

C-8 (PFOA) Medical Monitoring Program
c/o GCG
PO Box 10030
Dublin, OH 43017-6630

AFFIDAVIT OF SETTLEMENT CLASS MEMBERSHIP

STATE OF _____

COUNTY OF _____, TO WIT:

I, _____ having first been duly sworn, upon my oath do depose and state, as follows:

I am _____ years of age and I currently reside at _____

2. I am aware of the C8 Class Action Settlement in the case of *JACK W. LEACH, et al., Plaintiffs, v. EI DU PONT DE NEMOURS AND COMPANY, Defendant*, Civil Action No.: 01-C-608 (Circuit Court of Wood County, West Virginia) and the Settlement Class definition required for eligibility to participate in the C8 Medical Monitoring Program established in that Settlement.

3. Specifically, I am aware that to be eligible to participate as a Settlement Class member in the C8 Medical Monitoring Program one must satisfy the following Settlement Class definition:

Settlement Class includes only those persons who (1) for a period of at least one year up to and including December 3, 2004, consumed drinking water containing 0.05 parts per billion or greater of C-8 attributable to releases from DuPont's Washington Works Plant from any of the following six Public Water Districts: (a) Little Hocking Ohio Water Association, Inc.; (b) Lubeck Public Service District; (c) City of Belpre, Ohio; (d) Tupper Plains, Ohio; (e) Mason County Public Service District; and, (f) Village of Pomeroy, Ohio, or (2) consumed water from the following locations as your sole source of drinking water at these locations: (a) DuPont Washington Works near Parkersburg, West Virginia, (b) GE Plastics Plant near Parkersburg, West Virginia, or (c) one or more of the private water sources listed in Legal Notice of C-8 Class Action Settlement, regardless of your age or current place of residence.

4. I hereby declare that I am a Settlement Class member, having fully satisfied all of the requirements for Settlement Class membership, and I am executing this Affidavit in support of my pending registration to participate in the C8 Medical Monitoring Program, which is currently being administered by Michael Rozen, the Director of Medical Monitoring appointed by the Circuit Court of Wood County, West Virginia.

5. I have satisfied the requirements for Settlement Class membership because I have consumed water from the following source(s) for a period of at least one (1) year, which occurred before December 4, 2004: (Note: Check all that apply.)

- _____ Little Hocking Ohio Water Association, Inc. from _____ to _____.
- _____ Lubeck Public Service District from _____ to _____.
- _____ City of Belpre, Ohio _____ to _____.
- _____ Tupper's Plains, Ohio _____ to _____.
- _____ Mason County Public Service District _____ to _____.
- _____ Village of Pomeroy, Ohio from _____ to _____.
- _____ DuPont Washington Works plant _____ to _____.
- _____ GE Plastics plant _____ to _____.
- _____ Private water well located at _____ to _____.

And further this affiant sayeth naught.

(Signature)

Taken, subscribed, and sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

My commission expires: _____

NOTARIAL SEAL