

1                    **ATTACHMENT B TO CLAIM FORM FOR PERSONAL INJURY CLAIM**

2  
3                    **CERTIFICATE OF SERVICE OF CLAIM FORM**

4                    **FOR PERSONAL INJURY (TIER II OR TIER III) CLAIM**

5  
6                    I, [INSERT name of signatory], declare that:

7                    I am at least 18 years of age, and not a party to the above-entitled action. My  
8 business address is \_\_\_\_\_, Telephone: \_\_\_\_\_  
\_\_\_\_\_.

9                    On \_\_\_\_\_, I caused to be served the following document(s):

10                   **CLAIM FORM(S) FOR PERSONAL INJURY (TIER II OR TIER III)**  
11                   **CLAIM(S) OF [INSERT NAME OF PLAINTIFF/CLAIMANT OR IF**  
12                   **SERVING MORE THAN ONE PERSONAL INJURY CLAIM FORM**  
13                   **WITH THIS CERTIFICATE, INSERT NAMES OF ALL**  
14                   **PLAINTIFFS/CLAIMANTS WHOSE FORMS ARE BEING SERVED**  
15                   **WITH THIS CERTIFICATE**

16 by enclosing the **originals** of said document(s) in (an) envelope(s),  
17 addressed as follows:

18  BY MAIL: I am readily familiar with the business' practice for collection and  
19 processing of correspondence for mailing with the United States Postal Service. I  
20 know that the correspondence is deposited with the United States Postal Service on  
21 the same day this declaration was executed in the ordinary course of business. I  
22 know that the envelope was sealed, and with postage thereon fully prepaid, placed  
23 for collection and mailing on this date, following ordinary business practices, in the  
24 United States mail at **[City and State.]**.

25  BY PERSONAL SERVICE: I caused such envelopes to be delivered by a  
26 messenger service by hand to the address(es) listed below:

27  BY OVERNIGHT DELIVERY: I enclosed the **originals** of said document(s) in a  
28 Federal Express envelope, addressed as follows:

\_\_\_\_\_  
Special Master's Office  
In re: Propulsid MDL 1355 Resolution Program  
400 Poydras Street, Suite 2820  
New Orleans, LA 70130  
Telephone: (504) 586-7995  
\_\_\_\_\_

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1 I declare under penalty of perjury under the laws of the State of [insert State of  
2 service] that the above is true and correct.

3 Executed on [Date] at [City and State].

4  
5 \_\_\_\_\_  
6 [Name]  
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