### **LIST OF EXHIBIT**

EXHIBIT 1

**EXHIBIT 2** 

**EXHIBIT 3** 

**EXHIBIT 4** 

**EXHIBIT 5** 

**EXHIBIT 6** 

**EXHIBIT 7** 

**EXHIBIT 8** 

**EXHIBIT 9** 



P.O. Box 52429 Houston, Texas 77052

May 16, 2017

Dear Mr. Kim:

Telephone 713.874,6099 866.874,6099

KIM YEON-HO INTL LAW OFFICES STE 4105 KOREA WORLD TRADE CTR BLDG 159-1 SAMSUNG-DONG KANGNAM-KU SEOUL REPUBLIC OF KOREA

Subject: MISSING OR INVALID ADDRESS

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimants on the attached list that is not valid. Correspondence mailed to the claimants by the SF-DCT regarding the breast implant Claim payments was returned undelinerable, with no smill bla facularities address. As a
 breast implant Claim payments was returned undeliverable, with no available forwarding address. As a result of this returned mail, the claim is now on HOLD until we can confirm that we have located either the claimant or, if the claimant listed is deceased, the person with the authority to act on behalf of the claim.
The SF-DCT has previously sent written notice that an Address Update/Correction Form must be completed and returned; however, a Form meeting SF-DCT requirements has not been received for any of the 132 claimants listed.

At the time of the Claim payments you were the attorney of record. We have confirmed that the claim awards are cashed; therefore, it is reasonable to assume that current address information is available.

Please note that address confirmation is required to remove the HOLD on the Claim. This can only be accomplished by returning a completed <u>Address Update/Correction Form</u>, signed by the claimant or the estate representative. You cannot complete this Form for the Claimant. Please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

SF-DCT P.O. Box 52429 Houston, Texas 77052

If you were unable to locate the Claimant to distribute the Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at <a href="info@sfdct.com">info@sfdct.com</a>.

Enclosure: Address Update/Correction Form Claimant List

### **ADDRESS UPDATE/CORRECTION FORM**

ATTENTION: QUALITY MANAGEMENT DEPARTMENT

or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
I. SID #:	1. SID #:
2. Date of Birth:	2. Date of Birth:
3. Claimant's Name:	
. Claimant's Address:	
5. Daytime Phone: ()	5. New Daytime Phone: ()
S. Evening Phone: ()	6. New Evening Phone: ()
/. Attorney's Name/Address/Phone/Fax:	7. New Attorney's Name/Address/Phone/Fax:
ast four digits of your Social Security Numbe	r (Required for residents of the United
or claimants without a social security number	r, please include a copy of the claimant's
or claimants without a social security number	nfirms the address.
or claimants without a social security number	nfirms the address.
or claimants without a social security number overnment-issued identification card that co	in accordance with the payment procedures.

	Claimant	SID	Claim Payments	Payment Dates	Payment Amount	Payment Totals
1	SOON-YAE KANG	0735310	Disease	12/18/2014	\$3,500	\$3,500
2	PAN JA PARK	0735315	Disease	1/15/2015	\$3,500	\$3,500
3	MYUNG-HEE PARK	1035526	Disease	12/18/2014	\$3,500	\$3,500
4	MYUNG-HEE BYUN	1035531	Disease	12/18/2014	\$3,500	\$3,500
5	YOUNG-JOO CHOI	1035532	Disease	12/18/2014	\$3,500	\$3,500
6	JEONG-AE LEE	1035535	Disease	11/24/2014	\$3,500	\$3,500
7	KUM SUNWOO	1035553	Explant	10/23/2014	\$3,000	\$3,000
8	EUN-YOUNG LEE	1035568	Disease	12/18/2014	\$3,500	\$3,500
9	INN-HONG KIM	1035573	Disease	12/18/2014	\$3,500	\$3,500
10	YOUNG-JA JANG	1035591	Disease	11/24/2014	\$3,500	\$3,500
11	SUN-MI KIM	1035597	Disease	10/23/2014	\$6,000	\$6,000
12	JONG-AE SUH	1035599	Dîsease	11/24/2014	\$3,500	\$3,500
13	MYUNG-SOOK KUG	1035613	Disease	12/18/2014	\$3,500	\$3,500
14	YEA-SUEN LEE	1035614	Disease	11/24/2014	\$3,500	\$3,500
15	HEY-WON CHUN	1035619	Disease	12/18/2014	\$3,500	\$3,500
16	YANG-JA LEE	1035668	Disease	10/23/2014	\$3,500	\$3,500
17	KUM-JA KANG	1035678	Disease	12/18/2014	\$3,500	\$3,500
18	HYUCK-SOON KWON	1035679	Disease	11/24/2014	\$3,500	\$3,500
19	YONG-SOOK JEON	1035750	Disease	10/23/2014	\$3,500	\$3,500
20	GYEONG-HWA SONG	1035776	Disease	10/23/2014	\$3,500	\$3,500
21	JUNG-JOO BYUN	1035798	Disease	12/18/2014	\$3,500	\$3,500
22	SAN-RE I	1035815	Disease	11/24/2014	\$3,500	\$3,500
23	KYUNG-OK HAN	1035817	Disease	11/24/2015	\$7,000	\$7,000
24	YOUNG-JA LEE	1035851	Disease	12/18/2014	\$3,500	\$3,500
25	IN-SUK NO	1035862	Disease	12/18/2014	\$3,500	\$3,500
26	WHA-ZA SON	1035866	Disease	12/18/2014	\$3,500	\$3,500
27	EUN-YEN LEE	1035869	Disease	12/18/2014	\$3,500	\$3,500
28	HEUN-SEUN KIM	1035882	Disease	11/24/2015	\$3,500	\$3,500
29	HAN-OK KIM	1035884	Dîsease	12/18/2014	\$3,500	\$3,500
30	CHOON-SOO KIM	1035887	Dîsease	12/18/2014	\$3,500	\$3,500
31	YOUNG-AE LEE	1035964	Disease	12/18/2014	\$3,500	\$3,500
32	KWUI-DONG CHOI	1035975	Disease	12/18/2014	\$3,500	\$3,500
33	YEONG-HEUI KIM	1036020	Disease	12/18/2014	\$3,500	\$3,500
34	SUN-KYUNG KIM	1036033	Disease	10/23/2014	\$3,500	\$3,500
<del></del>	YOUNG-SUK PAK	1036044	Disease	12/18/2014	\$3,500	\$3,500
36	KYOUNG-JA PARK	1036062	Disease	12/18/2014	\$3,500	\$3,500
37	MYUNG-SOOK JEON	1036086	Disease	12/18/2014	\$3,500	\$3,500
38	HEA-YOUNG CHOI	1036087	Disease	12/18/2014	\$3,500	\$3,500
39	SEO-KOUNG PARK	1036157	Dîsease	12/18/2014	\$3,500	\$3,500
40	SANG-IM KANG	1036176	Disease	12/18/2014	\$3,500	\$3,500
41	SUN-HOWA KANG	1036232	Disease	12/18/2014	\$3,500	\$3,500
42	Koung-suk kang	1036246	Disease	12/18/2014	\$3,500	\$3,500
43	HI-SEON KWON	1036250	Disease	10/23/2014	\$3,500	\$3,500
44	SUK CHOI	1036263	Disease	10/23/2014	\$3,500	\$3,500
45	MI-HAE PARK	1036265	Disease	12/18/2014	\$3,500	\$3,500

	Platurant	cip	Claim	<b>D</b>	Payment	Payment
	Claimant	SID	Payments	Payment Dates	Amount	Totals
46	YOUNG-LAE KANG	1036272	Disease	12/18/2014	\$3,500	\$3,500
			Explant	8/13/2009	\$3,000	
47	YOUNG-MI JEON	1036287	Disease	12/18/2014	\$3,500	\$6,500
48	SO-JA PARK	1036288	Disease	10/23/2014	\$3,500	\$3,500
			Explant	6/17/2009	\$3,000	
			Rupture	6/17/2009	\$7,000	
49	OK SHIN	1036303	Disease	12/18/2014	\$3,500	\$13,500
50	YOUNG-SOOL SONG	1036308	Disease	12/18/2014	\$3,500	\$3,500
51	JUNG-HI SHIN	1036309	Disease	12/18/2014	\$3,500	\$3,500
52	SOON-JA KWAK	1036313	Disease	12/18/2014	\$3,500	\$3,500
53	KUM-SUK RU	1036360	Disease	12/18/2014	\$3,500	\$3,500
54	YONG-WOOK CHANG	1036364	Disease	11/24/2014	\$3,500	\$3,500
55	O KIM	1036415	Disease	10/23/2014	\$3,500	\$3,500
56	YOUNG-JA KIM	1036421	Disease	12/18/2014	\$3,500	\$3,500
57	JUNG-WOO LEE	1036431	Disease	12/18/2014	\$3,500	\$3,500
58	MUN-YOUNG YOO	1036446	Disease	11/24/2014	\$3,500	\$3,500
59	HYE-SUK KANG	1036449	Disease	10/23/2014	\$3,500	\$3,500
60	BOCK-JA LEE	1036465	Disease	12/18/2014	\$3,500	\$3,500
61	YOUNG-YIM JHO	1036469	Disease	12/18/2014	\$3,500	\$3,500
			Explant	8/13/2009	\$3,000	
62	YOUNG-DOO KIM	1036472	Disease	12/18/2014	\$3,500	\$6,500
63	JU-EUN LEE	1036492	Disease	12/18/2014	\$3,500	\$3,500
64	EUN-JA CHOI	1036577	Disease	12/18/2014	\$3,500	\$3,500
65	SOOK-JA KU	1036594	Disease	12/18/2014	\$3,500	\$3,500
66	OK-HEE LEE	1036614	Disease	12/18/2014	\$3,500	\$3,500
67	HEE-HYON JOUNG	1036627	Disease	11/24/2014	\$3,500	\$3,500
68	SOO-HEE LIM	1036653	Disease	10/23/2014	\$3,500	\$3,500
69	JUNG-SOO KIM	1036662	Disease	11/24/2014	\$3,500	\$3,500
70	EAN-JUNG KIM	1036679	Disease	12/18/2014	\$3,500	\$3,500
71	MI-SOON PARK	1036706	Disease	12/18/2014	\$3,500	\$3,500
72	HWA-SOON PARK	1036713	Disease	11/24/2014	\$3,500	\$3,500
73	KYEONG-HEE MUN	1036735	Disease	12/18/2014	\$3,500	\$3,500
74	CHUN-JA LEE	1036742	Disease	11/24/2014	\$3,500	\$3,500
75	JUNG-REA HER	1036776	Disease	12/18/2014	\$3,500	\$3,500
76	MAL-RYEO YOO	1036870	Disease	10/23/2014	\$3,500	\$3,500
77	YOUNG-HEE EUN	1036901	Disease	12/18/2014	\$3,500	\$3,500
78	MI-NONG LEE	1036908	Disease	12/18/2014	\$3,500	\$3,500
79	I-EUNG PARK	1036916	Disease	12/18/2014	\$3,500	\$3,500
80	JUNG-SOON CHOI	1036927	Disease	10/23/2014	\$3,500	\$3,500
81	YOUNG-AE MOON	1036938	Disease	10/23/2014	\$3,500	\$3,500
82	HEE-LIM RYU	1036993	Disease	12/18/2014	\$3,500	\$3,500
83	SOON-OUK LEE	1037035	Disease	12/18/2014	\$3,500	\$3,500
	JOO-HYUNG BANG	1037058	Disease	11/24/2016	\$3,500	\$3,500
85	YOUNG-JU KIM	1037060	Disease	2/27/2015	\$10,000	\$10,000
	GOUNG-SOOK SUNG	1037079	Disease	12/18/2014	\$3,500	\$3,500

	Claimant	SID:	Claim	4	Payment	Payment
	Claimant	SID	Payments	Payment Dates	Amount	Totals
87	SOOK-RYE LEE	1037087	Disease	12/18/2014	\$3,500	\$3,500
88	SUNG-HEE PARK	1037093	Disease	12/18/2014	\$3,500	\$3,500
89	GYUONG-MI LEE	1038450	Disease	11/24/2016	\$3,500	\$3,500
90	SOON-JA SOE	1038478	Disease	12/18/2014	\$3,500	\$3,500
			Explant	3/30/2010	\$3,000	17-7
91	JOO-YEON LEE	1038480	Disease	12/18/2014	\$3,500	\$6,500
92	YUN-RYE LEE	1038481	Disease	12/18/2014	\$3,500	\$3,500
93	GWANG-HEE SONG	1038484	Disease	12/18/2014	\$3,500	\$3,500
94	JUNG-OH SUN	1695533	Disease	10/23/2014	\$3,500	\$3,500
95	BAK-YOUNG KIM	2746180	Disease	12/18/2014	\$3,500	\$3,500
96	YOUNG S KANG	2783097	Disease	2/27/2015	\$3,500	\$3,500
97	мі н кім	2783160	Disease	2/27/2015	\$3,500	\$3,500
			Rupture	7/13/2009	\$7,000	1
			Explant	8/30/2010	\$3,000	
98	YOUNG J KIM	2783202	Disease	2/27/2015	\$3,500	\$13,500
99	OK N PARK	2783311	Disease	2/27/2015	\$3,500	\$3,500
100	EUN J SONG	2783386	Disease	2/27/2015	\$3,500	\$3,500
101	MAL LEE I	2783475	Disease	2/27/2015	\$3,500	\$3,500
102	SOON H REE	2783499	Disease	2/27/2015	\$3,500	\$3,500
103	KWI Y JANG	2783559	Dîsease	2/27/2015	\$3,500	\$3,500
104	BOK S JANG	2783563	Disease	2/27/2015	\$3,500	\$3,500
			Explant	12/16/2010	\$3,000	73,500
105	OK K JANG	2783569	Disease	2/27/2015	\$3,500	\$6,500
106	KYUNG H JO	2783611	Disease	2/27/2015	\$3,500	\$3,500
107	MYUNG S CHOI	2783642	Disease	2/27/2015	\$3,500	\$3,500
108	AE K KIM	2787316	Disease	2/27/2015	\$3,500	\$3,500
						70,500
			Explant	6/17/2009	\$3,000	
			Rupture	6/17/2009	\$7,000	
	EUN-GYUNG OH	6459155	Disease	10/23/2014	\$3,500	\$13,500
	MYONG-SUN LÉE	6459176	Disease	12/18/2014	\$3,500	\$3,500
	SAM-DUK PARK	6459549	Disease	12/18/2014	\$3,500	\$3,500
	JAE-SIM HWYANG	6459701	Disease	11/24/2014	\$3,500	\$3,500
	TAE-SUL LEE	6459778	Disease	10/23/2014	\$3,500	\$3,500
	YOUNG-AE LEE	6460367	Disease	12/18/2014	\$3,500	\$3,500
	JEA-SOOK HAN	6460444	Disease	12/18/2014	\$3,500	\$3,500
	EI-NAM LIM	6460632	Disease	12/18/2014	\$3,500	\$3,500
	SOON-MI KIM	6461229	Disease	10/23/2014	\$3,500	\$3,500
	BOK-HYANG YOON	6461317	Disease	12/18/2014	\$3,500	\$3,500
	YOUNG-SOO KIM	6461540	Disease	12/18/2014	\$3,500	\$3,500
120	HEON-SOON LEE	6461579	Disease	10/23/2019	\$3,500	\$3,500
			Explant	8/13/2009	\$3,000	
	KYE-SOON SONG	6461865	Disease	12/18/2014	\$3,500	\$6,500
122	PIL-ZA KIM	6461967	Disease	12/18/2014	\$3,500	\$3,500

	Claimant	SID	Claim Payments	Payment Dates	Payment Amount	Payment Totals
123	HYE-JA LEE	6462214	Disease	12/18/2014	\$3,500	\$3,500
124	HEE-KYOUNG JUNG	6473444	Rupture	11/24/2014	\$7,000	\$7,000
125	KYE-SOON KIM	6473706	Disease	12/18/2014	\$3,500	\$3,500
126	JONG-SOOK CHOI	6473709	Disease	12/18/2014	\$3,500	\$3,500
127	HANG-NAM KIM	6474340	Disease	12/18/2014	\$3,500	\$3,500
128	HWANG-JA LEE	6474551	Disease	12/18/2014	\$3,500	\$3,500
129	CHANG-HEE LEE	6474567	Disease	12/18/2014	\$3,500	\$3,500
130	JUNG-RAN YANG	6474668	Disease	12/18/2014	\$3,500	\$3,500
131	OK-LE KO	6474810	Explant Disease	4/27/2015 4/27/2015	\$3,000 \$3,500	\$6,500
132	YOUNG-HA LEE	6491601	Explant Disease	1/30/2015 12/18/2014	\$3,000 \$3,500	\$6,500

Dear Mrs. Ellen Bearicks,

I received your letter to ask me for the address update of the enclosed Claimants.

First of all, most of the Korean Claimants do not want to receive a letter including an award letter from the SF-DCT. They say that they do not want their family members including their husbands to know whether they received breast implant surgery, or whether they received checks (money) in relation to diseases from the surgery. Some of the Claimants filed complaints with me that I had released their addresses to the SF-DCT. They want me to keep their filing itself confidential. I assume that they do not want me to update their addresses.

Secondly, I am not allowed to release the personal information of the enclosed Claimants to the SF-DCT <u>under the Korean laws</u> even if they are my clients to represent before the SF-DCT. The address information is their personal information. I must get their permissions and their submissions of new addresses, which are not possible.

They left their smart phone numbers to me and I have them for all. So I have no problem to contact them whenever it is necessary and to distribute the payments to them. It is not true that I cannot locate the enclosed Claimants so I cannot distribute the payments to them.

For the resolution of the disputes with the Korean Claimants, the SF-DCT must keep its numerous promises of the POM approvals. The SF-DCT held many Claimants' submissions by disregarding its promises in the meetings with me in 2003-2004. You were in the meetings when I explained how and why the affirmative statements of surgeons were written like that. You are one of the responsible people to solve. In addition, The SF-DCT must respect a mediation proposed to me. You took the phones from Mrs. Ann Phillips while processing the mediation in the DC. You knew that I and the SF-DCT reached to an agreement. The motions for the withdrawal of the cancelations of the POM approvals by the SF-DCT and for the respect of the mediation proposed by the SF-DCT are pending the Court. The SF-DCT must take the initiative before the Court's ruling.

Date: June 8, 2017

Yeon Ho Kim Yeonhokim



P.O. Box 52429 Houston, Texas 77052

June 21, 2017

Telephone 713,874,6099 866,874,6099

KIM YEON-HO INTL LAW OFFICES STE 4105 KOREA WORLD TRADE CTR BLDG 159-1 SAMSUNG-DONG KANGNAM-KU SEOUL REPUBLIC OF KOREA

Dear Mr. Kim,

This letter responds to your letter to Ellen Bearicks of June 8, 2017. First, the establishment of residence entitles a person to certain legal protections in the United States and is a prerequisite to confirming a person's identity. A claimant does not have the fundamental right to make a claim without establishing residence.

