CONTINUATION SHEET FOR CLAIMANT _____ (Name)

In addition to the information included in my Sworn Declaration in Support of Claim for Individual Relief, I provide this information:

WITNESS STATEMENT

I provide this statement in connection with the claim of _____ [insert name of Claimant]. I have been informed that the Claimant was subject to review by the USPS National Reassessment Process (during the time period between May 5, 2006 and July 1, 2011). I can confirm that the NRP had an impact on the Claimant. The following is my description of the impact on the Claimant's health, life, and relationship with others:

_____

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(Additional pages are attached as necessary.)

I declare that the statements above (and in attached pages, if any) are true and correct to the best of my knowledge, understanding, and belief.

_____

Signed Name Date

RETURN BY MARCH 25, 2019 TO THOMAS & SOLOMON