

LIST OF EXHIBIT

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EXHIBIT 8

EXHIBIT 9

EXHIBIT 10

EXHIBIT 1

S F D C T

**SETTLEMENT FACILITY
DOW CORNING TRUST**

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

May 16, 2017

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

Dear Mr. Kim:

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 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 **Address Update/Correction Form**, 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 info@sfdct.com.

Enclosure:
Address Update/Correction Form
Claimant List

ADDRESS UPDATE/CORRECTION FORM

ATTENTION: QUALITY MANAGEMENT DEPARTMENT

1. Complete, correct and update claimant information.	
<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p align="center"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. Claimant's Name: _____</p> <p>4. Claimant's Address: _____ _____</p> <p>5. Daytime Phone: (____) _____-_____</p> <p>6. Evening Phone: (____) _____-_____</p> <p>7. Attorney's Name/Address/Phone/Fax: _____ _____ _____</p>	<p align="center"><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: _____ _____</p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____ _____ _____</p>

Last four digits of your 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.

Date Signed

Signature
(Claimant or Court-Appointed Representative)

	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	Disease	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	Disease	12/18/2014	\$3,500	\$3,500
30	CHOON-SOO KIM	1035887	Disease	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
35	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	Disease	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

	Claimant	SID	Claim Payments	Payment Dates	Payment Amount	Payment Totals
46	YOUNG-LAE KANG	1036272	Disease	12/18/2014	\$3,500	\$3,500
47	YOUNG-MI JEON	1036287	Explant Disease	8/13/2009 12/18/2014	\$3,000 \$3,500	\$6,500
48	SO-JA PARK	1036288	Disease	10/23/2014	\$3,500	\$3,500
49	OK SHIN	1036303	Explant Rupture Disease	6/17/2009 6/17/2009 12/18/2014	\$3,000 \$7,000 \$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
62	YOUNG-DOO KIM	1036472	Explant Disease	8/13/2009 12/18/2014	\$3,000 \$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
84	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
86	GOUNG-SOOK SUNG	1037079	Disease	12/18/2014	\$3,500	\$3,500

	Claimant	SID	Claim Payments	Payment Dates	Payment Amount	Payment 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
91	JOO-YEON LEE	1038480	Explant Disease	3/30/2010 12/18/2014	\$3,000 \$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	MI H KIM	2783160	Disease	2/27/2015	\$3,500	\$3,500
98	YOUNG J KIM	2783202	Rupture Explant Disease	7/13/2009 8/30/2010 2/27/2015	\$7,000 \$3,000 \$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	Disease	2/27/2015	\$3,500	\$3,500
104	BOK S JANG	2783563	Disease	2/27/2015	\$3,500	\$3,500
105	OK K JANG	2783569	Explant Disease	12/16/2010 2/27/2015	\$3,000 \$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
109	EUN-GYUNG OH	6459155	Explant Rupture Disease	6/17/2009 6/17/2009 10/23/2014	\$3,000 \$7,000 \$3,500	\$13,500
110	MYONG-SUN LEE	6459176	Disease	12/18/2014	\$3,500	\$3,500
111	SAM-DUK PARK	6459549	Disease	12/18/2014	\$3,500	\$3,500
112	JAE-SIM HWYANG	6459701	Disease	11/24/2014	\$3,500	\$3,500
113	TAE-SUL LEE	6459778	Disease	10/23/2014	\$3,500	\$3,500
114	YOUNG-AE LEE	6460367	Disease	12/18/2014	\$3,500	\$3,500
115	JEA-SOOK HAN	6460444	Disease	12/18/2014	\$3,500	\$3,500
116	EI-NAM LIM	6460632	Disease	12/18/2014	\$3,500	\$3,500
117	SOON-MI KIM	6461229	Disease	10/23/2014	\$3,500	\$3,500
118	BOK-HYANG YOON	6461317	Disease	12/18/2014	\$3,500	\$3,500
119	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
121	KYE-SOON SONG	6461865	Explant Disease	8/13/2009 12/18/2014	\$3,000 \$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
			Explant	4/27/2015	\$3,000	
131	OK-LE KO	6474810	Disease	4/27/2015	\$3,500	\$6,500
			Explant	1/30/2015	\$3,000	
132	YOUNG-HA LEE	6491601	Disease	12/18/2014	\$3,500	\$6,500