The address procedures were developed by the SF-DCT (and confirmed by the Class 7 Consent Order) to ensure that claimants meets basic administrative Plan criteria. The procedures are applied to all participants in the Plan in order to ensure consistency in processing claims. The Facility is also responsible to ensure that Claimants are assigned the appropriate Plan Class. Class assignment is predicated upon the establishment of residence. The Facility is also charged by the Plan with establishing procedures to assure accurate and consistent application of Claims processing rules, without a current address the claimant fails to meet basic administrative criteria for continued participation in the Settlement.

Claimants have an affirmative obligation to update their address with the Settlement Facility. Recent changes to the SF-DCT's Address Procedures will allow you, as the Attorney of Record, to complete the enclosed Address Form for your claimants.

No further processing will occur for those claims where you have failed to comply with SF-DCT's written requests for current address information for the claimants on the enclosed list.

Sincerely,

Phillips Phillips

Claims Administrator

Settlement Facility - Dow Corning Trust

Enclosure:

Address Update/Correction Form

Claimant List

## **ADDRESS UPDATE/CORRECTION FORM**

#### ATTENTION: QUALITY MANAGEMENT DEPARTMENT

or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
1. SID #:	1, SID #:
2. Date of Birth:	2. Date of Birth:
3. Claimant's Name:	
4. Claimant's Address:	
5, Daytime Phone: ()	5. New Daytime Phone: ()
6. Evening Phone: ()	6. New Evening Phone: ()
7. Attorney's Name/Address/Phone/Fax:	7. New Attorney's Name/Address/Phone/Fax:
- <del>1</del>	
ast four digits of your Social Security Number States):  For claimants without a social security number povernment-issued identification card that con	r, please include a copy of the claimant's ofirms the address.
itates):	r, please include a copy of the claimant's offirms the address.  in accordance with the payment procedures. ion on this form is true, correct and complete

	The second secon	1
	Claimant	
<del></del>	SOON-YAE KANG	0735310
	PAN JA PARK	0735315
<del></del>	MYUNG-HEE PARK	1035526
	MYUNG-HEE BYUN	1035531
5	YOUNG-JOO CHOI	1035532
6	JEONG-AE LEE	1035535
7	KUM SUNWOO	1035553
8	EUN-YOUNG LEE	1035568
9	INN-HONG KIM	1035573
10	YOUNG-JA JANG	1035591
11	SUN-MI KIM	10355 <del>9</del> 7
12	JONG-AE SUH	1035599
13	MYUNG-SOOK KUG	1035613
14	YEA-SUEN LEE	1035614
15	HEY-WON CHUN	1035619
16	YANG-JA LEE	1035668
17	KUM-JA KANG	1035678
18	HYUCK-SOON KWON	1035679
19	YONG-SOOK JEON	1035750
20	GYEONG-HWA SONG	1035776
21	JUNG-JOO BYUN	1035798
22	SAN-RE I	1035815
23	KYUNG-OK HAN	1035817
24	YOUNG-JA LEE	1035851
25	IN-SUK NO	1035862
26	WHA-ZA SON	1035866
27	EUN-YEN LEE	1035869
28	HEUN-SEUN KIM	1035882
29	HAN-OK KIM	1035884
30	CHOON-SOO KIM	1035887
31	YOUNG-AE LEE	1035964
32	KWUI-DONG CHOI	1035975
33	YEONG-HEUI KIM	1036020
34	SUN-KYUNG KIM	1036033
35	YOUNG-SUK PAK	1036044
36	KYOUNG-JA PARK	1036062
-	MYUNG-SOOK JEON	1036086
38	HEA-YOUNG CHOI	1036087
	SEO-KOUNG PARK	1036157
40.	SANG-IM KANG	1036176
41	SUN-HOWA KANG	1036232
	KOUNG-SUK KANG	1036246
·	HI-SEON KWON	1036250
· · · · · · · · · · · · · · · · · · ·	SUK CHOI	1036263
$\vdash$	MI-HAE PARK	1036265
<u> </u>	YOUNG-LAE KANG	1036272

	Claimant	SID	
47	YOUNG-MI JEON	1036287	1
48	SO-JA PARK	1036288	]
49	OK SHIN	1036303	1
50	YOUNG-SOOL SONG	1036308	
51	JUNG-HI SHIN	1036309	Ì
52	SOON-JA KWAK	1036313	1
53	KUM-SUK RU	1036360	
54	YONG-WOOK CHANG	1036364	
55	O KIM	1036415	
56	YOUNG-JA KIM	1036421	1
57	JUNG-WOO LEE	1036431	
58	MUN-YOUNG YOO	1036446	
59	HYE-SUK KANG	1036449	1
60	BOCK-JA LEE	1036465	
61	YOUNG-YIM JHO	1036469	
62	YOUNG-DOO KIM	1036472	
63	JU-EUN LEE	1036492	1
64	EUN-JA CHOI	1036577	1
65	SOOK-JA KU	1036594	1
66	OK-HEE LEE	1036614	1
67	HEE-HYON JOUNG	1036627	1
68	SOO-HEE LIM	1036653	
69	JUNG-SOO KIM	1036662	]
70	EAN-JUNG KIM	1036679	
71	MI-SOON PARK	1036706	•
72	HWA-SOON PARK	1036713	1
73	KYEONG-HEE MUN	1036735	
74	CHUN-JA LEE	1036742	
75	JUNG-REA HER	1036776	
76	MAL-RYEO YOO	1036870	
77	YOUNG-HEE EUN	1036901	
78	MI-NONG LEE	1036908	
79	I-EUNG PARK	1036916	
80	JUNG-SOON CHO!	1036927	
81	YOUNG-AE MOON	1036938	
82	HEE-LIM RYU	1036993	
83	SOON-OUK LEE	1037035	
84	JOO-HYUNG BANG	1037058	
85	YOUNG-JU KIM	1037060 ~	> Cl
86	GOUNG-SOOK SUNG	1037079	
87	SOOK-RYE LEE	1037087	
88	SUNG-HEE PARK	1037093	
89	GYUONG-MI LEE	1038450	
90	SOON-JA SOE	1038478	
91	JOO-YEON LEE	1038480	
92	YUN-RYE LEE	1038481	
			i .

> close ?

	Claimant	SID
93	GWANG-HEE SONG	1038484
94	JUNG-OH SUN	1695533
95	BAK-YOUNG KIM	2746180
96	YOUNG S KANG	2783097
97	MIHKIM	2783160
98	YOUNG J KIM	2783202
99	OK N PARK	2783311
100	EUN J SONG	2783386
101	MAL LEE I	2783475
102	SOON H REE	2783499
103	KWI Y JANG	2783559
104	BOK S JANG	2783563
105	OK K JANG	2783569
106	KYUNG H JO	2783611
107	MYUNG S CHOI	2783642
	AE K KIM	2787316
109	EUN-GYUNG OH	6459155
110	MYONG-SUN LEE	6459176
111	SAM-DUK PARK	6459549
112	JAE-SIM HWYANG	6459701
	TAE-SUL LEE	6459778
114	YOUNG-AE LEE	6460367
115	JEA-SOOK HAN	6460444
	EI-NAM LIM	6460632
117	SOON-MI KIM	6461229
118	BOK-HYANG YOON	6461317
119	YOUNG-SOO KIM	6461540
120	HEON-SOON LEE	6461579
121	KYE-SOON SONG	6461865
122	PIL-ZA KIM	6461967
123	HYE-JA LEE	6462214
	HEE-KYOUNG JUNG	6473444
125	KYE-SOON KIM	6473706
126	JONG-SOOK CHOI	6473709
127	HANG-NAM KIM	6474340
128	HWANG-JA LEE	6474551
129	CHANG-HEE LEE	6474567
130	JUNG-RAN YANG	6474568
	OK-LE KO	6474810
132	YOUNG-HA LEE	6491601

#### Dear Mrs.Ann Phillips,

I received your letter dated June 21, 2017 regarding address updates of the enclosed 132 Claimants.

First of all, I submitted their (original) addresses with the supporting Government's documents to the SF-DCT when I filed their claims of either the POM or the disease claims around 2004-2006. Therefore, the indication in your letter that they failed the establishment of residence is unsubstantiated and has no basis. They are entitled to making a claim because they established their residence at that time. I wonder if the SF-DCT lost the documents. Otherwise, please send me the copy of the Government's documents that I submitted for the reference.

Second, the enclosed 132 Claimants are not Class 7 Claimants so they have nothing to do with the Class 7 Consent Order that you are referring to. Their claims were assigned to the 6.2 Class. The change of residence of the 132 Claimants would not change the assignment of the Class that the SF-DCT had already assigned to. Can the SF-DCT change the Class of the Claimants on the basis for the address change or any other reason? Does the SF-DCT like to change them from the 6.2 Class to 6.1 Class for the enclosed Claimants?

Third, you said in your letter that the SF-DCT must maintain consistency in processing a claim. However, the SF-DCT did not maintain consistency in processing claims of the Korean Claimants. It is why I filed several Motions with the Court. You submitted supporting declarations to the Court for Dow Corning and the Claimants' Advisory Committee which abandoned advisory functions to the Korean Claimants by accusing me and the Korean Claimants before the Court. The members of the Advisory Committee were even laughing behind me. It is on the record of the Court that I submitted. They must have forgotten that they begged me to cast the votes to consent the Plan and I helped them to get what they wanted. Nonetheless, the SF-DCT asserts that the Korean Claimants must meet basic administrative Plan criteria. If the SF-DCT wants to establish consistency in processing claims of the Korean Claimants, it needs to withdraw the cancellation of the POM approvals that it made and further respect the agreement of settlement in mediation with me in 2012. You were there in the mediation conference. You must have read the written agreement signed by me. After over fourteen years passed by since they had submitted their proof of addresses with the Government-issued documents in 2004-2006, how the SF-DCT dare to declare that the enclosed Claimants failed to execute an affirmative obligation to update their addresses with the SF-DCT?

Fourth, I explained through the letter to Ellen Bearicks that the enclosed Claimants do not want to update their addresses and I am not allowed to do so without their permissions under the Korean

personal information protection laws. I must keep the laws of my jurisdiction here in Korea.

Fifth, whether further processing will occur for the enclosed Claimants is up to the SF-DCT. However, I will file the Motion to vacate the SF-DCT's decision to hold processing of claims of the enclosed Claimants with the Court. In that regard, I want to receive the final letter that the enclosed Claimants failed to comply with SF-DCT's written requests for current address and the SF-DCT determined to stop processing of the claims of the enclosed Claimants permanently.

Once again, I ask you and the AF-DCT to withdraw the cancellation of the POM approvals and respect the mediation result. If you want a meeting to share an opinion with me, I will be highly delighted by it.

Sincerely,

Yeon Ho Kim

Date: July 28, 2017

Re: Dow Final Request for Updated Addresses or Return of Funds

보낸사람: "Karima Maloney"<kmaloney@skv.com>

보낸날짜: 2017/12/22 금요일 오전 12:26:17 받는사람: "김연호"<yhkimlaw@unitel.co.kr>

참조: "Adams, Mary Ann"<madams@skv.com>

Mr. Kim:

We do not agree to February 20, 2018. As stated in my letter, please provide the updated addresses or return the funds by January 4, 2018, (15 days following the date of my letter).

I do not know when the Court will rule on the Finance Committee's motion for premium payments.

Thank you, Karima Maloney



Karima Maloney | Partner Smyser Kaplan & Veselka, L.L.P. 700 Louisiana Street | Suite 2300 Houston, Texas 77002

O: 713.221.2382 | C: 301.437.2821 | F: 713.221.2320

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On Dec 20, 2017, at 7:27 PM, 김연호 〈yhkimlaw@unitel.co.kr〉 wrote:

Karima.

It is nice to hear from you.

I will update the address of the claimants. It will take time. I will finish it by Feb.20, Please confirm.

By the way, when do you expect the Court to issue the order on motion for premium payment that you filed?

Yeon Ho Kim

--- Original Message ---

From: "Adams, Mary Ann" (madams@skv.com)

To: yhkimlaw@unitel.co.kr

Cc: "Karima Maloney"<<u>kmaloney@skv.com</u>> Date: 2017/12/21 목요일 오전 7:49:25

Subject: Dow Final Request for Updated Addresses or Return of Funds

Please find attached correspondence to your attention.

Sent on behalf of Karima Maloney Attorney for the Finance Committee, SF-DCT

Mary Adams | Legal Assistant

<image001.png> Smyser Kaplan & Veselka, L.L.P. 700 Louisiana Street | Suite 2300

Houston, Texas 77002

O: 713.221.2328 | F: 713.221.2320 website | linkedin | vCard | map | email

<image002.png>

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<image002.png>

<image001.png>

#### SMYSER KAPLAN & VESELKA, L.L.P.

BANK OF AMERICA CENTER
700 LOUISIANA SUITE 2300 HOUSTON, TEXAS 77002
TELEPHONE 713.221.2300 FACSIMILE 713.221.2320

Direct Dial Number: (713) 221-2382

Author's E-mail Address: kmaloncy@skv.com

December 20, 2017

#### Via Fed-ex and Electronic Mail

Mr. Kim Yeon-Ho Intl Law Offices Ste 4105 Korea World Trade Ctr Bldg 151-1 Samsung-Dong Kangnam-Ku Seoul Republic of Korea yhkimlaw@unitel.co.kr

#### FINAL REQUEST FOR UPDATED ADDRESSES OR RETURN OF FUNDS

Dear Mr. Kim:

I represent the Finance Committee of the Settlement Facility-Dow Corning Trust ("SF-DCT"). Correspondence mailed by the SF-DCT to the 148 Claimants on the attached list regarding the breast implant claim payments referenced above was returned undeliverable, with no available forwarding addresses. At the time of the claim payments, you were the attorney of record for the 148 Claimants. The SF-DCT sent you written requests for updated addresses for the Claimants. Address update/correction forms for the Claimants meeting SF-DCT requirements have not been received.

The SF-DCT has confirmed that the claim payment checks on the attached list have all been cashed. Therefore, it is reasonable to assume that current address information for the Claimants is available. You have not provided this information, despite the SF-DCT's requests.

On June 8, 2017, you indicated in correspondence with SF-DCT that you will not provide updated address information for the Claimants on the attached list because the Claimants do not wish to receive mail from the SF-DCT. On June 21, 2017, the SF-DCT responded to you in a letter that outlined the SF-DCT's requirement of valid address information for each Claimant. Without valid address information for each Claimant, the SF-DCT has no confirmation that the claims payments were in fact distributed to the Claimants.

As previously stated in correspondence to you, pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, "all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by the Claimant (or a legally authorized recipient)." If you have been unable to locate a Claimant to distribute the claim payment, you are required to return the funds intended for the Claimant.

Mr. Kim Yeon-Ho Intl Law Offices December 20, 2017 Page 2

Please return the funds directly to:

SF-DCT Quality Management Department P.O. Box 52429 Houston, Texas 77052

Should your office wish to recover fees and expenses in the absence of a Claimant or her legal heir, you may do so by returning the funds and applying for attorney's fees and expenses through the Lien Resolution Procedures.

Please be aware that if updated address information for the 148 Claimants is not received, or the claim payments intended for the 148 Claimants are not returned in full within fifteen days (15) days of the date of this letter, the Finance Committee of the SF-DCT will seek from the U.S. District Court for the Eastern District of Michigan an order to show cause why your firm should not be held in contempt or otherwise sanctioned for failure to return the funds or verify that the funds have been distributed to the Claimant (or a legally authorized representative). I have reserved time for a Show Cause hearing, should the Court grant our motion, before Chief Judge Denise Page Hood on January 31, 2018 at 2:00 p.m., in Detroit, Michigan.

The claims on the attached list are on HOLD and any applicable future claim payments, including Premium Payments, will not be made until the updated address information for the Claimants has been received.

Any questions regarding this matter may be directed to me at kmaloney@skv.com or (713) 221-2382.

Sincerely,

Karima G. Maloney

Attorney for the Finance Committee, SF-DCT

Larima Malorey

KGM:ma Encl.

Claimant	SID	Claim Payments	Payment Date	Payment Amount
SOON-YAE KANG	0735310	Disease	12/18/2014	\$3,500
PAN JA PARK	0735315	Disease	1/15/2015	\$3,500
MYUNG-HEE PARK	1035526	Disease	12/18/2014	\$3,500
MYUNG-HEE BYUN	1035531	Disease	12/18/2014	\$3,500
YOUNG-JOO CHOI	1035532	Disease	12/18/2014	\$3,500
JEONG-AE LEE	1035535	Disease	11/24/2014	\$3,500
KUM SUNWOO	1035553	Explant	10/23/2014	\$3,000
EUN-YOUNG LEE	1035568	Disease	12/18/2014	\$3,500
INN-HONG KIM	1035573	Disease	12/18/2014	\$3,500
YOUNG-JA JANG	1035591	Disease	11/24/2014	\$3,500
SUN-MI KIM	1035597	Disease	10/23/2014	\$6,000
JONG-AE SUH	1035599	Disease	11/24/2014	\$3,500
MYUNG-SOOK KUG	1035613	Disease	12/18/2014	\$3,500
YEA-SUEN LEE	1035614	Disease	11/24/2014	\$3,500
HEY-WON CHUN	1035619	Disease	12/18/2014	\$3,500
YANG-JA LEE	1035668	Disease	10/23/2014	\$3,500
KUM-JA KANG	1035678	Disease	12/18/2014	\$3,500
HYUCK-SOON KWON	1035679	Disease	11/24/2014	\$3,500
YONG-SOOK JEON	1035750	Disease	10/23/2014	\$3,500
GYEONG-HWA SONG	1035776	Disease	10/23/2014	\$3,500
JUNG-JOO BYUN	1035798	Disease	12/18/2014	\$3,500
SAN-RE I	1035815	Disease	11/24/2014	\$3,500
KYUNG-OK HAN	1035817	Disease	11/24/2015	\$7,000
YOUNG-JA LEE	1035851	Disease	12/18/2014	\$3,500
IN-SUK NO	1035862	Disease	12/18/2014	\$3,500
WHA-ZA SON	1035866	Disease	12/18/2014	\$3,500
EUN-YEN LEE	1035869	Disease	12/18/2014	\$3,500
HEUN-SEUN KIM	1035882	Disease	11/24/2015	\$3,500
HAN-OK KIM	1035884	Disease	12/18/2014	\$3,500
CHOON-SOO KIM	1035887	Disease	12/18/2014	\$3,500
YOUNG-AE LEE	1035964	Disease	12/18/2014	\$3,500
KWUI-DONG CHOI	1035975	Disease	12/18/2014	\$3,500
YEONG-HEUI KIM	1036020	Disease	12/18/2014	\$3,500
SUN-KYUNG KIM	1036033	Disease	10/23/2014	\$3,500
YOUNG-SUK PAK	1036044	Disease	12/18/2014	\$3,500
KYOUNG-JA PARK	1036062	Disease	12/18/2014	\$3,500
MYUNG-SOOK JEON	1036086	Disease	12/18/2014	\$3,500
HEA-YOUNG CHOI	1036087	Disease	12/18/2014	\$3,500
SEO-KOUNG PARK	1036157	Disease	12/18/2014	\$3,500
SANG-IM KANG	1036176	Disease	12/18/2014	\$3,500
SUN-HOWA KANG	1036232	Disease	12/18/2014	\$3,500
KOUNG-SUK KANG	1036246	Disease	12/18/2014	\$3,500
HI-SEON KWON	1036250	Disease	10/23/2014	\$3,500
SUK CHOI	1036263	Disease	10/23/2014	\$3,500
MI-HAE PARK	1036265	Disease	12/18/2014	\$3,500

