Case 2:00-mc-00005-DPH ECF No. 1490-2 filed 04/10/19 PageID.242



EXHIBIT B

P.O. Box 52429 Houston, Texas 77052

May 19, 2016

Re:

Telephone 713.874.6099 866.874.6099

SID 6273237

JACQUELINE REID-PETERSON 2813 SW WESTPORT PLAZA DR TOPEKA, KS 66614 UNITED STATES OF AMERICA

Subject: MISSING OR INVALI	DADDRESS			
Dear Counsel:		tte si		
	sent to the Claimant in 2015 ding address available. At the	regarding payments was returned to the time of the Claim payment you were the		
 Disease Partial Premium Payment	January 15, 2015	\$1,000		
Address Update/Correction Form. Currently, the claim has been placed on Administrative Hold. Please note that if the Address Form is not returned, the claim may be deemed as abandoned, and closed. 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				
The SF-DCT can only accept this form f Address Update/Correction Form is rece				
are in the custody of the Court until the	ddress information can be ob n Agreement Article X Section funds have actually been paid	tained, is required. Pursuant to the 10.09, all funds in the Settlement Facility 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 info@sfdct.com.

Enclosure:

Address Update/Correction Form



P.O. Box 52429 Houston, Texas 77052

November 16, 2016

Telephone 713.874.6099 866.874.6099

SID 6273237

JACQUELINE REID-PETERSON 2813 SW WESTPORT PLAZA DR TOPEKA, KS 66614 UNITED STATES OF AMERICA

Dear Counsel:		26s en
The Settlement Facility-Dow Corning Tru above that is not valid. Correspondence SF-DCT as undeliverable with no forwar attorney of record. We have confirmed the	sent to the Claimant in 2015 ding address available. At the	regarding payments was returned to e time of the Claim payment you were
Disease Partial Premium Payment	January 15, 2015	\$1,000
As a result of the returned mail, the SF-I Address Update/Correction Form. Curre	ntly, the claim has been place	

The SF-DCT can only accept this form from the claimant or the legally authorized representative. After the Address Update/Correction Form is received, and verified, the Administrative Hold will be removed.

If you were unable to locate the Claimant to distribute the Premium 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 info@sfdct.com.

Enclosure: Address Update/Correction Form

Houston, Texas 77052



P.O. Box 52429 Houston, Texas 77052

May 25, 2017

Telephone 713.874.6099 866.874.6099

SID 6273237

JACQUELINE REID-PETERSON 2813 SW WESTPORT PLAZA DR TOPEKA, KS 66614 UNITED STATES OF AMERICA

Re:

REQUEST FOR VERIFICATION OF CLAIMANT ADDRESS FINAL NOTICE

Dear Counsel:

Correspondence mailed to the claimant by the Settlement Facility-Dow Corning Trust (SF-DCT) regarding the breast implant Claim payment referenced below 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 above is deceased, the person with the authority to act on behalf of the claim. The SF-DCT has previously sent written requests that an Address Update /Correction Form be completed and returned; however, a Form meeting SF-DCT requirements has not been received.

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

Disease Partial Premium Payment

January 15, 2015

\$1,000

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. <u>In the next 30 days</u>, no later than <u>June 26</u>, 2017 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 info@sfdct.com.

Enclosure:

Address Update/Correction Form