release any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to enforce the provisions of Section 40.1-29, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be released to the business I have named in this complaint. I understand that if I knowingly make a false statement on this complaint form, or if I knowingly make a false statement to any state member of the Department of Labor and Industry, I could be subject to a fine of up to \$10,000 or imprisonment for up to 6 months or both.

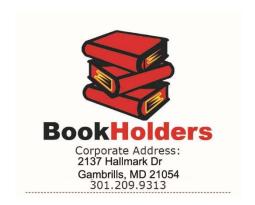
Anna Petal

(Signature of Claimant – Please sign in ink.)

Statement of Claim for Unpaid Wages

Page 2

EXHIBIT C-1



August 2, 2022

Anna Pletch

VIA USPS CERTIFIED MAIL, EMAIL

Re: Employee Arbitration Agreement Dated: 01/22/2022

Dear Ms. Pletch,

CC: B&G LAW LLC

We've been informed that you filed a complaint with the Commonwealth of Virginia Department of Labor and Industry regarding your employment with BookHolders. As per the Employee Arbitration Agreement ("EAA") that you signed 01/22/2022, "This arbitration shall be the exclusive means of resolving any dispute arising out of your employment by Employer or you and no other action can be brought by employees in any court or any forum". The act of filing a complaint with the Virginia Department of Labor is in breach of this agreement. In addition, you are in breach of Code of Virginia, Article 2, 8.01-581.01 "A written agreement to submit any existing controversy to arbitration or a provision in a written contract to submit to arbitration any controversy thereafter arising between the parties is valid, enforceable and irrevocable", "This article also applies to arbitration agreements between employees".

This complaint must be closed immediately to avoid costs and administrative damages. You would be responsible for any of those costs and damages, including any legal costs.

If the complaint is not closed by 08/08/22 and a reply has not been received to that effect, appropriate legal action will commence. Please find attached a copy of your EAA.

All rights are hereby reserved.

Sincerely,

John Verde BookHolders.com