YOUNG-LAE KANG	1036272	Disease	12/18/2014	\$3,500
SO-JA PARK	1036288	Disease	10/23/2014	\$3,500
YOUNG-SOOL SONG	1036308	Disease	12/18/2014	\$3,500
JUNG-HI SHIN	1036309	Disease	12/18/2014	\$3,500
SOON-JA KWAK	1036313	Disease	12/18/2014	\$3,500
KUM-SUK RU	1036360	Disease	12/18/2014	\$3,500
YONG-WOOK CHANG	1036364	Disease	11/24/2014	\$3,500
O KIM	1036415	Disease	10/23/2014	\$3,500
YOUNG-JA KIM	1036421	Disease	12/18/2014	\$3,500
JUNG-WOO LEE	1036431	Disease	12/18/2014	\$3,500
MUN-YOUNG YOO	1036446	Disease	11/24/2014	\$3,500
HYE-SUK KANG	1036449	Disease	10/23/2014	\$3,500
BOCK-JA LEE	1036465	Disease	12/18/2014	\$3,500
YOUNG-YIM JHO	1036469	Disease	12/18/2014	\$3,500
JU-EUN LEE	1036492	Disease	12/18/2014	\$3,500
EUN-JA CHOI	1036577	Disease	12/18/2014	\$3,500
SOOK-JA KU	1036594	Disease	12/18/2014	\$3,500
OK-HEE LEE	1036534	Disease	12/18/2014	\$3,500
HEE-HYON JOUNG	1036627	Disease `		\$3,500 \$3,500
		Disease	11/24/2014	
SOO-HEE LIM	1036653		10/23/2014	\$3,500
JUNG-SOO KIM	1036662	Disease	11/24/2014	\$3,500
EAN-JUNG KIM	1036679	Disease	12/18/2014	\$3,500
MI-SOON PARK	1036706	Disease	12/18/2014	\$3,500
HWA-SOON PARK	1036713	Disease	11/24/2014	\$3,500
KYEONG-HEE MUN	1036735	Disease	12/18/2014	\$3,500
CHUN-JA LEE	1036742	Disease	11/24/2014	\$3,500
JUNG-REA HER	1036776	Disease	12/18/2014	\$3,500
MAL-RYEO YOO	1036870	Disease	10/23/2014	\$3,500
YOUNG-HEE EUN	1036901	Disease	12/18/2014	\$3,500
MI-NONG LEE	1036908	Disease	12/18/2014	\$3,500
I-EUNG PARK	1036916	Disease	12/18/2014	\$3,500
JUNG-SOON CHOI	1036927	Disease	10/23/2014	\$3,500
YOUNG-AE MOON	1036938	Disease	10/23/2014	\$3,500
HEE-LIM RYU	1036993	Disease	12/18/2014	\$3,500
SOON-OUK LEE	1037035	Disease	12/18/2014	\$3,500
JOO-HYUNG BANG	1037058	Disease	11/24/2016	\$3,500
YOUNG-JU KIM	1037060	Disease	2/27/2015	\$10,000
GOUNG-SOOK SUNG	1037079	Disease	12/18/2014	\$3,500
SOOK-RYE LEE	1037087	Disease	12/18/2014	\$3,500
SUNG-HEE PARK	1037093	Disease	12/18/2014	\$3,500
GYUONG-MI LEE	1038450	Disease	11/24/2016	\$3,500
SOON-JA SOE	1038478	Disease	12/18/2014	\$3,500
YUN-RYE LEE	1038481	Disease	12/18/2014	\$3,500
GWANG-HEE SONG	1038484	Disease	12/18/2014	\$3,500
JUNG-OH SUN	1695533	Disease	10/23/2014	\$3,500
BAK-YOUNG KIM	2746180	Disease	12/18/2014	\$3,500
YOUNG S KANG	2783097	Disease	2/27/2015	\$3,500

MI H KIM	2783160	Disease	2/27/2015	\$3,500
OK N PARK	2783311	Disease	2/27/2015	\$3,500
EUN J SONG	2783386	Disease	2/27/2015	\$3,500
MAL LEE I	2783475	Disease	2/27/2015	\$3,500
SOON H REE	2783499	Disease	2/27/2015	\$3,500
KWI Y JANG	2783559	Disease	2/27/2015	\$3,500
BOK S JANG	2783563	Disease	2/27/2015	\$3,500
KYUNG H JO	2783611	Disease	2/27/2015	\$3,500
MYUNG S CHOI	2783642	Disease	2/27/2015	\$3,500
AE K KIM	2787316	Disease	2/27/2015	\$3,500
MYONG-SUN LEE	6459176	Disease	12/18/2014	\$3,500
SAM-DUK PARK	6459549	Disease	12/18/2014	\$3,500
JAE-SIM HWYANG	6459701	Disease	11/24/2014	\$3,500
TAE-SUL LEE	6459778	Disease	10/23/2014	\$3,500
YOUNG-AE LEE	6460367	Disease	12/18/2014	\$3,500
JEA-SOOK HAN	6460444	Disease	12/18/2014	\$3,500
EI-NAM LIM	6460632	Disease	12/18/2014	\$3,500
SOON-MI KIM	6461229	Disease	10/23/2014	\$3,500
BOK-HYANG YOON	6461317	Disease	12/18/2014	\$3,500
YOUNG-SOO KIM	6461540	Disease	12/18/2014	\$3,500
HEON-SOON LEE	6461579	Disease	10/23/2019	\$3,500
PIL-ZA KIM	6461967	Disease	12/18/2014	\$3,500
HYE-JA LEE	6462214	Disease	12/18/2014	\$3,500
HEE-KYOUNG JUNG	6473444	Rupture	11/24/2014	\$7,000
KYE-SOON KIM	6473706	Disease	12/18/2014	\$3,500
JONG-SOOK CHOI	6473709	Disease	12/18/2014	\$3,500
HANG-NAM KIM	6474340	Disease	12/18/2014	\$3,500
HWANG-JA LEE	6474551	Disease	12/18/2014	\$3,500
CHANG-HEE LEE	6474567	Disease	12/18/2014	\$3,500
JUNG-RAN YANG	6474668	Disease	12/18/2014	\$3,500
KI-JOO KWAK	1035686	Disease	12/16/2016	\$6,000
MEE-HYANG PARK	1035805	Disease	12/16/2016	\$6,000
KYUNG-HEE PARK	1035806	Disease	12/16/2016	\$6,000
YOUNG-SOOK LEE	1035871	Disease	12/16/2016	\$6,000
GYI-JA CHUNG	1035888	Disease	12/16/2016	\$6,000
MI-SUK PARK	1035902	Disease	12/16/2016	\$6,000
MI-RAN JUNG	1036283	Disease	12/16/2016	\$6,000
JEA-SUG GO	1036314	Disease	12/16/2016	\$6,000
JONG-HI PARK	1036361	Disease	12/16/2016	\$6,000
MAN-OK KIM	1036464	Disease	12/16/2016	\$6,000
YOUNG-SOON CHUNG	1036709	Disease	12/16/2016	\$6,000
MI-KYUNG LEE	1037123	Disease	12/16/2016	\$6,000
KWANG-IL LEE	1035583	Disease	12/16/2016	\$6,000
HYE-SOOK KANG	1035671	Disease	12/16/2016	\$6,000
KEUM H SHIN	2783392	Disease	12/16/2016	\$6,000
SUN J SHIN	2783395	Disease	12/16/2016	\$6,000
YOUNG-MI JEON	1036287	Explant	8/13/2009	\$3,000

	1036287	Disease	12/18/2014	\$3,500
OK SHIN	1036303	Explant	6/17/2009	\$3,000
	1036303	Rupture	6/17/2009	\$7,000
	1036303	Disease	12/18/2014	\$3,500
YOUNG-DOO KIM	1036472	Explant	8/13/2009	\$3,000
	1036472	Disease	12/18/2014	\$3,500
JOO-YEON LEE	1038480	Explant	3/30/2010	\$3,000
	1038480	Disease	12/18/2014	\$3,500
YOUNG J KIM	2783202	Rupture	7/13/2009	\$7,000
	2783202	Explant	8/30/2010	\$3,000
	2783202	Disease	2/27/2015	\$3,500
OK K JANG	2783569	Explant	12/16/2010	\$3,000
	2783569	Disease	2/27/2015	\$3,500
EUN-GYUNG OH	6459155	Explant	6/17/2009	\$3,000
	6459155	Rupture	6/17/2009	\$7,000
	6459155	Disease	10/23/2014	\$3,500
KYE-SOON SONG	6461865	Explant	8/13/2009	\$3,000
	6461865	Disease	12/18/2014	\$3,500
OK-LE KO	6474810	Explant	4/27/2015	\$3,000
	6474810	Disease	4/27/2015	\$3,500
YOUNG-HA LEE	64916 <b>01</b>	Explant	1/30/2015	\$3,000
	6491601	Disease	12/18/2014	\$3,500

#### YEON-HO KIM INTERNATIONAL LAW OFFICE

Suite 4105, Trade Center Building 159 Samsung-dong, Kangnam-ku Seoul 06164 Korea Tel: +82-2-551-1256 Fax: +82-2-551-5570

December 27, 2017

Mrs. Karima G. Maloney Smyser Kaplan & Veselka LLP Bank of America Center 700 Louisiana Suite 2300 Houston Texas 77002 USA Tel: 713-221-2300

Re: Notice of Actions in Korea against the Finance Committee

Dear Mrs. Karima Maloney,

As you are aware, the Finance Committee and I reached to the agreement through mediation where the SF-DCT shall pay 5 million dollars to settle the Korean claims on September 2012. The majority of three members of the Finance Committee were involved in the mediation. The ex-Claims Administrator initiated mediation by proposing me to settle the Korean claims through mediation. The current Claims Administrator assisted and authorized the mediation by attending the mediation conference and placing several phone calls to the staffs of the SF-DCT. The other member of the Finance Committee, Professor McGovern, functioned as the sole mediator.

Therefore, the Finance Committee itself held a mediation conference. The Finance Committee reached to the verbal agreement with me at that conference. In fact, the Finance Committee through the members' respective role in mediation finalized the Korean Claims by agreeing 5 million dollars for settlement. The written agreement was delivered to me and I signed on the agreement and sent back to the both the ex-Claims Administrator and the current Claims Administrator.

However, the current Claims Administrator mailed checks for <u>only partial</u> Korean claimants to me suddenly. Even if I cashed out the checks, it does not mean that I released the Finance Committee's obligations from the agreement of mediation.

I will not allow the Finance Committee walk away from the liabilities of mediation agreement. The current Claims Administrator used to explain to me that Dow Corning Corporation did not agree to the mediation and it was why the Finance Committee did not execute the mediation agreement. The lawyer of Dow Corning said to me that she did not know the mediation because the Finance Committee never reported it to her. Despite the Finance Committee failed to get an approval from Dow Corning, I am preparing for filing lawsuits against the Finance Committee in Korea which can be both civil and criminal under the laws of Korea. Since the Michigan Eastern District Court did not rule on

the Motion for Enforcement of the Mediation Agreement, the option of filing civil and criminal lawsuits in Korea remains to me.

Sincerely,

Yeon Ho Kim

### YEON-HO KIM INTERNATIONAL LAW OFFICE

Suite 4105, Trade Center Building 159 Samsung-dong, Kangnam-ku Seoul 06164 Korea Tel: +82-2-551-1256 Fax: +82-2-551-5570

January 3, 2018

Mrs. Karima G. Maloney Smyser Kaplan & Veselka LLP Bank of America Center 700 Louisiana Suite 2300 Houston Texas 77002 USA Tel: 713-221-2300

Re: Updated Addresses

Dear Mrs. Karima Maloney,

As you requested for updated addresses of 148 Korean Claimants attached to your letter dated December 20,2017, I enclose their addresses most recently updated on our record (Some of them are same as their previous addresses and some of them different from their previous addresses).

Sincerely, Heonhokim

Yeon Ho Kim

Enclosure: ADDRESS UPDATE/CORREICTION FORM

## ADDRESS UPDATE/CORRECTION FORM

1 Commission comment and a 1 to 1 to 1 to 1	
1. Complete, correct and update claimant informa	ition.
PLACE YOUR LABEL HERE  or  WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035531*  MYUNG-HEE BYUN GA-105 JAIHEUNG PARK MANSHOM 14-8 CHUNGDAM-2 DONG KANGNAM-KU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0222979-00 Date of Birth Aug 22 1955	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: /0344 - //7 Scidlang -  Dong Tak - Ku Seaul Kovea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
	please include a copy of the claimant's firms the address. In accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief	on on this form is true, correct and complete
Date Signed S	gnature Claimant or Court-Appointed Representative)

In order to be eligible for payment of settlement benefits, the claim must meet the definition of an eligible claim as set forth in Article V of Annex A. Additionally, please note that all deadlines for timely claimants to file a claim for benefits are linked to the Effective Date of the Plan – June 1, 2004. The SF-DCT cannot extend the deadlines listed to file a claim. For information on deadlines please visit our website at <a href="https://www.dcsettlement.com">www.dcsettlement.com</a>.

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USE THE PEEL-OFF LABEL PROVIDED IN YOUR	PACKET	PROVIDE UPDAT	TES OR CORREC	TIONS BELOW:
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		2. Date of Birth: _		
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YOUNG-JOO CHOI		3. New Last Name	:	
119–1004 HYANGCHON APT DUSAN–DONG SEO–GU TAEJEON	i.	4. New Address:	35-49	Byun - Do
KOREA, REPUBLIC OF		Seo-Ku		
Remove this label and apply to each claim form you submit.		-040-1CU	, Taejun,	Kovea
DCN # 235921 POC#0222980-00	:	5. New Daytime P	hone / )	
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Last 4 digits of Social Security Number	(Required	<u>l for residents c</u>	of the United S	tates):
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I declare under penalty of perjury that the into the best of my knowledge, information	ntormation	on this form is to	ue, correct and	l complete
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PLACE YOUR LABEL HERE or		
WRITE IN YOUR INFORMATION		
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*1035591*  YOUNG-JA JANG 8-1501 SAMBU APT YOUIDO-DONG YONGDUNGPO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223054-00 Date of Birth Nov 09 1942		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 48 Bongeu:—Dong Chanchun, Kangwan, Korea  5. New Daytime Phone: (
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Please re-issue any outstanding pay	ments in	accordance with the payment procedures.
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035597*  SUN-MI KIM RED OX 262-42 YEON-DONG CHEJU-SHI CHEJU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223059-00 Date of Birth Nov 13 1960	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 528, Sam do 1 Dong  Jeja, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Require	please include a copy of the claimant's
government-issued identification card that contain Please re-issue any outstanding payments in	firms the address.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief	on on this form is true, correct and complete
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PROVIDE UPDATES OR CORRECTIONS BELOW:
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PLACE YOUR LABEL HERE	mation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035619*  HEY-WON CHUN 460-2 KALHYON-2 DONG UNPYONG-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223082-00 Date of Birth Oct 06 1966	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 1140, Daeja - Dong  Dukyang - ku Koyang kyungs?  5. New Daytime Phone: (
ast 4 digits of Social Security Number (Required or claimants without a social security numb overnment-issued identification card that co	er, please include a copy of the eleimentic
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declare under penalty of perjury that the informate the best of my knowledge, information and bel	ation on this form is true, correct and complete
2018 01 03	- Henkokin
ate Signed	Signature (Claimant or Court-Appointed Representative)

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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035668*  YANG-JA LEE 202-1206 WOOSUNG APT HWAJUNG-DONG SEO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223143-00 Date of Birth Sep 26 1964	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: /04 - 52 YangJung  Jin - Ku, Pusan, Karea  5. New Daytime Phone: (
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Please re-issue any outstanding payments	s in accordance with the payment procedures.
declare under penalty of perjury that the informa o the best of my knowledge, information and beli	tion on this form is true, correct and complete ef.
	Signature ————————————————————————————————————
'	(Significant or Count-Appointed Representative)

1. Complete, correct and update claimant informa	ition.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035815*  SAN-RE I SUITE 303 DAESUNG VILLA DAESUNG-DONG KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223302-00 Date of Birth Mar 30 1953	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: / 60 Wolnae - Rī,  Jangan - Myun , Yangsan , Kyungnam  5. New Daytime Phone: (
I declare under penalty of perjury that the information to the best of my knowledge, information and belief   2018 01 03  Date Signed	in accordance with the payment procedures.

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	t information.
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Wormen and a series	3. New Last Name:
YOUNG-JA LEE A~201 SINSOO YEONLIP	
91–460 KINSOO-DONG, MAPO-KU	4. New Address: <u>93-82</u> Sh7hSu - Don
KOREA, REPUBLIC OF	Mapo-Ku, Searl, Korea
Remove this label and apply to each claim form you submit.	- rapo -ra, sear, rarea
	5. New Daytime Phone: ()
POC#0223341-00 Date of Birth Apr 20 1961	o. Non Daytino i Horie.
2 2.0 01 DRM Apr 20 1901	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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government-issued identification card t	nat confirms the address.
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Please re-issue any outstanding pa	syments in accordance with the payment procedures.
I declare under penalty of perjury that the i	nformation on this form is true, correct and complete
to the best of my knowledge, information a	nd belief.
2010 01 0 1	
2018, 01, 03	3 Condar Din
Date Signed	Signature
-	(Claimant or Court-Appointed Representative)
	(Signification Count-Appointed Vehicseutative)

1. Complete, correct and update claimant into	ormation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035884*  HAN-OK KIM 305-301 BYUKSAN APT 941 JUKJEON-RI SUJI-DUP YONGIN-SI KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 227208 POC#0223375-00 Date of Birth Feb 07 1951	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 418-9 Bangbae - Decho - Ku Seal Korea  5. New Daytime Phone: (
government-issued identification card that	iber, please include a copy of the claimant's
I declare under penalty of perjury that the information to the best of my knowledge, information and be	mation on this form is true, correct and complete pelief.
2018.01 <b>n</b> 3	Henhokim.
Date Signed	Signature (Claimant or Court-Appointed Representative)

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or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PAC	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036086*  MYUNG-SOOK JEON 201-605 DAERIM HANDEUL APT SINBOO-DONG CHEONAN-SI KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 209713 POC#0223571-00 Date of Birth Mar 01 1956	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 276, Dosun - Dong  Sungdong - Ku, Sexil, Kovea  5. New Daytime Phone: (
<del>-</del>	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Re For claimants without a social security nun government-issued identification card that	wher please include a copy of the eleipsey.
Please re-issue any outstanding payme	ents in accordance with the payment procedures.
	mation on this form is true, correct and complete
Date Signed 2018.01.03	Signature Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant information. PLACE YOUR LABEL HERE

or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1036157*	2. Date of Birth:
SEO-KOUNG PARK	3. New Last Name:
201306 KEUMHO TOWN HWAJUNG-3 DONG SEO-GU	4. New Address: 61-3, Yang - Dong
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	Seo-Ku Kwangju, Korea
POC#0223867-00	5. New Daytime Phone: ()
Date of Birth Jan 13 1958	6. New Evening Phone: ()
-	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requir	ed for residents of the United States):
For claimants without a social security number government-issued identification card that con	, please include a copy of the claimant's firms the address.
Please re-issue any outstanding payments	in accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief	on on this form is true, correct and complete
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Date Signed S	gnature Claimant or Court-Appointed Representative)

In order to be eligible for payment of settlement benefits, the claim must meet the definition of an eligible claim as set forth in Article V of Annex A. Additionally, please note that all deadlines for timely claimants to file a claim for benefits are linked to the Effective Date of the Plan – June 1, 2004. The SF-DCT cannot

extend the deadlines listed to file a claim. For information on deadlines please visit our website at

www.dcsettlement.com.

