

Exhibit 3

3

ADDITIONAL INFORMATION

When did you notify your employer? May 2

Who did you notify about your injury (name and title) My manager shadarrack, but another manager named le

Do you still work for this employer? No If no, who are you working for now? No

Are you receiving medical treatment? No Name of medical provider: _____

Do you currently have any work restrictions? My foot is very very painful employer providing work to accommodate your restrictions? Not employed

~~Not employed~~

WAS fired.

Accident on work truck

Have you missed time from work due to your injury? No If yes, please list dates _____

Have you been paid temporary total disability from the workers compensation insurance carrier for time missed? No If yes, what dates have you been paid for: _____

Do you have any unpaid medical bills related to this claim? No If yes, please list providers _____

I have not gotten any medical help for this. The company has not complied with my multiple requests.

Please list all medical providers you have seen regarding your injury:

1. Not seen a medical provider
2. _____
3. _____
4. _____

HELPFUL INFORMATION

If you have received any information from the workers compensation insurance carrier, please provide name of insurance company, name of adjuster, telephone number, claim number, etc.

None

Had health insurance
DHSS said it was a work related injury.

Tolling exhibit 3

1 message

Donnie <supertech007@gmail.com>

Fri, Dec 12, 2025 at
7:28 PM

To: **Donnie Rakestraw** <supertech007@gmail.com>

This document shows I was denied medical care, told the injury was work-related, and left without access to facts needed to discover my legal claims, supporting equitable tolling.