

Claim Reference Number(s): \_\_\_\_\_

SIGNATURE VERIFICATION FORM

A.

Name:					
Mailing Address:					
Address Line 2:					
Address Line 3:					
City:		State:			
Postal Code:		Country:			
Phone:		Ext:		Email:	

The person(s) executing this document (the "Undersigned") hereby certify the following:

1. The Undersigned is duly authorized to execute this document on behalf of the above-referenced transfer party (the "Party")
2. The signature of each person set forth opposite his/her names in section B below (including any additional person listed on an attached exhibit) is genuine and each person shall constitute an "Authorized Signatory" (each as "Authorized Signatory" and together, the "Authorized Signatories") of the Party identified above.
3. The Authorized Signatories listed below are duly qualified representatives of the Party and are empowered with the authority to transact any and all business related to the transfer of the claim(s) identified above and/or any future transfers of these or any other claims of the Party, including the authority to sign any and all claim transfer request forms on behalf of the Party.
4. Epiq Bankruptcy Solutions, LLC will be notified promptly and in writing to the extent any person listed in Section B ceases to be an Authorized Signatory.

B.

Signatory Name(s)	Title	Signature

See attached for additional Authorized Signatory names, titles, and signatures. Please note that any additional attachments must also be signed by the Undersigned and notarized.

Dated this \_\_\_ day of \_\_\_\_\_, 2010

Hereby certified by

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name, Title/Position)

Sworn and subscribed to before me this \_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
(Printed Name)

**Notary Public**

\_\_\_\_\_  
(Date of Expiration of Commission)