PLACE YOUR LABEL HERE	ition.
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036232*  SUN-HOWA KANG 244-21 KWANGCHON-RI KWANGCHON-EUP HONGSUNG-GUN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 223513 POC#0223954-00 Date of Birth Mar 03 1960	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: //5 - /, Yong doo - Don Joang - Ku, DacJun, Korax  5. New Daytime Phone: (
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Please re-issue any outstanding payments	in accordance with the payment procedures.
declare under penalty of perjury that the information of the best of my knowledge, information and belief	on on this form is true, correct and complete
Date Signed Signed	gnature Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	mation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036246*  KOUNG-SUK KANG 2-808 DONGA APT YONGDANG-DONG SUNCHON-SHI KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223970-00 Date of Birth May 19 1964	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 19 - 3 , Jang Chun - 1  SoonChun , Junnam , Korea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
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o the best of my knowledge, information and belegate Signed	Signature Schrift and complete

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or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036250*  HI-SEON KWON 101-408 HYUNDAI TOWN 1025 GEOJE-2 DONG YEONJE-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223980-00 Date of Birth Apr 25 1961	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 56-7, Joon'se - D  Buk-ku Pusan Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requires)  For claimants without a social security number government-issued identification card that contact that contact is social security.	please include a copy of the claimants
\ /	in accordance with the payment procedures.
declare under penalty of perjury that the information the the three thre	on on this form is true, correct and complete
Date Signed 2018 01 03	gnature
	Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant information.

Ì	PLACE YOUR LABEL HERE		
	or		
	WRITE IN YOUR INFORMATION		
	USE THE PEEL-OFF LABEL PROVIDED IN YOUR F	PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	*1036272*  YOUNG-LAE KANG RAYVENS CREST APT 45-06 PRAINSBOROUCH KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224001-00 Date of Birth Aug 09 1956		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 167-2, Sungbuk - Do Sungbuk-ku, Seoul, Korea  5. New Daytime Phone: (
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l o	declare under penalty of perjury that the in the best of my knowledge, information an	formatio d belief.	n on this form is true, correct and complete
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Da	ate Signed	Sic	nature
		•	aimant or Court-Appointed Representative)

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1. Complete, correct and update claimant infor	nation.
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1036288* SO-JA PARK	2. Date of Birth:
38-507 KARAK APT	3. New Last Name:
KARAK-DONG SONGPA-GU SEOUL	4. New Address: 349 - 3 Jinbuk - Do
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	Chunjoo, Korea
DCN # 249816 POC#0224019-00 Date of Birth May 31 1964	5. New Daytime Phone: ()
Date of Billi May 31 1904	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requirements of Social Security Number (Requi	er. please include a copy of the eleimontic
Please re-issue any outstanding payment	s in accordance with the payment procedures.
I declare under penalty of perjury that the informato to the best of my knowledge, information and beli	ition on this form is true, correct and complete ef.
	Signature Herricokimi
	(Claimant or Court-Appointed Representative)

1. Complete, correct and update clair	nant informati	on.
PLACE YOUR LABEL HERE		
or Write in Your Information	ON	
USE THE PEEL-OFF LABEL PROVIDED IN YO	OUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036308*  YOUNG-SOOL SONG 11 YOUDONG 2-RI ILDONG-MYUN POCHUN-KUN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224044-00 Date of Birth Jan 18 1971		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: /788-8 , Palyar?  Truing - Vep , Namyangico , kyunggido , hored  5. New Daytime Phone: (
For claimants without a social secur povernment-issued identification can Please re-issue any outstanding declare under penalty of perjury that to the best of my knowledge, information	rity number, prd that confider of the confider	a accordance with the payment procedures.  In on this form is true, correct and complete  **Honkokim**
Date Signed	~	nature aimant or Court-Appointed Representative)

1. Complete, correct and update claimant inform	nation.
PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036360*  KUM-SUK RU 67-10 HEUKSUK 3-DONG DONGJAK-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224100-00 Date of Birth Jan 23 1963	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 349 - 19, Myunmak - A  Joongroung - Ku, Seau (, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Regu	ired for residents of the United States):
For claimants without a social security number government-issued identification card that co	er, please include a copy of the claimant's nfirms the address.
Please re-issue any outstanding payment	s in accordance with the payment procedures.
I declare under penalty of perjury that the informato the best of my knowledge, information and beli	tion on this form is true, correct and complete
2018 01 03	_ Yeonhokim.
	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant inform	nation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1036421*	2. Date of Birth:
YOUNG-JA KIM	3. New Last Name:
8731 SHINHEUNG-DONG POHANG-SHI KYUNGBUK	4. New Address: 195, Shinam - Dong
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	Dong-Ku, Taggu, Korea
POC#0224175~00	5. New Daytime Phone: ()
Date of Birth Oct 10 1945	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requestre Administration of S	er. please include a copy of the claimant's
government-issued identification card that co	
✓ Please re-issue any outstanding payment	s in accordance with the payment procedures.
I declare under penalty of perjury that the informate to the best of my knowledge, information and bel	ation on this form is true, correct and complete ief.
2018 01 03	yeonhokim
Date Signed	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant informa	tion.
PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036431*  JUNG-WOO LEE  442-106 JOOKONG APT  44 CHAMSIL 3-DONG SONGPA-GU SEOUL  KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.  DCN # 249940 POC#0224185-00 Date of Birth Jan 03 1953	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 285, Shinsan - R  Nam - Myun, Yangjoo, Kyunggi  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Require	ed for residents of the United States):
For claimants without a social security number, government-issued identification card that conf	please include a copy of the claimant's irresthe address.
Please re-issue any outstanding payments i	n accordance with the payment procedures.
l declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on on this form is true, correct and complete
	gnature Jeon Luckimi Jeon Lucki

Korea

PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036446*  MUN-YOUNG YOO 102-808 HYUN DAI APT JISAN-DONG SONG TAN-SI KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224213-00 Date of Birth Oct 04 1966	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 553 - 60 , Sain Soo - 6  Dang - Ku , Kwanasu , Korea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
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Please re-issue any outstanding payment	s in accordance with the payment procedures.
declare under penalty of perjury that the informa o the best of my knowledge, information and beli	tion on this form is true, correct and complete
	Signature Court-Appointed Representative)
	(Training of Court Appointed Representative)

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WRITE IN YOUR INFORMATION	ı	
USE THE PEEL-OFF LABEL PROVIDED IN YOU	JR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036449*  HYE-SUK KANG 145-44 NAMGAJOA 1-DONG SEO DAIMOON-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224217-00 Date of Birth Sep 10 1969		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 235 - 16 / Heaksak - E  Daygrak - Ku Saul Kovea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number	er (Required	for residents of the United States):
For claimants without a social securit government-issued identification card	y number, p I that confin	lease include a copy of the claimant's ns the address.
Please re-issue any outstanding	payments in a	accordance with the payment procedures.
	e information	on this form is true, correct and complete
2018 01 03		Henhokim
Date Signed		ature // mant or Court-Appointed Representative)

1. Complete, correct and update claimant informat	ion.
PLACE YOUR LABEL HERE  or  WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET  *1036465*  BOCK-JA LEE	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:  2. Date of Birth:  3. New Last Name:
1026-14 PANGBAE-3 DONG SOCHO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224229-00 Date of Birth Oct 11 1951	4. New Address: 87-26 Bangbae - Seocho - Ku Seoul Koveo  5. New Daytime Phone: (
	please include a copy of the claimant's rms the address.  a accordance with the payment procedures.

1 Complete correct and undete eleiment:		
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or WRITE IN YOUR INFORMATION		
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	į.	1. SID #:
*1036469*	·	2. Date of Birth:
VOLDIC ADA NO	•	
YOUNG-YIM JHO 556-3 DONGSAN-DONG		3. New Last Name:
CHUNJU-SHI	1	4. New Address: 835 - 18, Meea - Dong
KOREA, REPUBLIC OF		
Remove this label and apply to each claim form you submit.	<del></del>	Dobong-Ku, Seal Korea
POC#0224232-00	;	5 Now Doubling Blooms (
Date of Birth Aug 11 1961		5. New Daytime Phone: ()
		6. New Evening Phone: ()
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	<del></del>	7. New Attorney's Name/Address/Phone/Fax:
	<del>-</del>	
st 4 digits of Social Socurity Number (	<b>7</b>	len ti de de la companya
st 4 digits of Social Security Number (F	<u>keduired</u>	for residents of the United States):
or claimants without a social security n	umber, r	lease include a copy of the claimant's
vernment-issued identification card the	at confir	ms the address
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Please re-issue any outstanding pay	mente in	accordance with the payment procedures.
the second any outstanding pays	ments in	accordance with the payment procedures.
eclare under penalty of periury that the inf	ormation	on this form is true, correct and complete
the best of my knowledge, information and	dination	on this form is true, correct and complete
	a bellet.	
<b>2</b> 018. <b>01</b> .03		ner Il.
te Signed	<del></del>	yearhokim.
ic digned		nature
	(Cla	imant or Court-Appointed Representative)

1. Complete, correct and update claimant	information.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR P	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036577*  EUN-JA CHOI 112-501 JOOKONG APT 621 HANGSIN-DONG DUKYANG-GU KOYANG-SI KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 232040 POC#0224360-00 Date of Birth Feb 17 1967	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 142-10, Shindary- Joang -Ku, Seal, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (	Required for residents of the United States):
For claimants without a social security n government-issued identification card th	umber, please include a copy of the claimant's at confirms the address.
Please re-issue any outstanding pay	ments in accordance with the payment procedures.
I declare under penalty of perjury that the in to the best of my knowledge, information an	formation on this form is true, correct and complete d belief.
<u> </u>	remal b.
Date Signed	Signature (Claimant of Court-Appointed Representative)

1 Complete correct and undete eleinent	
1. Complete, correct and update claimant in	nformation.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PA	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036594*	1. SID #:  2. Date of Birth:
SOOKJA KU 104 ONCHUM 1DONG DONGRAJKU	3. New Last Name: 4. New Address: 528 - 2 JangJun - D
KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224380-00 Date of Birth Jun 30 1955	Dongrae-Ky Pusan, Korea.
	5. New Daytime Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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	Required for residents of the United States):  umber, please include a copy of the claimant's at confirms the address.
\ /	ments in accordance with the payment procedures.
I declare under penalty of perjury that the infe to the best of my knowledge, information and	ormation on this form is true, correct and complete d belief.
7018 01 03  Date Signed	Signature (Claimant of Court-Appointed Representative)

1. Complete, correct and update cialmant into	rmation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKS	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036662*  JUNG-SOO KIM	1. SID #:  2. Date of Birth:  3. New Last Name:
523–1 KONGLEUNG-DONG NOWON-GU	4. New Address: 543-9, Kongleung -
KOREA, REPUBLIC OF	Nowon-Ku, Seal Korea
Remove this label and apply to each claim form you submit.  POC#0224450-00  Date of Birth Mar 13 1955	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
N°	
Last 4 digits of Social Security Number (Reg For claimants without a social security numb government-issued identification card that c	per. please include a copy of the claimantic
1/	nts in accordance with the payment procedures.
declare under penalty of perjury that the inform to the best of my knowledge, information and be	nation on this form is true, correct and complete
2018. <b>n1</b> 03	Henhokim
Date Signed	Signature
	(Claimant or Court-Appointed Representative)

Complete, correct and update claimant informate     PLACE YOUR LABEL HERE	tion.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036679*  EAN-JUNG KIM 426-43 SHINGAL-RI KIHEUNG-EUB YONGIN-KUN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224471-00 Date of Birth Dec 29 1967	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 256 Shirock - Ri  Mang Sung - Myun, Iksan, Junbuh  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requirements of Social Security Number (Requirements of Social Security Number, government-issued identification card that compared to the social Security Number, government-issued identification card that compared to the social Security Number, government-issued identification card that compared to the social Security Number (Requirements of Social Security Numb	. please include a copy of the claimant's
Please re-issue any outstanding payments	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief	on on this form is true, correct and complete
	ignature Court-Appointed Representative)

PLACE YOUR LABEL HERE	rmation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036735*  KYEONG-HEE MUN 'KYUNGHEE SUPER' JOOKONG APT DANJINAE SANGKA 1683 KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224535-00 Date of Birth Jul 22 1964	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 1729 - II Banpo - Dong Seachs - Ky Seoul, Korea.  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Req	per please include a copy of the eleiments
government-issued identification card that c	onfirms the address.  Its in accordance with the payment procedures.
I declare under penalty of perjury that the inform to the best of my knowledge, information and be	ation on this form is true, correct and complete lief.
<u>2018 01 03</u> Date Signed	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant informati	on.
PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036742*  CHUN-JA LEE 30-806 HANYANG APT SONGPA-DONG SONGPA-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224539-00 Date of Birth Apr 05 1922	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 456-3 Dogok-Dov Kangnum - Ku, Seal, Korea  5. New Daytime Phone: (
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Last 4 digits of Social Security Number (Required  For claimants without a social security number, p government-issued identification card that confin	please include a copy of the claimant's
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
•	nature Jesnhokim nature or Court-Appointed Representative)

1. Complete, correct and update claimant information.

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036916*  I-EUNG PARK 104-32 EUNGAM-DONG EUNPYOUNG-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224771-00 Date of Birth Jan 22 1969	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: /89-23 Hjomok  Dang - Ku, Taegu, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requi	
For claimants without a social security number government-issued identification card that control Please re-issue any outstanding payments	in accordance with the payment procedures.
I declare under penalty of perjury that the informat to the best of my knowledge, information and belie	ion on this form is true, correct and complete
	Signature Court-Appointed Representative)

1 Complete correct and and to division at	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Complete, correct and update claimant informati	on.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
*1037058*  JOO-HYUNG BANG 201 NINIL 2CHA APT 237-1 SUKGYE-RI SANGBUK-MYUN KYUNGNAM-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 236368 POC#0224926-00 Date of Birth Apr 09 1969	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 238 Chilsan - Dong Dongrae - Ka, Pusan, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Require	7. New Attorney's Name/Address/Phone/Fax:d  d for residents of the United States):
For claimants without a social security number, provernment-issued identification card that confined and the province of the best of my knowledge, information and belief.	accordance with the payment procedures.  on this form is true, correct and complete
	nature / nat

1. Complete, correct and update claimant inform	ation
PLACE YOUR LABEL HERE	ation.
or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1038450*  GYUONG-MI LEE 52-159 SHINDANG-6 DONG CHUNG-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0227496-00 Date of Birth Aug 13 1965	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 282 - 10 Shindang Joong - Ku, Seoul, Korea  5. New Daytime Phone: (
, .	-
Last 4 digits of Social Security Number (Requi	r nlesse include a copy of the claims with
government-issued identification card that cor	firms the address.
Please re-issue any outstanding payments	in accordance with the payment procedures.
declare under penalty of perjury that the informat to the best of my knowledge, information and belie	ion on this form is true, correct and complete
2018.01.03	Henrokim
Date Signed	Signature Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant information.

DI ACE VOUD I ADEL UEDE	
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1038478*  SOON-JA SOE 790-6 YOKSAM-DONG KANGNAM-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0227523-00	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 337, Downa - Dong Mapo - Ku, Searl, Korea  5. New Daytime Phone: (
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Last 4 digits of Social Security Number (Required	d for residents of the United States):
For claimants without a social security number, properties and that confires the confires and the confires are confired to the confirmation and confired to the confirmation and confirmation are confi	ms the address.
Please re-issue any outstanding payments in	accordance with the payment procedures.
declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on this form is true, correct and complete
7018 01 03	Nemal L.
Date Signed Sign	nature aimant or Court-Appointed Representative)

1 Complete correct and water the	
1. Complete, correct and update claimant inform	nation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1038481*  YUN-RYE LEE #H1062, 82-7 SHIN-DONG IREE-SI CHEONBUK-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249889 POC#0227525-00 Date of Birth Mar 24 1966	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 728-32, Shin - Dong Tree, Chunbuk, Korea  5. New Daytime Phone: (
I declare under penalty of perjury that the information to the best of my knowledge, information and believe the best of my knowledge.	er, please include a copy of the claimant's infirms the address.  Is in accordance with the payment procedures.

PLACE YOUR LABEL HERE	ion.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1695533*  JUNG-OH SUN 568-56 SUYU-4DONG KANGBUK-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223036-00 Date of Birth Sep 27 1959	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 56- 98 Soongin -  Jongro - Ku, Soul, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Require  For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the informatio to the best of my knowledge, information and belief.	
<u> </u>	Inature Jeon Rokim aimant or Court-Appointed Representative)

1. Complete, correct and update claimant	t informati	on.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR	<u>PACKET</u>	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783160*  MI H KIM 204-1103 BUDNAE-DONGYANG APT TAEPYUNG DONG JUNG GU TAEJUN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI07789-00 Date of Birth Feb 14 1977 Telephone Number 01194008450		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 250 - 14, Daera - Don Joong - Ku, Tae Jun, Korea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number	(Require	for residents of the United States):
	that confi	accordance with the payment procedures.
I declare under penalty of perjury that the i to the best of my knowledge, information a	nformation nd belief.	on this form is true, correct and complete
<b>20</b> 18 <b>01 0 3</b> Date Signed		nature Court-Appointed Representative)

PLACE YOUR LABEL HERE	=	
OF WRITE IN YOUR INFORMATION	ИС	
USE THE PEEL-OFF LABEL PROVIDED IN Y	OUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783475*  MAL LEE I 811 8 ANHYUN DONG STHEUNG KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI08104-00 Date of Birth May 20 1949 Telephone Number (016)378-2031		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 800 - 12 Whalgok - Do Kangso - Kin Seoul Korea  5. New Daytime Phone: (
	<u>:</u>	
: 4 digits of Social Security Num		d for residents of the United States):
: 4 digits of Social Security Num	ritv number. ı	please include a copy of the claimant's
4 digits of Social Security Num	rity number, <sub>l</sub> ard that confil	please include a copy of the claimant's
4 digits of Social Security Num claimants without a social security security Num ernment-issued identification ca	rity number, pard that confings g payments into the information	please include a copy of the claimant's ims the address.

