## IN RE: OIL SPILL by "Deepwater Horizon"

PLAINT				
	FF FACT SH			0.55
First Name	E mail Addross	Middle Na	ame/Maiden	Suffix
	ony / State / Zip			
	BUSINESS CLAIM			
	Business Name			
	Type of Business			
	Address			
	City / State / Zip			
	Tax ID Number			
	Firm Name			
	City / State / Zip			
	E-mail Address			
	Original EDLA Civil	Action Number		
No	Claim Filed with	GCCF?	Yes	No
	If yes, GCCE Cla	imant Identificatio	n No:	
ply)				
I property		Earnings/Profit Loss		
I and/or clean-up costs		Loss of Subsistence	use of Natural Res	sources
	ury claims, identify all	health care provide	rs and employers	2008 to
	ply) Il property	Business Name         Type of Business         Address         City / State / Zip         Tax ID Number         Firm Name         City / State / Zip         E-mail Address         Original EDLA Civil         In No         Claim Filed with         If yes, GCCF Clain         Ply)         I and/or clean-up costs         Claim (for personal injury claims, identify all	City / State / Zip BUSINESS CLAIM Business Name Type of Business Address City / State / Zip Tax ID Number Firm Name City / State / Zip E-mail Address City / State / Zip E-mail Address Original EDLA Civil Action Number Original EDLA Civil Action Number I No Claim Filed with GCCF? If yes, GCCF Claimant Identification ply) Il property Claim Sidentify all health care provided	City / State / Zip         BUSINESS CLAIM         Business Name         Type of Business         Address         City / State / Zip         Tax ID Number         Firm Name         City / State / Zip         E-mail Address         Original EDLA Civil Action Number         Image: Property in the state of the stat

**Attorney Signature** 

through Liaison Counsel.

Date

## **Print Name**

The contents of this form are "Confidential Access Restricted" and subject to PTO No. 13 (Order Protecting Confidentiality) and are submitted pursuant to PTO No. 11, Section V(C).