

C. REQUIRED VERIFICATION

- (1) My Loss Period is consistent with the closure of my fishing and/or hunting area(s) between April 20, 2010, and December 31, 2011; and
- (2) I attached evidence of actual impairment to this Sworn Written Statement (evidence of impairment may include pictures, reports, service receipts, etc.). I understand that without such evidence of actual impairment, my Loss Period may be calculated consistent with the closure of my fishing and/or hunting area(s).

D. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

An attorney may sign the claimant's name on this Sworn Written Statement if the claimant has authorized the attorney in a Power of Attorney Agreement, a retainer agreement, or other document signed by the claimant in which the claimant has authorized the attorney or law firm to pursue claims for the claimant arising out of the Deepwater Horizon Incident. If the attorney chooses this option, the attorney must either submit, or have already submitted, a PDF of the signed authorization from the claimant before the signature can be accepted. If the attorney does not have a signed authorization from the claimant, the attorney may use the Power of Attorney Form created by the Claims Administrator for this purpose (POA-1), which is available using the Forms section of the website, www.deepwaterhorizonsettlements.com.

As the authorized attorney, by signing below, you are certifying that you have the required written authorization from the claimant to pursue claims for the claimant arising out of the Deepwater Horizon Incident on their behalf and have submitted this authorization.

Claimant Signature	_____ / / (Month/Day/Year)	_____ Signature
Date Signed:		_____ Name (Printed or Typed)
Attorney Signature	_____ / / (Month/Day/Year)	_____ Signature
Date Signed:		_____ Name (Printed or Typed)