1. Complete, correct and update claimant information.

PROVIDE UPDATES OR CORRECTIONS BELOW:
1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 170-17 Myunmok - Dong Toongroung - Ku, Seaul Korea  5. New Daytime Phone: (
please include a copy of the claimant's irms the address.  n accordance with the payment procedures.  n on this form is true, correct and complete
gnature/ laimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	MI.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783559*  KWI Y JANG 1-205 JUKONG APT 1 CHA SONGHYUN DONG ANDONG KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI08188-00 Date of Birth Mar 20 1960 Telephone Number (054)841-5507	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 573, Soogai - R?  Tangyoo - Myan, Kimhae, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Required	for residents of the United States):
For claimants without a social security number, p government-issued identification card that confin	lease include a copy of the claimant's ms the address.
Please re-issue any outstanding payments in	accordance with the payment procedures.
declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on this form is true, correct and complete
	nature Jeonhokim imant or Court-Appointed Representative)

d Complete competend and to be a second	
Complete, correct and update claimant information	on. 
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783611*  KYUNG H JO 202 85-64 DONGSUN DONG 1 GA SUNGBUK GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI08240-00 Date of Birth Dec 08 1954 Telephone Number (016)750-7076	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 853-77 Shinjung - Nam - Ka Woo Can Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Required For claimants without a social security number, p	please include a copy of the claimant's
Please re-issue any outstanding payments in	accordance with the payment procedures.
declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
7018 <b>01</b> 03	rean backin
Date Signed Sign	nature aimant or Court-Appointed Representative)

1. Complete, correct and update claimant informa	tion.
PLACE YOUR LABEL HERE  or  WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET  *6459549*  SAM-DUK PARK	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:  2. Date of Birth:
301 YOOGANG YEONRIP 267-18 KAEBONG 3-DONG KURO-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249817 POC#0224737-00 Date of Birth Jan 26 1946	3. New Last Name:  4. New Address: //70-36 , Grae'bong-L  Kuro-Ku , Seau ( , Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requir	red for residents of the United States):
I declare under penalty of perjury that the informati	in accordance with the payment procedures.  on on this form is true, correct and complete
	ignature Claimant or Court-Appointed Representative)

1 Complete correct and undete element informati	
Complete, correct and update claimant information	on.
PLACE YOUR LABEL HERE  OF  WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:
*6460367*  YOUNG-AE LEE #101 5 CHA ANAM HEIGHTS 1510-10 JOONG 2-DONG HAEWOONDAE-GU PUSAN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249899 POC#0225001-00 Date of Birth Oct 05 1948	2. Date of Birth:  3. New Last Name:  4. New Address: 502 - 2, Kwang an -  Man - Ku, Pusan, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Required  For claimants without a social security number, por government-issued identification card that confirm	lease include a copy of the claimant's
Please re-issue any outstanding payments in a	accordance with the payment procedures
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
Date Signed Sign	ature ature (mant or Court-Appointed Representative)

1. Complete, correct and update claimant infor	mation.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6460444*  JEA-SOOK HAN 103-603 MUDEUNG PARK MANCHION 172 BONGSUN-DONG SEO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223447-00 Date of Birth Oct 11 1953	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 280-58, Doodin - Do  Buk - Ku, Kwangjoo, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requestrong Processing Security Number (Reque	er, please include a copy of the claimant's onfirms the address.
	ts in accordance with the payment procedures.
declare under penalty of perjury that the information and bel	lief.
7/18/01/03 Date Signed	Signature (Claimant or Court-Appointed Representative)

	T
1. Complete, correct and update claimant inform	ation.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:  2. Date of Birth;
EI-NAM LIM 38-103 JEONNONG 3-DONG DONGDAEMUN-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249885 POC#0223485-00 Date of Birth Dec 02 1954	3. New Last Name:  4. New Address: 266-7 Eiricon - L  Dongdaemoon - Ku, Seal ( ka  5. New Daytime Phone: ( )  6. New Evening Phone: ( )  7. New Attorney's Name/Address/Phone/Fax:
	_
Last 4 digits of Social Security Number (Requirements of Social Security Number (Requirements of Social Security number government-issued identification card that con	r, please include a copy of the claimant's nfirms the address.
Please re-issue any outstanding payments declare under penalty of perjury that the informat to the best of my knowledge, information and belie	tion on this form is true, correct and complete
2018.01.03 Date Signed	Signature Scientification (Claimant or Court-Appointed Representative)

1 Complete correct and undete element info	
1. Complete, correct and update claimant informat	ion.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6461579*	1. SID #:  2. Date of Birth:
HEON-SOON LEE 105-1401 JOONGANG HEIGHTS	3. New Last Name:
100 OCKSOO 2-DONG SUNGDON-U SEOUL KOREA, REPUBLIC OF	4. New Address: 2277-17, Dongton - D
Remove this label and apply to each claim form you submit.	Joong-Ku, Taegu, Korea
DCN # 249963 POC#0224753-00 Date of Birth Dec 25 1956	5. New Daytime Phone: ()
Date of Shift Dec 23 1950	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Require	d for residents of the United States):
For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's rms the address.
Please re-issue any outstanding payments in	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
2018 01 03	Stonhokim
	nature
(CĪ	aimant or Court-Appointed Representative)

1. Complete, correct and update claimant informa	ition.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6462214*  HYE-JA LEE #102, 175-95 GONGDUK 2-DONG MAPO-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249961 POC#0223979-00 Date of Birth Jun 11 1957	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 664 - 7 Ahyun - D  Mapo - Ku, Seaul, Korea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requir	ed for residents of the United States):
For claimants without a social security number government-issued identification card that con	, please include a copy of the claimant's firms the address.
Please re-issue any outstanding payments	in accordance with the payment procedures.
I declare under penalty of perjury that the informati to the best of my knowledge, information and belie	on on this form is true, correct and complete
	ignature Claimant or Court-Appointed Representative)

1 Complete correct and audit al.	
1. Complete, correct and update claimant informa	tion.
PLACE YOUR LABEL HERE  or  WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*6473706*	2. Date of Birth:
KYE-SOON KIM	3. New Last Name:
2–407 SINJA YOU APT 1064–1 GOIJUNG 1–DONG	4. New Address: 484-40 GoeJung -
KOREA, REPUBLIC OF Remove this label and apply to	Saha-Ky Pusan Korea
each claim form you submit. POC#0224398-00	5. New Daytime Phone: ()
Date of Birth Mar 21 1947	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
	With the first of
·	
Last 4 digits of Social Security Number (Require	ed for residents of the United States):
For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's irms the address.
Please re-issue any outstanding payments in	n accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	n on this form is true, correct and complete
2018 <b>01 0</b> 3	weed to
Date Signed Sig	gnature / mc
(C	aimant or Court-Appointed Representative)

In order to be eligible for payment of settlement benefits, the claim must meet the definition of an eligible claim as set forth in Article V of Annex A. Additionally, please note that all deadlines for timely claimants to file a claim for benefits are linked to the Effective Date of the Plan - June 1, 2004. The SF-DCT cannot extend the deadlines listed to file a claim. For information on deadlines please visit our website at www.dcsettlement.com.

1 Complete correct and and all 1:		
1. Complete, correct and update claimar	nt informati	on.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR	R PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6473700*	<del></del>	1. SID #:  2. Date of Birth:
JONG-SOOK CHOI 721-1108 MOKDONG APT	<del></del>	3. New Last Name:  4. New Address: 72-77 Soong in -
YANGCHUN-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.		Jongro - Ku, Seal, Kore
DCN # 232033 POC#0224448-00 Date of Birth Dec 06 1965	; ;	New Daytime Phone: ()      New Evening Phone: ()
		7. New Attorney's Name/Address/Phone/Fax:
	<del></del>	
Last 4 digits of Social Security Number For claimants without a social security government-issued identification card	number. r	please include a copy of the claimantic
Please re-issue any outstanding pa	ayments in	accordance with the payment procedures.
declare under penalty of perjury that the o the best of my knowledge, information a	information and belief.	on this form is true, correct and complete
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		nature / nature / nature or Court-Appointed Representative)

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1. Complete, correct and update claimant information	on.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6474340*  HANG-NAM KIM 174-4 2 FL GWANGAM 2-DONG NAM-GU PUSAN-SI KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: 48-5, Yangjung - Po  Tin-Ku, Pusan, Korea.
DCN # 155718 POC#0224497-00 Date of Birth Dec 13 1958	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Required  For claimants without a social security number, p government-issued identification card that confin	lease include a copy of the claimant's
Please re-issue any outstanding payments in	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
	ature (mant or Court-Appointed Representative)

1 Complete correct and audit 11 11	
1. Complete, correct and update claimant inform	mation.
PLACE YOUR LABEL HERE  or  WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:
*6474551*  HWANG-JA LEE 201-1503 BYUKSAN APT SHIHEUNG 2-DONG KUMCHEON-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN# 249962 POC#0224083-00 Date of Birth Jul 17 1945	2. Date of Birth:  3. New Last Name:  4. New Address: 14 -80 Ctoliwol - L  Yongsan - Ku Seoul Koved  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requirements without a social security number government-issued identification card that confidence in the best of makes when the best of th	er, please include a copy of the claimant's nfirms the address.  s in accordance with the payment procedures.
to the best of my knowledge, information and beling the best of my knowledge, in the b	Signature (Claimant or Court-Appointed Representative)

or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035686*  KI-JOO KWAK 116-100 HANSIN APT JAMWON-DONG, SEOCHO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223162-00 Date of Birth Sep 01 1947	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 1977 - 2 Echon - Dang Yongsan - Ku Searl Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requi	r, please include a copy of the claimant's
For claimants without a social security numbe government-issued identification card that co	r, please include a copy of the claimant's

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1. Complete, correct and update claimant info	ormation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACE	KET PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035806*  KYUNG-HEE PARK 56-6 HUNSUK-DONG MAPO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223291-00 Date of Birth Mar 05 1964	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 40 - 26
_ast 4 digits of Social Security Number (Re	equired for residents of the United States):
or claimants without a social security nungovernment-issued identification card that	nber, please include a copy of the claimant's confirms the address.
Please re-issue any outstanding payme	ents in accordance with the payment procedures.
declare under penalty of perjury that the infor the best of my knowledge, information and l	mation on this form is true, correct and complete belief.
2018 01 03	yeonhokim
Date Signed	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant i	ntormation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PA	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035902*  MI-SUK PARK THIRD FLOOR DAESHIN BLDG 2-38 SEOCHO-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249822 POC#0223391-00 Date of Birth Dec 10 1962	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 454 - 1, Bangbae - Description - Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (I	Required for residents of the United States):
government-issued identification card the	
₩ Please re-issue any outstanding pay	ments in accordance with the payment procedures.
declare under penalty of perjury that the into the best of my knowledge, information and	formation on this form is true, correct and complete displayed belief.
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Date Signed	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant info	ormation.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACE	KET PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036283*  MI-RAN JUNG 26-38 GOOSAN-DONG EUNPYUNG-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224013-00 Date of Birth Jul 01 1959	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 980 – 28 , Doksan – Dok  Gruro – Ku , Seoul , Korea  5. New Daytime Phone: (
government-issued identification card that  Please re-issue any outstanding payme	mation on this form is true, correct and complete pelief.  Signature
	(Claimant or Court-Appointed Representative)

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PLACE YOUR LABEL HERE  or  WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACK!  *1036314*	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:  2. Date of Birth:
JEA-SUG GO 3-106 KYURYE LUCK APT SASANG-GU PUSAN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 233414 POC#0224047-00 Date of Birth Aug 01 1966	3. New Last Name:  4. New Address: 1507—1, YeonSan—Dou  Dongrae—Ku, Pusan, Korea  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Rec	
government-issued identification card that of Please re-issue any outstanding payments	nts in accordance with the payment procedures.  nation on this form is true, correct and complete
Date Signed	Signature (Claimant or Court-Appointed Representative)

Complete, correct and update claimant inform     PLACE YOUR LABEL HERE	ation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1037123*  MI-KYUNG LEE 135 MINLAK-DONG NAM-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0225006-00 Date of Birth Apr 19 1956	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 3/2 - 1 Dang gam — Do  Th — Ku Pusan Korea  5. New Daytime Phone: ()
Last 4 digits of Social Security Number (Requ	ired for residents of the United States):
For claimants without a social security number government-issued identification card that control Please re-issue any outstanding payments.	s in accordance with the payment procedures.
I declare under penalty of perjury that the informa to the best of my knowledge, information and beli-	· F
	Signature (Claimant or Court-Appointed Representative)

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1. Complete, correct and update claimant information	on.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036472*  YOUNG-DOO KIM 1-1002 HWARANG APT 40-4 YOUIDO-DONG YOUNGDEUNGPO-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 227505 POC#0224233-00 Date of Birth Sep 04 1953	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 487 - 239, Yeonnam - Mapo - Ku, Seoul, Korea  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Required	7. New Attorney's Name/Address/Phone/Fax:
For claimants without a social security number, p government-issued identification card that confirm Please re-issue any outstanding payments in	ms the address.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
<u> </u>	nature dimant or Court-Appointed Representative)

1. Complete, correct and update claimant information	on.	
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET.	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*2783202*  YOUNG J KIM 208-206 SHINJUNG HYUNDAI APT YAEUM 2 DONG NAM GU WOOLSAN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#NI07831-00 Date of Birth Jun 30 1967 Telephone Number (052)276-1712	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: 60-3, Bokson - Pong, Joong - Ku, Woolson, Koyeo  5. New Daytime Phone: (	
For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.		
	nature representative)	

**EXHIBIT 10** 

1. Complete, correct and update claimant information.

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*0735310*  SOON-YAE KANG 558 YEONAM-RI MYORANG-MYUN YOUNG KWANG-KOON CHONNAM KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit, DCN # 232060 POC#0421030~00 Date of Birth Jan 04 1954 Telephone Number (068)652-6030	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Required	for residents of the United States):
For claimants without a social security number, p government-issued identification card that confined Please re-issue any outstanding payments in	ms the address.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
7018.01.03 Date Signed Sign	nature imant or Court-Appointed Representative)

1. Complete, correct and update claimant information.		
	intormatio	on.
PLACE YOUR LABEL HERE		
or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR F	PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*0735315*  PAN JA PARK POHANG CITY BOOK-KU JANGSUNG-DONG DONG-BU KOOKMIN JUTAK 1136 KYONGSAN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 238352 POC#0412743-00 Date of Birth Apr 15 1949 Telephone Number (056)242-4535		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed  5. New Daytime Phone: (
Last 4 digits of Social Security Number  For claimants without a social security r government-issued identification card th	າumber. ເ	please include a copy of the claimant's
Please re-issue any outstanding pay	yments in	accordance with the payment procedures.
l declare under penalty of perjury that the ir to the best of my knowledge, information ar	nformation	on this form is true, correct and complete
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Date Signed		nature / nat

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WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOU	R PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035526*	:	1. SID #: 2. Date of Birth:
MYUNG-HEE PARK	·	3. New Last Name;
5-301 SAMSUNG APT 290-1 MANDUK-2 DONG BOOK-KU		4. New Address: Not Changed
KOREA, REPUBLIC OF		1.02 0 100 100
Remove this label and apply to each claim form you submit.  POC#0222973-00  Date of Birth Oct 05 1951	:	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number  For claimants without a social security government-issued identification card	/ number. ı	please include a copy of the claimant's
Please re-issue any outstanding p	payments in	accordance with the payment procedures.
	information	on this form is true, correct and complete
<u>7018 01 03</u> Date Signed		nature Justice Representative)
	(010	mant or court appointed treplesetifative)

1. Complete, correct and update claimant information.

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ŀ	*1035535*		2. Date of Birth:
	JEONG-AE LEE		3. New Last Name:
1	6–1303 WOOSUNG APT 96–1 GARAKBON-DONG SONGPAKU	•	4. New Address: not changed
	KOREA, REPUBLIC OF		4. New Address: Not Changed
	Remove this label and apply to each claim form you submit.		
	POC#022298300		5. New Daytime Phone: ()
	Date of Birth Dec 05 1958		
			6. New Evening Phone: ()
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-			7. New Attorney's Name/Address/Phone/Fax:
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1	declare under penalty of perjury that the inf	formation	on this form is true correct and commiste
ť	o the best of my knowledge, information and	d haliaf	on this form is true, correct and complete
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			aimant or Court-Appointed Representative)
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or WRITE IN YOUR INFORMATION	f
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035553*  WOO-KUM SUN 81-1401 HYUNDAI APT APKOOJUNG-DONG KANGNAM-GU	1. SID #:  2. Date of Birth:  3. New Last Name:
SEOUL KOREA, REPUBLIC OF	4. New Address: <u>not</u> <u>changed</u> .
Remove this label and apply to each claim form you submit.  DCN # 249751 POC#0223006-00  Date of Birth Mar 29 1957	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requirements of Social Security Number (Requi	r. please include a copy of the claimant's
Please re-issue any outstanding payments	in accordance with the payment procedures.
I declare under penalty of perjury that the informat to the best of my knowledge, information and belie	on on this form is true, correct and complete
	Signature Court-Appointed Representative)

1. Complete, correct and update claimant inf PLACE YOUR LABEL HERE	omaton.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PAC	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035568*  EUN-YOUNG LEE 101-402 HANYANG APT 134-9 CHUNGDAM-DONG KANGNAM-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249968 POC#0223026-00 Date of Birth Aug 20 1959	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed,  5. New Daytime Phone: (
For claimants without a social security number of covernment-issued identification card that  Please re-issue any outstanding payments	ents in accordance with the payment procedures.

PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035573*  INN-HONG KIM 857-2 JWACHON-2 DONG DONG-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223032-00 Date of Birth Feb 20 1966	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requ For claimants without a social security number government-issued identification card that co	r. please include a copy of the claimant's
Please re-issue any outstanding payments	s in accordance with the payment procedures.
declare under penalty of perjury that the informa to the best of my knowledge, information and beli	tion on this form is true, correct and complete
2018 01. 03 Date Signed	Hemshim

1. Complete, correct and update claimant information.

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PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035599*  JONG-AE SUH 592-1 BULKYO-RI BULKYO-EUP BOSUNG-GUN CHEONNAM-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249758 POC#0223063-00 Date of Birth Mar 18 1955	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Req For claimants without a social security numb government-issued identification card that co	per please include a copy of the claimant's
	its in accordance with the payment procedures.
I declare under penalty of perjury that the inform to the best of my knowledge, information and be	ation on this form is true, correct and complete
2018.01.03	8 B
Date Signed	Signature (Claimant of Court-Appointed Representative)

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACE	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1035613*	2. Date of Birth:
MYUNG-SOOK KUG	3. New Last Name:
252–95 KIL–2 DONG KANGDONG–GU KOREA, REPUBLIC OF	4. New Address: NOE changed.
Remove this label and apply to each claim form you submit.  POC#0223075-00 Date of Birth Jul 20 1957	5. New Daytime Phone: ()
Date of Birth Jul 20 1957	6. New Evening Phone: ()
:	7. New Attorney's Name/Address/Phone/Fax:
<u>.                                    </u>	
Last 4 digits of Social Security Number (Re	quired for residents of the United States):
For claimants without a social security num government-issued identification card that	nber, please include a copy of the claimant's confirms the address.
Please re-issue any outstanding payme	ents in accordance with the payment procedures.
I declare under penalty of perjury that the information and be the best of my knowledge, information and be	mation on this form is true, correct and complete pelief.
7018 01 03	world.
Date Signed	Signature (Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035678*  KUM-JA KANG 2-504 GUMGANG APT OKRYONG-DONG, GONGJOO-SI KOREA, REPUBLIC OF Remover this label and apply to each claim form you submit. POC#0223157-00 Date of Birth Jan 15 1957	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: (
t 4 digits of Social Security Number (Request 4 digits of Social Security Number (Request 4 digits of Social Security number (Request 4 digits of Social Security number (Request)	er. please include a copy of the claimant's
Please re-issue any outstanding paymen	ts in accordance with the payment procedures.
	ation on this form is true, correct and complete
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2018 U1. U3	Jacob Colombiano.

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or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035679*	1. SID #: 2. Date of Birth:
HYUCK-SOON KWON	3. New Last Name:
3–401 SAMIK APT 574 BISAN-DONG ANYANG-SI, KYOUNGGI-DO	4. New Address: not changed.
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	.
POC#0223158-00	5. New Daytime Phone: ()
Date of Birth Nov 27 1947	6. New Evening Phone: ()
<u>:</u>	7. New Attorney's Name/Address/Phone/Fax:
ast 4 digits of Social Security Number (Requi	red for residents of the United States):
For claimants without a social security number government-issued identification card that con	r, please include a copy of the claimant's firms the address.
1/	in accordance with the payment procedures.
declare under penalty of perjury that the informat the best of my knowledge, information and belie	ion on this form is true, correct and complete
2018.01.03	Heonhokim.
	Signature
(	Claimant or Court-Appointed Representative)

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or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1035750*	2. Date of Birth:  3. New Last Name:
YONG-SOOK JEON 13-108 IMKWANG APT PANGBAE-DONG	4. New Address: NOE Changed.
KOREA, REPUBLIC OF Remove this label and apply to	
each claim form you submit.  POC#022323300  Date of Birth Mar 07 1956	5. New Daytime Phone: ()
- 110 01 2 MM MM 07 1550	6. New Evening Phone: ()
<u></u>	7. New Attorney's Name/Address/Phone/Fax:
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For claimants without a social security numb government-issued identification card that co	er, please include a copy of the claimant's onfirms the address.
Please re-issue any outstanding payment	s in accordance with the payment procedures.
declare under penalty of perjury that the informate the best of my knowledge, information and bel	ation on this form is true, correct and complete ief.
7018.01.03.	Signature Claimant or Sout Appaint of S
	(Claimant or Court-Appointed Representative)

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1. Complete, correct and update claimant informat	ion.	
PLACE YOUR LABEL HERE		
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*1035776*  GYEONG-HWA SONG 102-102 SAMJUNG1CHA APT 693 POONGDUK CHUN-RI, SOOJI-MYUN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223260-00 Date of Birth Oct 21 1961	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (	
:		
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.		
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on this form is true, correct and complete	
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Date Signed Sig	nature aimant or Court-Appointed Representative)	

1. Complete, correct and update claimant inform PLACE YOUR LABEL HERE	ation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035798*  JUNG-JOO BYUN STE 1203 MIRAI 2 CHA APT KEONSAN 7-GU JANGHEUNG-EUP KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223280-00 Date of Birth Jan 05 1965	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Charged.  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requirements of Social Security Number (Requi	r. please include a copy of the claimant's
; /	in accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and believed.	tion on this form is true, correct and complete
<u> </u>	Hennokim
	Signature C Claimant or Court-Appointed Representative)

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1. Complete, correct and update claimant inform	iation.
PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1025917*	2 Date of Births
1033817	2. Date of Birth:
KYUNG-OK HAN	3. New Last Name:
7–502 HANYANG APT	4. New Address: not changed.
SHIHEUNG 1-DONG KURO-GU SEOUL KOREA, REPUBLIC OF	. 4. New Address. 102 Great Heat.
Remove this label and apply to each claim form you submit.	
DCN # 214414 POC#0223305-00	5. New Daytime Phone: ()
Date of Birth Oct 14 1953	
	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Regu	red for residents of the United States):
For claimants without a social security number	r, please include a copy of the claimant's
government-issued identification card that col	nfirms the address.
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	s in accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and believes	ion on this form is true, correct and complete
to the best of my knowledge, information and belief	<b>郑.</b>
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D. I. G.	
· ·	Signature Court Appointed Research in Appointed
,	(Claimant of Court-Appointed Representative)

1. Complete, correct and update claimant infor	mation.
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OF WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035862*  IN-SUK NO 403HO, DUKSUNG B/O 3-68 CHANGJUN-DONG, MAPO-KU, KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223351-00 Date of Birth Jan 04 1962	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Requ	
For claimants without a social security numb government-issued identification card that co	er, please include a copy of the claimant's onfirms the address.
Please re-issue any outstanding paymen	ts in accordance with the payment procedures.
declare under penalty of perjury that the inform to the best of my knowledge, information and be	ation on this form is true, correct and complete lief.
2018 <b>01</b> 03	Konhokim.
Date Signed	Signature (Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE		
or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
	1. SID #:	
*1035866*	2. Date of Birth:	
WHA-ZA SON 5-603 CHUNG SIL APT	3. New Last Name:	
DAICHI-DONG, KANG NAM-GU KOREA, REPUBLIC OF	4. New Address: NOt Changed.	
Remove this label and apply to each claim form you submit.		
POC#0223355-00 Date of Birth Jun 15 1954	5. New Daytime Phone: ()	
Date of Bittle 1 mil 13 1754	6. New Evening Phone: ()	
· .	7. New Attorney's Name/Address/Phone/Fax:	
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
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м Please re-issue any outstanding payments	in accordance with the payment procedures.	
declare under penalty of perjury that the informa o the best of my knowledge, information and belie	tion on this form is true, correct and complete ef.	
2018 N1 N3	Yeonhokim	
Date Signed	Signature /	
(	Claimant or Court-Appointed Representative)	

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	nation.
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035869*  EUN-YEN LEE 53-303 JUGONG APT 19 JAMSIL-DONG	1. SID #:  2. Date of Birth:  3. New Last Name:
SONGPA-GU, SEOUL	4. New Address: not changed.
KOREA, REPUBLIC OF	
Remove this label and apply to each claim form you submit.	
POC#0223360-00	5. New Daytime Phone: ()
Date of Birth Feb 22 1960	6. New Evening Phone: ()
<u></u>	7. New Attorney's Name/Address/Phone/Fax:
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Please re-issue any outstanding payment	s in accordance with the payment procedures.
I declare under penalty of perjury that the informato the best of my knowledge, information and beli	et.
2018 01 03	yeonhokim
D-4- 0:	Signature
5	(Claimant or Court-Appointed Representative)
	(Claimant of Count-Appointed Representative)

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Complete, correct and update claimant informat	ion.	
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WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
	1. SID #:	
	F. SID #.	
*1035882*	2. Date of Birth:	
HITTER CONTRACTOR	3. New Last Name:	
HEUN-SEUN KIM A-902 DONGU HANYANG VILLA	5. New Last Mairie.	
186-2 SEOMOON-RI MOONSAN-EUP	4. New Address: Not Changel	
KOREA, REPUBLIC OF	0	
Remove this label and apply to each claim form you submit.		
POC#0223373-00	5. New Daytime Phone: ()	
Date of Birth Dec 23 1962		
	6. New Evening Phone: ()	
	7. New Attorney's Name/Address/Phone/Fax:	
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Land A. D. M. Co. Land Co. Land		
Last 4 digits of Social Security Number (Require	d for residents of the United States):	
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government-issued identification card that confi	rms the address	
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declare under penalty of perjury that the informatio	n on this form is true, comment and a second	
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O Ig	aimant or Court-Appointed Representative)	
(6)	amant of Court-Appointed Representative)	

or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035887*	1. SID #:  2. Date of Birth:
CHOON-SOO KIM	3. New Last Name:
#B02 WONIL VILLA 24615 MINMOO-DONG	4. New Address; not changed
KOREA, REPUBLIC OF Remove this label and apply to	
Remove this label and apply to each claim form you submit.  POC#0223378-00 Date of Birth Apr 11 1947	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
	ired for recidents of the United Ctatana
Last 4 digits of Social Security Number (Requestrong Processing Security Number (Reque	er. please include a copy of the claimant's
For claimants without a social security numb government-issued identification card that co	er, please include a copy of the claimant's onfirms the address.
For claimants without a social security numb government-issued identification card that co	er, please include a copy of the claimant's onfirms the address.  is in accordance with the payment procedures.

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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1035964*	2. Date of Birth:
YOUNG-AE LEE	3. New Last Name:
KA-508 RORALMENSYUN 422-2 HAMANG 3-DONG YOUNGJU-SI	4. New Address: not Changed.
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.  POC#0223454-00  Date of Birth Feb 09 1950	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Requi	red for residents of the United States):
For claimants without a social security number government-issued identification card that con	r, please include a copy of the claimant's ifirms the address.
Please re-issue any outstanding payments	in accordance with the payment procedures.
I declare under penalty of perjury that the informat to the best of my knowledge, information and belie	ion on this form is true, correct and complete
2018.01.03	acon Il.
Date Signed S	Signature Claimant or Court-Appointed Representative)

4 Complete constant and the first constant an		
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PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION		
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*1035975*	2. Date of Birth:	
KWUI-DONG CHOI 11-402 SAMPUNG APT SOCHO-DONG SOCHO-GU	3. New Last Name:	
SEOUL ——— KOREA, REPUBLIC OF	4. New Address: Not Changed.	
Remove this label and apply to each claim form you submit.  POC#0223469-00 Date of Birth Oct 18 1954	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:	
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
Please re-issue any outstanding payments in	accordance with the payment procedures.	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on this form is true, correct and complete	
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW
*1036020*  YEONG-HEUI KIM 524-4 GAWOON-DONG NAMYANGJU-SI KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 227805 POC#0223512-00 Date of Birth Sep 29 1958	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
st 4 digits of Social Security Number (Req r claimants without a social security numb vernment-issued identification card that c	ber, please include a copy of the claimant's
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Please re-issue any outstanding paymer	
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1036033*	2. Date of Birth:
SUN-KYUNG KIM 5-1108 SANNIK APT 1312 SEOCHO-DONG SEOCHO-GU	New Last Name:      New Address: Not Changed -
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.  POC#0223518-00  Date of Birth Nov 13 1959	
	5. New Daytime Phone: ()  6. New Evening Phone: ()
<del>:</del>	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Require	ed for residents of the United States):
For claimants without a social security number, government-issued identification card that cont	, please include a copy of the claimant's firms the address.
Please re-issue any outstanding payments i	in accordance with the payment procedures.
declare under penalty of perjury that the information the best of my knowledge, information and belief	on on this form is true, correct and complete
2018 <b>01</b> n 3	Henrokim
Date Signed Si	gnature Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant infor	nation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
*1036044*  YOUNG-SUK PAK 296 SUNGUI-2DONG NAM-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223530-00 Date of Birth Jan 10 1948	PROVIDE UPDATES OR CORRECTIONS BELOW:  1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: (
For claimants without a social security numb government-issued identification card that co	er, please include a copy of the claimant's
declare under penalty of perjury that the information	
to the best of my knowledge, information and bel	ief.
7018 01 03	yeonhokim
Date Signed	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant information.		
	tion.	
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*1036062* KYOUNG-JA PARK	1. SID #:  2. Date of Birth:  3. New Last Name:	
391–74 GIL 1–DONG KANGDON–GU	4. New Address: Not Charged	
SEOUL KOREA, REPUBLIC OF	4. New Address: FICE CVIN FEA.	
Remove this label and apply to each claim form you submit.  DCN # 249831 POC#0223545-00  Date of Birth Jul 14 1962	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:	
Last 4 digits of Social Security Number (Required for residents of the United States):		
For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
Please re-issue any outstanding payments i	n accordance with the payment procedures.	
declare under penalty of perjury that the information to the best of my knowledge, information and belief	on on this form is true, correct and complete	
2018.01.03	yeonhokim	
Date Signed Si	gnature Claimant or Court-Appointed Representative)	

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*1036087*  HEA-YOUNG CHOI 109-1404 HYUNDAI APT 765-1 SEOSIN-DONG WANSAN-GU CHEONJOO-SI CHEON BUK-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 232039 POC#0223572-00 Date of Birth Nov 14 1958	1. 2. 3. 4. 5. 6.	SID #:  Date of Birth:  New Last Name:  New Address:  New Address:  New Daytime Phone:  New Evening Phone:  New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
Please re-issue any outstanding pay	nents in acc	ordance with the payment procedures.
declare under penalty of perjury that the inf to the best of my knowledge, information and	ormation on	
2018 01 0 3  Date Signed	Signatu (Claima	nt or Court-Appointed Representative)

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1036176*	2. Date of Birth:
SANG-IM KANG	3. New Last Name:
1–204 OYANGYANGJI APT DAEYON-6 DONG NAM-GU	4. New Address: Not Changed.
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	
each claim form you submit. POC#0223894–00	5. New Daytime Phone: ()
Date of Birth Jan 10 1959	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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st 4 digits of Social Security Number (Require r claimants without a social security number, vernment-issued identification card that con	please include a copy of the claimant's
Please re-issue any outstanding payments i	in accordance with the payment procedures.
eclare under penalty of perjury that the information the best of my knowledge, information and belief	on on this form is true, correct and complete
2018 01 03	Jeanhokimi
te Signed Si	gnature
(C	Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036263*  SUK CHOI 43 SINEUP-3 RI POCHUN-EUP POCHUN-KUN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223992-00 Date of Birth Jul 03 1959	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
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Last 4 digits of Social Security Number (Requin For claimants without a social security number government-issued identification card that con	:. please include a copy of the claimant's
Please re-issue any outstanding payments	in accordance with the payment procedures.
declare under penalty of perjury that the informati to the best of my knowledge, information and belie	on on this form is true, correct and complete f.
2018.01.03	rempokim.
	ignature Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant information.		
	tion.	
PLACE YOUR LABEL HERE		
WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*1036265*  MI-HAE PARK 109-130 SUNKYUNG APT 148 JWA-DONG HAEWOONDAE-GU PUSAN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit, DCN # 249824 POC#0223994-00 Date of Birth May 10 1957	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Nort changed  5. New Daytime Phone: (	
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
Please re-issue any outstanding payments i	n accordance with the payment procedures.	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief	. 1 B	
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5	gnature // laimant or Court-Appointed Representative)	
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PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION			
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:		
*1036309*	1. SID #: 2. Date of Birth:		
JUNG-HI SHIN 301 70-24 YEOKSAM-DONG	3. New Last Name:		
KANGNAM-GU SEOUL	4. New Address: Not changed.		
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.			
DCN # 249787 POC#0224045-00	5. New Daytime Phone: ()		
Date of Birth Feb 06 1940	6. New Evening Phone: ()		
	7. New Attorney's Name/Address/Phone/Fax:		
	, and an		
Last 4 digits of Social Security Number (Required for residents of the United States):			
For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.			
Please re-issue any outstanding payments in	accordance with the payment procedures.		
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	n on this form is true, correct and complete		
2018 01 03	Yeonhokim.		
	nature aimant or Court-Appointed Representative)		

1. Complete, correct and update claimant information.		
PLACE YOUR LABEL HERE		
or WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PAC	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*1036313*  SOON-JA KWAK 413-20 GIL 1 DONG GANGDONG-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224046-00 Date of Birth Nov 11 1945	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (	
<del>-</del>	7. New Attorney's Name/Address/Phone/Fax:	
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Last 4 digits of Social Security Number (Ref	nber, please include a copy of the claimant's	
\ /	ents in accordance with the payment procedures.	
	mation on this form is true, correct and complete	
<u>7018 01 03</u> Date Signed	Signature (Claimant or Court-Appointed Representative)	

PLACE YOUR LABEL HERE	ormation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036364*  YONG-WOOK CHANG 120-3 SAWOOSAM-RI KIMPO-EUP KIMPO-GUN KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 233407 POC#0224104-00 Date of Birth Mar 06 1953	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Re For claimants without a social security num government-issued identification card that	ther, please include a copy of the claimant's
Please re-issue any outstanding payme	ents in accordance with the payment procedures.
	mation on this form is true, correct and complete
2018.01.03	- remposion
Date Signed	Signature (Claimant or Court-Appointed Representative)

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WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PA	CKET PROVIDE UPDATES OR CORRECTIONS BELOW:	
	1. SID #:  2. Date of Birth:	
O KIM 24 SSANGYONG APT	3. New Last Name:	
YOUNGTONG-DONG PALDAL-GU SUWON-SI KOREA, REPUBLIC OF	4. New Address: Not Changed.	
Remove this label and apply to each claim form you submit.		
DCN # 229525 POC#0224171-00	5. New Daytime Phone: ()	
Date of Birth Oct 28 1961	6. New Evening Phone: ()	
	7. New Attorney's Name/Address/Phone/Fax:	
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Last 4 digits of Social Security Number (Required for residents of the United States):		
For claimants without a social security nugovernment-issued identification card that	umber, please include a copy of the claimant's at confirms the address.	
Please re-issue any outstanding payr	nents in accordance with the payment procedures.	
l declare under penalty of perjury that the info to the best of my knowledge, information and	ormation on this form is true, correct and complete belief.	
<b>20</b> 18, 01 03	Menhokim.	
Date Signed	Signature //	
-	(Claimant or Court-Appointed Representative)	
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1. Complete, correct and update claimant information.			
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	THE REPORT OF THE PROPERTY OF		
	USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACK	ET	PROVIDE UPDATES OR CORRECTIONS BELOW:
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			2. Date of Births
ļ	1030492		2. Date of Birth:
	JU-EUN LEE	[	3. New Last Name:
1	848–9 BANGBAI 4DONG	ļ	1
ĺ	SEOCHO-KU	— [	4. New Address: NOT Changed.
į	KOREA, REPUBLIC OF		O -
	Remove this label and apply to each claim form you submit.		
1	POC#022425100		5. New Daytime Phone: ()
ı	Date of Birth Jan 10 1972	1	
1		İ	6. New Evening Phone: ()
ı			7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Required for residents of the United States):			
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g	overnment-issued identification card that c	oei, pi	ne the address
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to	declare under penalty of perjury that the inform	ation	on this form is true, correct and complete
	the best of my knowledge, information and be	elief.	
	2010 04 55		
_	2018 01 n a		Menhokim
D	Date Signed Signature		
		(Clai	mant of Court-Appointed Representative)

PLACE YOUR LABEL HERE	rination.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACK	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036614*  OK-HEE LEE 516 YANGJIMAUL APT 24 SOONAE-DOG BUNDANG-GU SUNGNAM-SI KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249920 POC#0224400~00 Date of Birth Jul 16 1945	1. SID#:  2. Date of Birth:  3. New Last Name:  4. New Address: not changed.  5. New Daytime Phone: (
Last 4 digits of Social Security Number (Rec	ber, please include a copy of the claimant's
✓ Please re-issue any outstanding payment	nts in accordance with the payment procedures.
I declare under penalty of perjury that the inform to the best of my knowledge, information and be	nation on this form is true, correct and complete
<b>2018 01 03</b> Date Signed	Signature Jeonhokim
	(Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	nation.	
OF WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
	1. SID #:	
	2. Date of Birth:	
HEE-HYON JOUNG	3. New Last Name:	
2F 173-2 PANGI-DONG SONG PA-GU	4. New Address: Not Changed.	
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.		
POC#0224414-00	5. New Daytime Phone: ()	
Date of Birth May 27 1955	6. New Evening Phone: ()	
	7. New Attorney's Name/Address/Phone/Fax:	
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Last 4 digits of Social Security Number (Required for residents of the United States):		
For claimants without a social security numbe government-issued identification card that co	er, please include a copy of the claimant's nfirms the address.	
Please re-issue any outstanding payments	s in accordance with the payment procedures.	
declare under penalty of perjury that the informa to the best of my knowledge, information and beli	tion on this form is true, correct and complete ef.	
7018 01 03 Date Signed	Signature Henrhokim.	
· ·	(Claimant or Court-Appointed Representative)	

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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*1036653*	1. SID #:  2. Date of Birth:	
SOO-HEE LIM 1-401 SHINDONGAH APT 272	3. New Last Name:	
BANGHAK 3-DONG DOBONG-GU SEOUL	4. New Address: not changed.	
KOREA, REPUBLIC OF Remove this label and apply to		
each claim form you submit.  DCN # 249882 POC#0224443-00	5. New Daytime Phone: ()	
Date of Birth Sep 09 1954	6. New Evening Phone: ()	
-	7. New Attorney's Name/Address/Phone/Fax:	
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
Please re-issue any outstanding payments in	accordance with the payment procedures.	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	1 1	
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1. Complete, correct and update claimant information.

