

BIZ-1	HESI/Transocean Settlements Program Dissolved or Sold Business Certification
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A representative may complete and submit this form, along with supporting documentation, to certify the dissolution or sale of a business. This Certification may not be sufficient to prove a representative’s authority. Depending upon the applicable state law, if the claimant’s claim is eligible for payment, a representative may be required to get a court to approve the Award Amount and its distribution and submit a copy of an official court document proving that the person has the authority to settle the claim on the claimant’s behalf, or on behalf of the estate and all heirs, even if the Administrator has accepted this Certification as sufficient to allow a claim to move through the claim review process.

Type of Dissolution:	<input type="checkbox"/> Standard Dissolved Business <input type="checkbox"/> Dissolved Sole Proprietorship <input type="checkbox"/> Dissolved Business – Deceased Sole Owner <input type="checkbox"/> Sold/Purchased Business
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A. CLAIMANT INFORMATION

Business Name:	
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Halliburton/Transocean Punitive Damages & Assigned Claims Settlements Claimant Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
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Address:	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Telephone Number:	(_ _ _) _ _ _ _ _ - _ _ _ _ _
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Social Security Number: OR Individual Taxpayer Identification Number:	SSN or ITIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _
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Date of Dissolution or sale:	____/____/____ (Month/Day/Year)
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B. REPRESENTATIVE INFORMATION

Name:	
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Address:	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Telephone Number:	(_ _ _) _ _ _ _ _ - _ _ _ _ _
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Social Security Number: OR Individual Taxpayer Identification Number:	SSN or ITIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _
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C. REQUIRED DOCUMENTATION

Standard Dissolved Business:	<ol style="list-style-type: none"> 1. Proof of dissolution showing final ownership structure, i.e., all final owners at dissolution <ol style="list-style-type: none"> a. Final tax return, or b. Articles of dissolution 2. Request for alternate payment signed by all final owners 3. W-9 for alternate payee
Dissolved Sole Proprietorship:	<ol style="list-style-type: none"> 1. Proof of dissolution <ol style="list-style-type: none"> a. Articles of dissolution (if available), or b. Letter signed by sole proprietor stating the date the business ceased operating and that all assets held in their name at dissolution 2. Request for alternate payment signed by sole proprietor 3. W-9 for alternate payee
Dissolved Business – Deceased Sole Owner:	<ol style="list-style-type: none"> 1. Proof of dissolution showing final ownership structure, i.e., final owner at dissolution <ol style="list-style-type: none"> a. Final tax return, or b. Articles of dissolution 2. Request for alternate payment signed by all current owner(s) if any or official estate representative 3. W-9 for alternate payee 4. Documentation to determine beneficiaries/authorized representative(s) that will need to sign the request for alternate payment/applicable documents: <ol style="list-style-type: none"> a. Documentation showing the disposition of the business assets after owner’s death and/or business dissolution wind down: <ol style="list-style-type: none"> i. If an estate opened, estate inventory or closing statement showing the business assets scheduled, alternatively: <ol style="list-style-type: none"> 1. Summary administration documents (if available per state law) 2. Small estate affidavit ii. If no estate: a Will showing distribution of owner’s assets or documentation (tax docs, stock certificates) showing transfer of underlying business assets (e.g., stock) to someone else.
Sold/Purchased Business:	<ol style="list-style-type: none"> 1. Asset Purchase Agreement showing claims related to the Spill were retained by the Seller 2. W-9 for alternate payee/purchaser

D. SIGNATURE

By signing this Certification, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that: (a) I am authorized to act on behalf of the claimant listed in Section A (and, if applicable, the estate and all heirs of such claimant), including the authority to sign any forms or other documents required in connection with the submission and review of any claim under the Halliburton/Transocean Punitive Damages & Assigned Claims Settlements; and (b) I shall notify the Administrator promptly if my authority to act is curtailed, surrendered, withdrawn or terminated prior to payment and release of this claim. I understand that: (a) the Administrator will rely on this Certification; (b) false statements or claims made in connection with this Certification may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government; and (c) suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Representative Signature:			Date:	<p align="center">____/____/____ (Month/Day/Year)</p>
Name:	Last Name	First Name	Middle Initial	
Title/Type of Representative:				

E. HOW TO SUBMIT THIS FORM

Submit the signed **Dissolved or Sold Business Certification** in one of these ways:

By Mail	HESI/Transocean Punitive Damages & Assigned Claims Settlements PO Box 10260 Dublin, OH 43017-5760
By Overnight, Certified or Registered Mail	HESI/Transocean Punitive Damages & Assigned Claims Settlements c/o Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017
By Email	questions@GulfSpillPunitiveDamagesSettlement.com