EXHIBIT 2

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 under the Korean laws 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

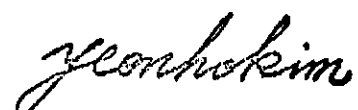


EXHIBIT 3

S | F | D | C | T
SETTLEMENT FACILITY
DOW CORNING TRUST

P.O. Box 52429
Houston, Texas 77062

Telephone 713.874.6099
866.874.6099

June 21, 2017

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,


Ann Phillips
Claims Administrator
Settlement Facility – Dow Corning Trust

Enclosure:
Address Update/Correction Form
Claimant List

ADDRESS UPDATE/CORRECTION FORM

ATTENTION: QUALITY MANAGEMENT DEPARTMENT

1. Complete, correct and update claimant information.	
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION <u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u>	<u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u>
1. SID #: _____	1. SID #: _____
2. Date of Birth: _____	2. Date of Birth: _____
3. Claimant's Name: _____	3. New Last Name: _____
4. Claimant's Address: _____ _____	4. New 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 four digits of your 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.

Date Signed

Signature
(Claimant or Court-Appointed Representative)

	Claimant	SID
1	SOON-YAE KANG	0735310
2	PAN JA PARK	0735315
3	MYUNG-HEE PARK	1035526
4	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	1035597
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
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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
37	MYUNG-SOOK JEON	1036086
38	HEA-YOUNG CHOI	1036087
39	SEO-KOUNG PARK	1036157
40	SANG-IM KANG	1036176
41	SUN-HOWA KANG	1036232
42	KOUNG-SUK KANG	1036246
43	HI-SEON KWON	1036250
44	SUK CHOI	1036263
45	MI-HAE PARK	1036265
46	YOUNG-LAE KANG	1036272

	Claimant	SID
47	YOUNG-MI JEON	1036287
48	SO-JA PARK	1036288
49	OK SHIN	1036303
50	YOUNG-SOOL SONG	1036308
51	JUNG-HI SHIN	1036309
52	SOON-JA KWAK	1036313
53	KUM-SUK RU	1036360
54	YONG-WOOK CHANG	1036364
55	O KIM	1036415
56	YOUNG-JA KIM	1036421
57	JUNG-WOO LEE	1036431
58	MUN-YOUNG YOO	1036446
59	HYE-SUK KANG	1036449
60	BOCK-JA LEE	1036465
61	YOUNG-YIM JHO	1036469
62	YOUNG-DOO KIM	1036472
63	JU-EUN LEE	1036492
64	EUN-JA CHOI	1036577
65	SOOK-JA KU	1036594
66	OK-HEE LEE	1036614
67	HEE-HYON JOUNG	1036627
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
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 CHOI	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
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

→ class 5

	Claimant	SID
93	GWANG-HEE SONG	1038484
94	JUNG-OH SUN	1695533
95	BAK-YOUNG KIM	2746180
96	YOUNG S KANG	2783097
97	MI H KIM	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
108	AE K KIM	2787316
109	EUN-GYUNG OH	6459155
110	MYONG-SUN LEE	6459176
111	SAM-DUK PARK	6459549
112	JAE-SIM HWYANG	6459701
113	TAE-SUL LEE	6459778
114	YOUNG-AE LEE	6460367
115	JEA-SOOK HAN	6460444
116	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
124	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	6474668
131	OK-LE KO	6474810
132	YOUNG-HA LEE	6491601

EXHIBIT 4

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

EXHIBIT 5

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](tel:713.221.2382) | C: [301.437.2821](tel:301.437.2821) | F: [713.221.2320](tel:713.221.2320)

[website](#) | [linkedin](#) | [vCard](#) | [map](#) | [email](#)

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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" <kmaloney@skv.com>

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>

EXHIBIT 6

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:
kmaloney@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