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or		
WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOU	IR PA <u>CKET</u>	PROVIDE UPDATES OR CORRECTIONS BELOW:
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ı		4.515.0
		1. SID #:
*1036706*		2. Date of Birth:
MI-SOON PARK		3. New Last Name:
901-1101 BYUKSAN APT		MAL MAN IN
938 HWAJUNG-DONG DUCKYANG-GU KOREA, REPUBLIC OF		4. New Address: NOE Changed
-	1	
Remove this label and apply to each claim form you submit.		
DCN # 249823 POC#0224502-00	l	5. New Daytime Phone: ()
Date of Birth Sep 15 1963	i	
		6. New Evening Phone: ()
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	1. SID #:
*1036/13*	2. Date of Birth:
HWA-SOON PARK 32–203 GAINARI APT	3. New Last Name:
YEOKSAM-DONG KOREA, REPUBLIC OF	4. New Address: NOE changed.
Remove this label and apply to each claim form you submit.	
POC#0224508-00	5. New Daytime Phone: ()
Date of Birth Oct 20 1957	6. New Evening Phone: ()
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WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*1036776*  JUNG-REA HER	1. SID #:  2. Date of Birth:  3. New Last Name:	
170~2 BULLO~DONG DONG~GU KWANGJU~SI	4. New Address: Not Changed	
KOREA, REPUBLIC OF	4. New Address: 10L Changed	
Remove this label and apply to each claim form you submit.		
POC#0224586-00 Date of Birth Nov 23 1965	5. New Daytime Phone: ()	
	6. New Evening Phone: ()	
;	7. New Attorney's Name/Address/Phone/Fax:	
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Last 4 digits of Social Security Number (Required for residents of the United States):		
For claimants without a social security number, p government-issued identification card that confir	please include a copy of the claimant's ms the address.	
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MAL-RYEO YOO	3. New Last Name:
6-4 GARAKBON-DONG SONGPA-KU	4. New Address: not changed.
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	
POC#0224713-00 Date of Birth Mar 26 1959	5. New Daytime Phone: ()
Date of Bildi Mai 20 1939	6. New Evening Phone: ()
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		1. SID #:
*1036901*	<del></del>	2. Date of Birth:
YOUNG-HEE EUN DA-I TAEYANG JUTAEK		3. New Last Name:
326–4 POONGNAP 2–DONG		
SONGPA-GU SEOUL		4. New Address: Not Changel.
KOREA, REPUBLIC OF Remove this label and apply to	<u></u>	
each claim form you submit.		
DCN # 127659 POC#0224755-00	1	5. New Daytime Phone: ()
Date of Birth Aug 20 1950		6. New Evening Phone: ()
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	1. SID #:
*1036908*	2. Date of Birth:
MI-NONG LEE 9-407 SAMHO APT	3. New Last Name:
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Remove this label and apply to each claim form you submit.	
POC#0224765-00	5. New Daytime Phone: ()
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	7. New Attorney's Name/Address/Phone/Fax:
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PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
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	1. SID #:
*1036927*	2. Date of Birth:
JUNG-SOON CHOI	3. New Last Name:
13–1201 CHUNGSIL APT 633 DEACHI-DONG KANGNAM-GU KOREA, REPUBLIC OF	4. New Address: not changed.
Remove this label and apply to each claim form you submit.	
POC#0224785-00 Date of Birth Nov 23 1945	5. New Daytime Phone: ()
	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Require	d for residents of the United States):
For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's rms the address.
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
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YOUNG-AE MOON	3. New Last Name:
209–405 LOTTE APT YONGHO-DONG	4. New Address: not changed.
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Remove this label and apply to each claim form you submit.	
POC#0224793-00	5. New Daytime Phone: ()
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government-issued identification card that	confirms the address.
Please re-issue any outstanding navmo	nts in accordance with the payment procedures.
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I declare under penalty of perjury that the inform	nation on this form is true, correct and complete
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or WRITE IN YOUR INFORMATION			
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:		
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*1036993*	2. Date of Birth:		
HEE-LIM RYU 3-403 HANYANG APT	3. New Last Name:		
54 MYONGIL – DONG KOREA, REPUBLIC OF	4. New Address: not changed.		
Remove this label and apply to			
each claim form you submit. POC#0224859-00	5. New Daytime Phone: ()		
Date of Birth Jan 12 1954	6. New Evening Phone: ()		
	7. New Attorney's Name/Address/Phone/Fax:		
Last 4 digits of Social Security Number (Required for residents of the United States):			
For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.			
Please re-issue any outstanding payments in a	accordance with the payment procedures.		
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.			
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WRITE IN YOUR INFORMATION  USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET  1. SID #:  1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  YOUT Changed  5. New Daytime Phone:  6. New Evening Phone:  7. New Attorney's Name/Address/Phone/Fax:  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.  2. Date of Birth:  3. New Last Name:  4. New Address:  YOUT Changed  5. New Daytime Phone:  6. New Evening Phone:  7. New Attorney's Name/Address/Phone/Fax:  Please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.  I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.	1. Complete, correct and update claimant informati	on.
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1. SID #:  1. SID #:  2. Date of Birth:  3. New Last Name:  KYEYANG-GU INCHEON KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249913 POC#0224902-00 Date of Birth May 11 1956  Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.  I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.  Signature  1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  Not Chonged  5. New Daytime Phone:  6. New Evening Phone:  7. New Attorney's Name/Address/Phone/Fax:  7. New Attorney's Name/Address/Phone/Fax:  8. Please include a copy of the claimant's government-issued identification card that confirms the address.  Signature  Signature  Signature		
*1037035*  SOON-OUR LEE #NA-103 KYESAN APT 924-3 KYESAN 2-DONG  KYEYANG-GU INCHEON  KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit to Date of Birth May 11 1956  Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.  I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.  Signature  2. Date of Birth:  3. New Last Name:  4. New Address:  Not Chouged  5. New Daytime Phone:  6. New Evening Phone:  7. New Attorney's Name/Address/Phone/Fax:  7. New Attorney's Name/Address/Phone/Fax:  8. New Last Name:  8. New Last Name:  8. New Last Name:  8. New Last Name:  9. New Address:  7. New Attorney's Name/Address/Phone:  9. New Attorney's Name/Address/Phone (Lipital States):  8. New Last Name:  9. New Address:  9. New Address:  9. New Address:  9. New Daytime Phone:  9. New Attorney's Name/Address/Phone (Lipital States):  9. New Attorney's Name/Address/Phone (Lipital States):  9. New Address:  9. New	USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.  I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.  Signature	#NA-103 KYESAN APT 924-3 KYESAN 2-DONG KYEYANG-GU INCHEON KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249913 POC#0224902-00	2. Date of Birth:  3. New Last Name:  4. New Address:
Last 4 digits of Social Security Number (Required for residents of the United States):  For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.  Please re-issue any outstanding payments in accordance with the payment procedures.  I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.  Signature		
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declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.  Date Signed  Signature	Please re-issue any outstanding payments in	accordance with the payment procedures.
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1037060*	1. SID #: 2. Date of Birth:
YOUNG-JU KIM	3. New Last Name:
610 BOGYUNGSA SEUNGLA-MYUN	4. New Address: not changed.
KOREA, REPUBLIC OF  Remove this label and apply to	.
each claim form you submit. POC#0224928–00	5. New Daytime Phone: ()
Date of Birth Jan 05 1947	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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Date Signed 5	Signature /
(	Claimant or Court-Appointed Representative)

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	USE THE PEEL-OFF LABEL PROVIDED IN YOUR PA	CKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
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			2. Date of Birth:
	*1037079*	<del></del>	
	GOUNG-SOOK SUNG 1053-405 JOOKONG APT		3. New Last Name:
	SUNBOO-DONG ANSAN-SI KYUNGGI-DO		4. New Address: not changed.
	KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.	Ì	
İ	each claim form you submit.  DCN # 249750 POC#0224948-00	ļ	5. New Daytime Phone: (
	Date of Birth Sep 18 1963		6. New Evening Phone: ()
	•	]	7. New Attorney's Name/Address/Phone/Fax:
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WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1037087*  SOOK-RYE LEE 2-502 SAMHO GARDEN APT BANPO-DONG 30-2 BUNJI SEOCHO-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224959-00 Date of Birth Nov 20 1963	1. SID #:
	2. Date of Birth:
	3. New Last Name;
	4. New Address: not changed.
	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
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government-issued identification card in Please re-issue any outstanding pa	ayments in accordance with the payment procedures.
	information on this form is true, correct and complete
ZՈ18 Ո1 Ŋ 3  Date Signed	Signature (Claimant or Court-Appointed Representative)
to file a claim for benefits are linked to the Effe	of benefits, the claim must meet the definition of an eligible bionally, please note that all deadlines for timely claimants ctive Date of the Plan – June 1, 2004. The SF-DCT cannot Information on deadlines please visit our website at

www.dcsettlement.com.

1. Complete, correct and update claimant information	tion
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WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1037093*  SUNG-HEE PARK 1109-403 JOOGONG APT SANGYE-8 DONG NOWON-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0224966-00 Date of Birth Oct 20 1959	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
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For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's irms the address
Please re-issue any outstanding payments in	
declare under penalty of perjury that the information the best of my knowledge, information and belief.	n on this form is true, correct and complete
Date Signed 2018 01. 13 Signed Signed	gnature Court-Appointed Representative)

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WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1038484*	1. SID #:
1030404	2. Date of Birth:
GWANG-HEE SONG 401-503 JOOKONG APT	3. New Last Name:
YEONGSOO-DONG CHUNGJ-SI KOREA, REPUBLIC OF	4. New Address: <u>not Changed</u>
Remove this label and apply to each claim form you submit.	
DCN # 249770 POC#0227527-00 Date of Birth May 15 1968	5. New Daytime Phone: ()
	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Require	ed for residents of the United States):
For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's irms the address.
Please re-issue any outstanding payments in	
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1. Complete, correct and update claimant inform	nation,
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WRITE IN YOUR INFORMATION	
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1. SID#: 274-6 / 80	1. SID #:
2. Date of Birth:	2. Date of Birth:
3. Claimant's Name:	_ 3. New Last Name:
4. Claimant's Address:	
5. Daytime Phone: ()	5. New Daytime Phone: ()
6. Evening Phone: ()	6. New Evening Phone: ()
7. Attorney's Name/Address/Phone/Fax:	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requ	ired for residents of the United States).
For claimants without a social security numbe government-issued identification card that co	er, please include a copy of the claimant's nfirms the address.
Please re-issue any outstanding payments	
declare under penalty of perjury that the informa o the best of my knowledge, information and beli	tion on this form is true, correct and complete
<u> </u>	Henrokim
Date Signed	Signature /
	(Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783097*  YOUNG S KANG 231-172 SUNGBUK GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit, POC#NI07726-00 Date of Birth Apr 15 1958 Telephone Number 029151613	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone:  6. New Evening Phone:  7. New Attorney's Name/Address/Phone/Fax:
	er, please include a copy of the claimant's infirms the address.  Is in accordance with the payment procedures.  Ition on this form is true, correct and complete

Complete, correct and update claimant information     PLACE YOUR LABEL HERE	orr.
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783311*  OK N PARK 56-306 DAEWOO SAWON JUTOEK NOESON DONG EUWANG KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI07940-00 Date of Birth Jun 15 1955 Telephone Number (031)426-6237	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
_	please include a copy of the claimant's rms the address.  accordance with the payment procedures.

or		
WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
*2783386*  EUN J SONG 427-2 EDOH 2 DONG JEJU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI08015-00 Date of Birth Dec 01 1970 Telephone Number (064)758-9909	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed  5. New Daytime Phone: (	
Last 4 digits of Social Security Number (Required for residents of the United States):		
For claimants without a social security number, please include a copy of the claimant's government-issued identification card that confirms the address.		
Please re-issue any outstanding payments in	accordance with the payment procedures.	
I declare under penalty of perjury that the informatio to the best of my knowledge, information and belief.	n on this form is true, correct and complete	
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PLACE YOUR LABEL HERE or		
WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
	1. SID #:	
*2783563*	2. Date of Birth:	
BOK S JANG	3. New Last Name:	
242–305 EUNG–AM 2 DONG EUNPYUNG GU SEOUL KOREA, REPUBLIC OF	4. New Address: Not Changed.	
Remove this label and apply to		
each claim form you submit. POC#NI08192-00	5. New Daytime Phone; ( )	
Date of Birth Mar 16 1952		
Telephone Number 023059752	6. New Evening Phone: ()	
<del></del>	7. New Attorney's Name/Address/Phone/Fax:	
Last 4 digits of Social Security Number (Require	d for residents of the United States):	
For claimants without a social security number, government-issued identification card that confi	olease include a copy of the claimant's rms the address.	
` /		
Please re-issue any outstanding payments in	accordance with the payment procedures.	
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on this form is true, correct and complete	
2018 01.03	Henhokim.	
Olg	nature (/ aimant or Court-Appointed Representative)	
(0)	simant of Coult-Appointed Representative)	

1. Complete, correct and update claimant information.

PLACE YOUR LABEL HERE	
or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKE	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783642*	1. SID #;
MYUNG S CHOI	3. New Last Name:
17–7 GAMCHUN DONG SAHA GU PUSAN KOREA, REPUBLIC OF	_ 4. New Address: not changed.
Remove this label and apply to each claim form you submit.	
POC#NI08271-00	5. New Daytime Phone: ()
Date of Birth May 11 1942	
Telephone Number (051)202–9175	6. New Evening Phone: ()
·	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Req	uired for residents of the United States):
For claimants without a social security numb government-issued identification card that co	er, please include a copy of the claimant's onfirms the address.
	its in accordance with the payment procedures.
I declare under penalty of perjury that the inform to the best of my knowledge, information and be	ation on this form is true, correct and complete
2018,01,03	yeonhokim
Date Signed	Signature
Date digned	Signature (Claimant or Court-Appointed Representative)
	(Claimant of Court-Appointed Representative)

1. Complete, correct and update claimant information.		
PLACE YOUR LABEL HERE	Off.	
PLACE YOUR LABEL HERE or		
WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:	
	1. SID #:	
	2. Date of Birth:	
	3. New Last Name:	
AE K KIM SOO VILLA UN VILLIAGE	4. New Address: not changed	
HAN NAN-DONG YONG SAN-KU SEOUL	- Jen.	
Remove the label and apply to each		
claim form you submit.	5. New Daytime Phone: ()	
Social Security Number 62112620524 POC# NI10125-00	6. New Evening Phone: ()	
Telephone 027494421	7. New Attorney's Name/Address/Phone/Fax:	
Class (6.21) - English		
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Last 4 digits of Social Security Number (Required	for residents of the United States):	
For claimants without a social security number, p	please include a copy of the claimant's	
government-issued identification card that confin	ms the address.	
Please re-issue any outstanding payments in	accordance with the navment precedure	
declare under penalty of perjury that the information the best of my knowledge, information and belief.	on this form is true, correct and complete	
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Date Signed 7018 01.03	Hennokim	
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(Oile	a. or court / phoning / Lehtesettatine)	

1 Complete correct and undete eleises tinto	, ,
Complete, correct and update claimant information	tion.
PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6459176*  MYONG-SUN LEE SECOND FLOOR 499-50 GONGREUNG 1-DONG NOWON-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249923 POC#0223237-00 Date of Birth Aug 20 1963	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
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<u> </u>	
For claimants without a social security number, government-issued identification card that confi	please include a copy of the claimant's irms the address.
I declare under penalty of perjury that the informatio to the best of my knowledge, information and belief.	n on this form is true, correct and complete
2018 <b>01</b> 03	Yeonhokim
Date Signed Sig	gnature ( aimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	mination,
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACK	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*6459701*	2. Date of Birth:
JAE-SIM HWYANG	3. New Last Name:
738–35 SANYANG 2–RI SANGSE–MYUN HWACHEON–GUN KANGWON–DO	4. New Address: <u>NOT</u> changed.
KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.	_
DCN # 222214 POC#0224734-00 Date of Birth Feb 13 1961	5. New Daytime Phone: ()
Date of Birth Feb 15 1901	6. New Evening Phone: ()
<u> </u>	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Rec	quired for residents of the United States):
For claimants without a social security num government-issued identification card that o	ber, please include a copy of the claimant's confirms the address.
Please re-issue any outstanding payme	nts in accordance with the payment procedures.
	gation on this form is true, correct and complete
<b>2018 01 0 3</b>	- Henhokim
Date Signed	Signature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant in	
L	ntormation.
PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
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USE THE PEEL-OFF LABEL PROVIDED IN YOUR PA	CKET PROVIDE UPDATES OR CORRECTIONS BELOW:
	ENSURE OF BATES ON SOUNCE HOMS BELOW:
# (	1. SID #:
*6459778*	2. Date of Birth:
TAD CITY TOP	3. New Last Name:
TAE-SUL LEE 259-87 BAN SONG 3-DONG	5. New Last Name.
HAIWOONDAI-GU	4. New Address: not Changed
KOREA, REPUBLIC OF	0
Remove this label and apply to each claim form you submit.	
	E Name D. H. Dr.
POC#0224588-00 Date of Birth Jan 09 1950	5. New Daytime Phone: ()
Date of Diffit 18th 05 1520	6. New Evening Phone: ()
	o. Now Evening Friorie.
<u>-</u>	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (R	lequired for residents of the United States):
The state of the s	required for residents of the United States):
For claimants without a social security nu	mber, please include a copy of the claimant's
government-issued identification card tha	of confirms the address
* /	e commins are address,
Please reliegue any outstanding noun	and to account the second
value and outstanding payri	nents in accordance with the payment procedures.
declare under penalty of perjury that the info	ormation on this form is true, correct and complete
o the best of my knowledge, information and	belief.
2018.01.03	
	Hennokim
Date Signed	Signature
	(Claimant or Court-Appointed Representative)
	(

