

MAIL ID

0000PLACEHOLDER000

Please attach further written explanation if needed and include the signature of a duly authorized representative and the date of signature on each page.

Part IV. Prior Payment by Winston Weaver Co., Inc.:

Has the Business submitting this Proof of Claim Form received any payment from Winston Weaver Co., Inc. (or any other Winston Weaver related or affiliated company or its insurer), for any claims arising from the Incident?

Yes No

If yes, state how much money was received:

\$.

Please indicate what the payment covered:

Pursuant to 28 U.S.C. §1746, I hereby certify, under penalty of perjury, that I am duly authorized to make this Proof of Claim on behalf of the Business listed above, and that all of the information contained herein, as well as all attached documents and supporting explanation, if any, is true and correct. By signing this Proof of Claim Form, the undersigned business hereby releases all Released Claims against the Released Entities as defined in the Preliminary Settlement Agreement.

Signature of Duly Authorized Representative

Date: - -
MM DD YYYY

You must send this form, and documents or proof, if any, by U.S. Mail, postmarked no later than **July 15, 2026**, to:

**Winston-Salem Business Settlement Administrator
P.O. Box 3207
Portland, OR 97208-3207**