

AFFIRMATION AND VERIFICATION
BY THE
MANAGING ATTORNEY¹

{Full Name of Managing Attorney²} _____,
(the "Managing Attorney"), with offices located at {Managing Attorney's Address}

_____ hereby affirms and verifies that the sole Plan Attorneys³ under the Plan shall be the Managing Attorney and the following named specified member(s) of the Managing Attorney's law firm, (the "Specified Attorney(s)"):

1. _____
Type or Print Name of Specified Attorney

Florida Bar No. _____

2. _____
Type or Print Name of Specified Attorney

Florida Bar No. _____

3. _____
Type or Print Name of Specified Attorney

Florida Bar No. _____

4. _____
Type or Print Name of Specified Attorney

Florida Bar No. _____

Signature of Managing Attorney

Type or Print Name of Managing Attorney

Florida Bar No. _____

Date

¹ As required by and under **Rule 9-2.2(a)(8), Rules Regulating The Florida Bar**, (the "Rules"), if applicable.

² As that term is defined in **Rule 9-1.3(f)** of the Rules.

³ As that term is defined in **Rule 9-1.3(g)** of the Rules.