1 Complete correct and undete delice of the	**
1. Complete, correct and update claimant informa	tion.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
	2. Date of Birth:
**0401229**	Z. Date of Birth.
SOON-MI KIM	3. New Last Name:
113-701 HANBIT APT 99 EUWON-DONG	4. New Address: NOE Choiced.
YOOSUNG-GU TAEJEON	T. How Address. To D. O. Co.
Remove this label and apply to each claim form you submit.	
DCN # 227106 POC#0223230-00	5. New Daytime Phone: ()
Date of Birth Dec 22 1962	
	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Socurity Number (Dem.)	
Last 4 digits of Social Security Number (Requir	ed for residents of the United States):
For claimants without a social security number	please include a copy of the claimant's
government-issued identification card that con	firms the address.
☑ Please re-issue any outstanding payments	in accordance with the payment procedures.
declare under penalty of period, that the intermedia	
l declare under penalty of perjury that the informati to the best of my knowledge, information and belie	on on this form is true, correct and complete
sale seek of my knowledge, information and belief	
2018 <b>01 03</b>	Hennorem
	ignature
S S	Claimant or Court-Appointed Representative)
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1. Complete, correct and update claimant inform	nation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6461317*  BOK-HYANG YOON 114-203 JUKONG APT, 99UMKING-DONG BUK-GU, PUSAN KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 127958 POC#0224412-00 Date of Birth Apr 27 1955	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
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Last 4 digits of Social Security Number (Requ  For claimants without a social security number  government-issued identification card that co	er please include a convertible alsies of
	s in accordance with the payment procedures.
l declare under penalty of perjury that the informa to the best of my knowledge, information and beli	tion on this form is true, correct and complete
2018_01_03	yeonhokim.
	Signature (Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	tion.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*6461540*	2. Date of Birth:
YOUNG-SOO KIM	3. New Last Name:
6-402 HANMI APT 791-12 BUNJI DANG-DONG GOOMPO-SI KOREA, REPUBLIC OF	4. New Address: not changed.
Remove this label and apply to each claim form you submit.	
POC#0223243~00 Date of Birth Dec 10 1958	5. New Daytime Phone: ()
Date of Birth Dec 10 1956	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requir	ed for residents of the United States):
For claimants without a social security number, government-issued identification card that com	please include a copy of the claimant's firms the address.
Please re-issue any outstanding payments	in accordance with the payment procedures.
l declare under penalty of perjury that the information to the best of my knowledge, information and belief	on on this form is true, correct and complete
2018.01.03	Henhokim
Date Signed Signed	gnature Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	ation.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6461967*	1. SID #:  2. Date of Birth:
PIL-ZA KIM	3. New Last Name:
106-103 HWASUNG APT JUNGWANG-DONG SHIHEUNG-SI KYUNGGI-DO KOREA, REPUBLIC OF	4. New Address: not changed.
Remove this label and apply to each claim form you submit.	
DCN # 229506 POC#022394800 Date of Birth Nov 02 1955	5. New Daytime Phone: ()
Date of Billi 140V 02 1955	6. New Evening Phone: ()
<del></del>	7. New Attorney's Name/Address/Phone/Fax:
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ast 4 digits of Social Security Number (Requires)  For claimants without a social security number government-issued identification card that con	. please include a copy of the claimant's
Please re-issue any outstanding payments	in accordance with the payment procedures.
declare under penalty of perjury that the informati o the best of my knowledge, information and belie	on on this form is true, correct and complete
2018.01.03	Klenhokim
Date Signed S	Signature Court-Appointed Representative)

<ol> <li>Complete, correct and update claimant info</li> </ol>	Transaction to
PLACE YOUR LABEL HERE	ormation.
or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACK	PROVIDE UPDATES OR CORRECTIONS BELOW
	1. SID #:
*6473444*	2. Date of Birth:
HEE-KYOUNG JUNG —	3. New Last Name:
257–18 GAIBONG 2–DONG GOORO–GU SEOUL — KOREA, REPUBLIC OF	4. New Address: Not Chariged.
Remove this label and apply to each claim form you submit.	
POC#0224512-00	5. New Daytime Phone: ()
Date of Birth Jan 09 1961	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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st 4 digits of Social Security Number (Rec	,
ernment-issued identification card that c	ber, please include a copy of the claimant's confirms the address.
	nts in accordance with the payment procedures.
	nation on this form is true, correct and complete
2018 <b>01 0</b> 3	yeonhokim
e Signed	Signature
	(Claimant or Court-Appointed Representative)
	·
der to be eligible for payment of settlement bene	efits the claim must most the definition of the state

1. Complete, correct and update claimant inform	nation.
PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*6474567*	2. Date of Birth:
CHANG-HEE LEE	3. New Last Name:
13–402 SHINDONGA APT 241–21 YONGSAN–GU SEOUL	4. New Address: NOt Changed.
KOREA, REPUBLIC OF  Remove this label and apply to each claim form you submit.	
DCN # 249974 POC#0223882-00 Date of Birth Aug 05 1952	5. New Daytime Phone: ()
Date of Birth Aug 05 1952	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requi	red for residents of the United States):
For claimants without a social security number government-issued identification card that con Please re-issue any outstanding payments	r, please include a copy of the claimant's offirms the address. in accordance with the payment procedures.
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I declare under penalty of perjury that the informat to the best of my knowledge, information and belief	ion on this form is true, correct and complete
Date Signed 2018, 01, 03	yeonhokim
Date Signed	Signature /
(	Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant informati	
	on.
PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*6474668*  JUNG—RAN YANG 96-508 DANJI 1 JOOKONG APT JAMSHIL 1—DONG SONGPA—GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249736 POC#0222999—00 Date of Birth Mar 10 1955	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Required  For claimants without a social security number, provenument-issued identification card that confidence.)	please include a copy of the claimants
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
2018.01.03	yesnhokim.
Date Signed Sig	nature (nature (nature))

1. Complete, correct and update claimant informat	ion.
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035805*  MEE-HYANG PARK STE 402 HWANGSIL CORE SANGGA WOLPYUNG-DONG SEO-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#0223290-00 Date of Birth Apr 30 1964	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone:  6. New Evening Phone:  7. New Attorney's Name/Address/Phone/Fax:
For claimants without a social security number, government-issued identification card that confidence re-issue any outstanding payments in declare under penalty of perjury that the information	please include a copy of the claimant's irms the address. In accordance with the payment procedures.
to the best of my knowledge, information and belief.	Menhokim
Date Signed Sig	gnature (laimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	ON
USE THE PEEL-OFF LABEL PROVIDED IN Y	OUR PACKET PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035871*  YOUNG-SOOK LEE 103-202 WOOSUNG 1 CHA APT YEONSOO-DONG NAM-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223362-00 Date of Birth May 12 1960	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: (
or claimants without a social secur overnment-issued identification ca Please re-issue any outstanding	g payments in accordance with the payment procedures.
or claimants without a social secur overnment-issued identification ca Please re-issue any outstanding	rity number, please include a copy of the claimant's and that confirms the address.  g payments in accordance with the payment procedures.  the information on this form is true, correct and complete

PLACE YOUR LABEL HERE or		
WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET,		PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035888*  GYI-JA CHUNG 110 DOOSAN APT 1555 ILSAN 2-DONG GOYANG-SI KYUNGGI-DO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 237409 POC#0223380-00 Date of Birth Sep 09 1957		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
	: :	7. New Attorney's Name/Address/Phone/Fax:
		d for residents of the United States):
claimants without a social security ernment-issued identification card	r number, <sub>i</sub> that confi	please include a copy of the claimant's rms the address.
claimants without a social security ernment-issued identification card	r number, <sub>i</sub> that confi	please include a copy of the claimant's
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Complete, correct and update claimant inforr	nation.
PLACE YOUR LABEL HERE or	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036361*  JONG-HI PARK 433-2 YEONHI 1-DONG SEODAIMOON-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224101-00 Date of Birth Jan 21 1960	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name (Address (Change (Englishment))
	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Requestrated Property of Social Security Number (Requestrated Property Number Control of Social Security Number (Requestrated Property Number (Requestrated	er. please include a copy of the claimant's
	s in accordance with the payment procedures.
declare under penalty of perjury that the information the best of my knowledge, information and bel	ation on this form is true, correct and complete
2018 01 0 3 Date Signed	Signature (Claimant or Court-Appointed Representative)

PLACE YOUR LABEL HERE	nt informat	ion.
Or  WRITE IN YOUR INFORMATION		
USE THE PEEL-OFF LABEL PROVIDED IN YOU		PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036464*  MAN-OK KIM 101HO HANKANG MANSHON 182-3 YOMCHANG-DONG KANGSEO-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224228-00 Date of Birth Oct 10 1958		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Charged.  5. New Daytime Phone: (
Last 4 digits of Social Security Numbe	or (Require	ad for residents of the United States).
For claimants without a social security government-issued identification card	y number, I that confi	please include a copy of the claimant's
	informatio	n on this form is true, correct and complete
2018 01. 03 Date Signed		gnature (Jaimant or Court-Appointed Representative)

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1. Complete, correct and update claimant inform	ation.
PLACE YOUR LABEL HERE	
WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036709*  YOUNG-SOON CHUNG 101-1072 YANGCHUN APT SINJUNG-7 DONG KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Changed.  5. New Daytime Phone: ()
POC#0224504-00 Date of Birth Aug 07 1961	
	6. New Evening Phone: ()
-	7. New Attorney's Name/Address/Phone/Fax:
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Last 4 digits of Social Security Number (Requi	
For claimants without a social security number government-issued identification card that con	r, please include a copy of the claimant's firms the address.
Please re-issue any outstanding payments	in accordance with the payment procedures.
I declare under penalty of perjury that the informat to the best of my knowledge, information and belie	f.
2018_ <b>01</b> . <b>03</b>	yemhokim
Date Signed	oignature //
(	Claimant or Court-Appointed Representative)

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οτ WRITE IN YOUR INFORMATIO	N	
USE THE PEEL-OFF LABEL PROVIDED IN YO	DUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1035583*  KWANG-IL LEE #B-102 68078 HANNAM-DONG YONGSAN-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249934 POC#0223046-00 Date of Birth Oct 13 1963		1. SID #:  2. Date of Birth:
	<u>  </u>	7. New Attorney's Name/Address/Phone/Fax:
		7. New Attorney's Name/Address/Phone/Fax:
	itv number.	ed for residents of the United States):
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claimants without a social secur vernment-issued identification can Please re-issue any outstanding	ity number, rd that confi g payments in	please include a copy of the claimant's irms the address.  n accordance with the payment procedures.

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1. Complete, correct and update claimant inform	Iduun.
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WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*10066718	1. SID #:
"10330/1"	2. Date of Birth:
HYE-SOOK KANG	3. New Last Name:
227–88 CHONGNUNG–2DONG SONGBUK–GU	4. New Address: not Changed.
KOREA, REPUBLIC OF	0
Remove this label and apply to each claim form you submit.	
POC#0223146-00 Date of Birth Apr 11 1951	5. New Daytime Phone: ()
	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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ast 4 digits of Social Security Number (Requ	ired for residents of the United States):
For claimants without a social security number overnment-issued identification card that co	nfirms the address.
v riease re-issue any outstanding payment	s in accordance with the payment procedures.
declare under penalty of perjury that the informated the best of my knowledge, information and beli	etion on this form is true, correct and complete
2018.01 03	remholeim
Date Signed	Signature (Claimant or Court-Appointed Representative)
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PLACE YOUR LABEL HER	=	
or WRITE IN YOUR INFORMATI	ON	
USE THE PEEL-OFF LABEL PROVIDED IN Y	OUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783392*  KEUM H SHIN 315 SAN~NAM JOOGONG APT HEUNGDUK GU CHUNGJOO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI08021-00 Date of Birth Nov 10 1958 Telephone Number (043)286-2828		1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
r claimants without a social secu	rity number, p	for residents of the United States):  lease include a copy of the claimant's insthe address.
		accordance with the payment procedures.
Please re-issue any outstandir	the information on and belief.	on this form is true, correct and complete

1. Complete, correct and update claimant informat	ion.
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET.	PROVIDE UPDATES OR CORRECTIONS BELOW:
*2783395*  SUN J SHIN 137-504 SUNGDONG APT BON-RI DONG DALSEO GU TAEGU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#NI08024-00 Date of Birth Apr 18 1957 Telephone Number (011)803-4009	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:
For claimants without a social security number, government-issued identification card that conf	please include a copy of the claimant's irms the address.
Please re-issue any outstanding payments i declare under penalty of perjury that the information	on on this form is true, correct and complete
to the best of my knowledge, information and belief	
	gnature (Claimant or Court-Appointed Representative)

1. Complete, correct and update claimant informati	on.
PLACE YOUR LABEL HERE	
or WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
*1036287*	1. SID #: 2. Date of Birth:
YOUNG-MI JEON	3. New Last Name:
70–15 HWEWON 1–DONG HWEWON–GU MASAN–SI	4. New Address: not changed.
KOREA, REPUBLIC OF Remove this label and apply to	
each claim form you submit.  POC#0224018-00  Date of Birth Sep 16 1955	5. New Daytime Phone: ()  6. New Evening Phone: ()
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	7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Required  For claimants without a social security number, p government-issued identification card that confin	Olease include a copy of the eleimonts
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
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(CR	aimant or Court-Appointed Representative)

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WRITE IN YOUR INFORMATION	
USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET	PROVIDE UPDATES OR CORRECTIONS BELOW:
	1. SID #:
*1036287*	2. Date of Birth:
YOUNG-MI JEON -	3. New Last Name:
70-15 HWEWON 1-DONG HWEWON-GU MASAN-SI	4. New Address: not changed
KOREA, REPUBLIC OF	<u> </u>
Remove this label and apply to each claim form you submit.  POC#0224018-00 Date of Birth Sep 16 1955	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Required  For claimants without a social security number, provenument-issued identification card that confidence.)	please include a copy of the elements
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	
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*1036303*	1. SID #:  2. Date of Birth:
OK SHIN	3. New Last Name:
789-1 YEOKSAM-DONG KANGNAM-GU	4. New Address: not Changed.
KOREA, REPUBLIC OF Remove this label and apply to	
each claim form you submit.  POC#0224035-00  Date of Birth Dec 30 1949	5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:
	The Manney's Name/Address/Phone/Fax:
Last 4 digits of Social Security Number (Required For claimants without a social security number, government-issued identification card that confidence in the confidence in t	please include a convertible electronic
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	n on this form is true, correct and complete
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JOO-YEON LEE	·	3. New Last Name:
1121602 SK APT ANRAK 2-DONG DONGRAE-GU PUSAN		4. New Address: <u>not</u> changed
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DCN # 249946 POC#0227524-00 Date of Birth Oct 15 1969		5. New Daytime Phone: ()
Date of Data Cot 15 1705		6. New Evening Phone: ()
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The second of th	(iveduire)	nor residents of the United States):
For claimants without a social security i	number, p	lease include a copy of the claimant's
government-issued identification card th	hat confir	ms the address.
Please re-issue any outstanding page	yments in	accordance with the payment procedures.
declare under penalty of perjury that the ir	าformation	on this form is true, correct and complete
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*2783569*  OK K JANG 102-110 TAE-AM SUJUNG APT YOUNG-UN DONG SANDANG GU CHUNGJOO KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  POC#N108198-00 Date of Birth Dec 19 1961 Telephone Number (043)224-0820	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address: Not Charged.  5. New Daytime Phone: ()  6. New Evening Phone: ()  7. New Attorney's Name/Address/Phone/Fax:	
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declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.		
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*6461865*  KYE-SOON SONG 27-25 SSANGMOON-DONG TOBONG-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit.  DCN # 249766 POC#0223976-00 Date of Birth Sep 05 1952	1. SID #:  2. Date of Birth:  3. New Last Name:  4. New Address:  5. New Daytime Phone: (
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a see any successioning payments	in accordance with the payment procedures.
declare under penalty of perjury that the informati o the best of my knowledge, information and belie	on on this form is true, correct and complete f.
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((	Claimant or Court-Appointed Representative)

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A CENTRE NATUR BURNE CENTRAL NATURAL HOLD NATUR CONTRACT	1. SID #:
*6474810*	2. Date of Birth;
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OK-LE KO	3. New Last Name:
203-201 FINE VILLAGE 32-11 SANGHYUN-RI	
SOOJI-EUP YONGIN-SI KYUNGGI-DO	4. New Address: NOT Changed.
KOREA, REPUBLIC OF	
Remove this label and apply to each claim form you submit.	
each claim form you submit.	
DCN # 249994 POC#022339300	5. New Daytime Phone: ()
Date of Birth Jan 20 1950	•
	6. New Evening Phone: ()
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<u> </u>	7. New Attorney's Name/Address/Phone/Fax:
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declare under penalty of perjury that the information	n on this form is true, correct and complete
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1. Complete, correct and update claimant information.

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	2 D-t- (/D)
*6491601*	2. Date of Birth:
YOUNG-HA LEE	3. New Last Name;
998–5A SHINJONG-4 DONG	
YANGCHON-GU KOREA, REPUBLIC OF	4. New Address: NOT Changed.
Remove this label and apply to each claim form you submit.	
	5 Now Doubling District
POC#0223898-00 Date of Birth Dec 17 1945	5. New Daytime Phone: ()
	6. New Evening Phone: ()
	7. New Attorney's Name/Address/Phone/Fax:
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government-issued identification card that confin	ms the address.
Please re-issue any outstanding payments in	accordance with the payment procedures.
I declare under penalty of perjury that the information to the best of my knowledge, information and belief.	on this form is true, correct and complete
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Date Signed 2018 01 03	Henrich
Signed Signed	nature
(Cla	aimant or Court-Appointed Representative)
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