

C. 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Claims Settlements; and (b) I shall notify the Administrator promptly if my authority to act is curtailed, surrendered, withdrawn or terminated prior to payment and release of this claim.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:	____/____/____ (Month/Day/Year)
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Name:	Last Name	First Name	Middle Initial
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Title/Type of Representative:	
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D. HOW TO SUBMIT THIS FORM

Submit the signed **Legal Representative Certification** in one of these ways:

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