

D. PAYMENT INFORMATION

I have marked below whether or not the claimant made payments to the Adjacent Business in 2009, 2010 or 2011 in exchange for the Adjacent Business facilitating the claimant's Covered Sales.

Check one:

- The claimant did not make any payments to the Adjacent Business in exchange for the Adjacent Business facilitating the claimant's Covered Sales.
- The claimant did make payments to the Adjacent Business in exchange for the Adjacent Business facilitating the claimant's Covered Sales.

Here is a description of the payment type (cash or other value), the year of the payment(s) and how often the claimant paid the business:

E. SALES INFORMATION

I have provided below information about any and all of the claimant's Covered Sales that I witnessed, including the type of good or service sold, the location, and the date or date range:

F. ZONE C SALES INFORMATION

If the location is in Zone C and the claimant is not able to provide documents showing the necessary sales decline, I am verifying the following information:

1. The Adjacent Business experienced a decline in sales to non-local consumers during these months in May to December 2010 (list three or more consecutive months):
_____, as compared to the same months in May to December 2009.
2. Below I have described the amount of the decline, the percentage of net earnings that decline resulted in, how I calculated the decline, and how the decline resulted from the Deepwater Horizon Spill:

G. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement 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 Statement 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.

Date Signed:	<p style="text-align: center;">____/____/____ (Month/Day/Year)</p>	<p style="text-align: center;">_____ Affiant Signature</p> <p style="text-align: center;">_____ Name (Printed or Typed)</p>
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