UNITED STATES DISTRICT COURT EASTERN DISTRICT OF LOUISIANA

: MDL NO. 2047

IN RE: CHINESE MANUFACTURED DRYWALL

PRODUCTS LIABILITY LITIGATION

SECTION: L

JUDGE FALLON

MAG. JUDGE WILKINSON

ORDER

The Court hereby orders as follows with respect to the registration of claims associated with the Knauf, Banner, InEx, Global, and L&W Class Settlements (the "Class Settlements"):

- (1) All persons or entities who intend to participate in the Knauf, Banner, InEx, Global, and/or L&W Class Settlements must register with the Settlement Administrator by submitting the Registration Form attached as Exhibit A to this Order. The Registration Form may be submitted online or in hard copy form. Registrants or their counsel must provide the information required in the Registration Form completely and accurately.
- (2) Registration shall begin on March 28, 2013 or on the day following the entry of this Order, whichever is later, and will close on May 25, 2013 (the "Registration Period").

 Absent good cause shown, only claims registered during the Registration Period will be allowed to participate and be eligible for compensation in any of the Class Settlements referenced in Paragraph 1.
- (3) Registrants asserting a claim based on ownership of a property affected by

 Chinese Drywall (an "Affected Property") are to submit a Deed or other document

 demonstrating proof of ownership of the Affected Property. Such documents are to accompany
 the Registration Form.

- (4) Registrants asserting a claim as a tenant or lessee, but not as an owner of an Affected Property, are to submit a Lease, Rental Agreement, or other document demonstrating residence in the Affected Property. Such documents are to accompany the Registration Form.
 - (5) Registration of claims may be made in the following manner:
 - (a) By using the online Registration Form available at https://chinesedrywallclass.com.
 - (b) By sending the Registration Form attached as Exhibit A to the Settlement Administrator by Registered U.S. Mail or other delivery service to:

Chinese Drywall Settlement Administrator P.O. Box 25401 Richmond, VA 23260

- (c) By sending the registration form attached as Exhibit A by electronic email to chinesedrywallregistration@browngreer.com;
- (d) Law firms who wish to register more than 20 claimants may arrange to submit their entire inventory of claims by emailing chinesedrywallregistration@browngreer.com.
- (6) A copy of this Order shall be posted on the Court's Chinese Drywall MDL Website and on the website established for the Global Settlement, www.chinesedrywallclass.com.

New Orleans, Louisiana this 27th day of March, 2013.

United States District Judge	

EXHIBIT "A"

CHINESE DRYWALL SETTLEMENT PROGRAM REGISTRATION FORM

INSTRUCTIONS

To make a claim under the Knauf, Banner, InEx, Global, and/or L&W Class Settlements for damages arising from Chinese Drywall, you must complete and submit this Registration Form to the Claims Administrator **on or before May 25, 2013**. If you do not register on or before May 25, 2013, you will not be permitted to pursue a Chinese Drywall claim, absent good cause shown. Claim forms will be made available to you after you register your claim(s).

If you have access to a computer with an internet connection, submit your Registration Form online. The online claim process will guide you through the specific questions you need to answer, based on the answers you enter as you go along. Go to https://chinesedrywallclass.com to submit your Registration Form online.

For more information about Chinese Drywall generally and Chinese Drywall Settlements, visit https://chinesedrywallclass.com. If you are not able to complete the Registration Form online, you may submit this form by email by sending it to Chinesedrywallregistration@browngreer.com, or by Registered U.S. Mail or other delivery service to:

Chinese Drywall Settlement Administrator P.O. Box 25401 Richmond, Virginia 23260

	1. CLAIMANT INFORMATION						
1.	Name:	Business Name			First		M.I.
2. Taxpayer Information: (check the appropriate Taxpayer Type)			e appropriate				
☐ Social Security Number☐ Individual Taxpayer Identification Number☐ Employer Identification Number							
Social Security Number (SSN): Issued by the Social Security Administration and used by the IRS as a taxpayer identification number. SSNs are assigned to individuals. If you file on behalf of any business using your SSN, select SSN as your taxpayer type.			Is are assigned	<u> </u>	 (Ente	_ er numbers only)	
Individual Taxpayer Identification Number (ITIN): A tax processing number only available for certain non-resident and resident aliens, their spouses, and dependents who cannot get a Social Security Number (SSN). Employer Identification Number (EIN): Also known as a Federal Tax Identification Number and used to identify a business entity. Only businesses have an EIN.							
3.	Mailing Address:	Street		State	Zip Code	Parish/County	
4.	Email Address:						
5.	Telephone Numbers:	Home/Business			Cell		
business, provide a DBA Name, if applicable, and the name and		Authorized Representative I	tative Last Name Authorized Representative First Name				

	,	2. Affected Prof				
You must complete this section for each property upon which you intend to base a claim. Attach additional copies of this page to register additional properties.						
		Check here if this is a Renta	al or Commerc	ial property.		
7.	Affected Property Address:	Street				
		City	State	Zip Code	Parish/County	
		Check here if you are not represented by an attorney, and skip to Question 9. If you are represented by an attorney, complete this section. Firm Name				
Q	Attorney	Attorney Last Name		Attorney First Name		
Ο.	Information:	Street				
		City	City		Zip Code	
		Email		Phone Number		
	Indicate the types of m the options below:	f claims that relate to this Aff :	ected Proper	rty that you intend	I to file by selecting	
Remediation. Remediation means that you are seeking compensation for Repair and Relocation Damages and you: (i) currently own an Affected Property that has not been repaired; or (ii) sold, transferred, or otherwise lost title (including foreclosure) to an Affected Property that has not been repaired, but entered into a written agreement pursuant to which you retained the exclusive right to bring any claims relating to Repair and Relocation Damages for the Affected Property. If you select this Option, you must provide either (a) a Deed or other document demonstrating that you own(ed) the property listed in Row 7 above; or (b) if you sold, transferred, or otherwise lost title (including foreclosure) to an Affected Property that has not been repaired, the agreement pursuant to which you retained the exclusive right to bring claims relating to Repair and Relocation Damages for that Affected Property.						
or l	ouilder who already repa	Property . You may file a claim aired the Affected Property listed nd now seek reimbursement for	in Row 7 abov	ve at your own expe	nse (whether you currently	
☐ Other Losses. The Other Loss fund is intended to provide compensation for Pre-Remediation Alternative Living Expenses, Lost Use, Sales, and Rentals, Foreclosure losses, and Short Sale losses. If you select this Option, you must provide a Deed or other document demonstrating that you own or owned the property listed in Row 7 above.						
Dry pro	wall and incurred costs perty. If you select this	nt losses may be available to you to move out of the property during Option, you must provide a Least roperty listed in Row 7 above.	ing remediation	n or suffered damag	e to your personal	
inju of o	ury and received treatm complaints which you no	Injury benefits may be available nent by a healthcare provider doc low relate to Chinese Drywall. If edical and pharmacy records	umented in me you intend to	edical records at or r	near the time of the onset odily Injury benefits,	

3.	Sı	GN	ATL	JRE
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I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Registration Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form 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 Registration Form 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.

By submitting this Registration Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my Registration Form.

Signature:			Date:	/ (Month/Day/Y	/ 'ear)
Printed Name:	First	Last			M.I.