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	1036614	Disease	12/18/2014	\$3,500
HEE-HYON JOUNG	1036627	Disease	11/24/2014	\$3,500
SOO-HEE LIM	1036653	Disease	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	6491601	Explant	1/30/2015	\$3,000
	6491601	Disease	12/18/2014	\$3,500

EXHIBIT 7

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 only partial 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 Hø Kim

EXHIBIT 8

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,




Yeon Ho Kim

Enclosure: ADDRESS UPDATE/CORREICTION FORM

EXHIBIT 9

ADDRESS UPDATE/CORRECTION FORM

<p>1. Complete, correct and update claimant information.</p>	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p>  <p>*1035531*</p> <p>MYUNG-HEE BYUN GA-105 JAIHEUNG PARK MANSOM 14-8 CHUNGDAM-2 DONG KANGNAM-KU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0222979-00 Date of Birth Aug 22 1955</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>1034-117, Sidaeng-Dong,</u> <u>DongJok-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.


Date Signed 2018 01 03

Signature *yeonhokim*
(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.

ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035532*</p> <p>YOUNG-JOO CHOI 119-1004 HYANGCHON APT DUSAN-DONG SEO-GU TAEJEON KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 235921 POC#0222980-00 Date of Birth Jan 10 1960</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>35-49, Byun-Dong,</u> <u>Seo-Ku, Taejeon, Korea</u></p> <p>5. New Daytime Phone: () _____</p> <p>6. New Evening Phone: () _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035591*</p> <p>YOUNG-JA JANG 8-1501 SAMBU APT YOUIDO-DONG YONGDUNGPO-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223054-00 Date of Birth Nov 09 1942</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>48 Bongeu-Dong,</u> <u>Chonchun, Kangwon, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035597*</p> <p>SUN-MI KIM RED OX 262-42 YEON-DONG CHEJU-SHI CHEJU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223059-00 Date of Birth Nov 13 1960</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>528, Samdo 1 Dong,</u> <u>Jeju, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035614*</p> <p>YEA-SUEN LEE 88 NAMKYO-DONG MOKPO-SI CHEONNAM-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249905 POC#0223076-00 Date of Birth Mar 11 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>7, Kyungdong 1 Ga,</u> <u>Mokpo, Junnam, Korea</u></p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035619*</p> <p>HEY-WON CHUN 460-2 KALHYON-2 DONG UNPYONG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223082-00 Date of Birth Oct 06 1966</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>1140, Daeja - Dong,</u> <u>Dukyang - ku, Koyang, Kyungg?, Korea.</u></p> <p>5. New Daytime Phone: () - - _____</p> <p>6. New Evening Phone: () - - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035668*</p> <p>YANG-JA LEE 202-1206 WOOSUNG APT HWAJUNG-DONG SEO-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223143-00 Date of Birth Sep 26 1964</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>104-52, YangJung-Dong,</u> <u>Jin-Ku, Pusan, Korea</u></p> <p>5. New Daytime Phone: () _____ - _____</p> <p>6. New Evening Phone: () _____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035815*</p> <p>SAN-RE I SUITE 303 DAESUNG VILLA DAESUNG-DONG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223302-00 Date of Birth Mar 30 1953</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>100, Wolnae - Rt,</u> <u>Jangan - Myun, Yangsan, Kyungnam, kore</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035851*</p> <p>YOUNG-JA LEE A-201 SINSOO YEONLIP 91-460 KINSOO-DONG, MAPO-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223341-00 Date of Birth Apr 20 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>93-82, Shinsu-Dong,</u> <u>Mapo-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018.01.03


Date Signed

yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*I035884*</p> <p>HAN-OK KIM 305-301 BYUKSAN APT 941 JUKJEON-RI SUJI-DUP YONGIN-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 227208 POC#0223375-00 Date of Birth Feb 07 1951</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>418-9, Bangbae-Dong,</u> <u>Seocho-ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018.01.03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036086*</p> <p>MYUNG-SOOK JEON 201-605 DAERIM HANDEUL APT SINBOO-DONG CHEONAN-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 209713 POC#0223571-00 Date of Birth Mar 01 1956</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>276, Dasun - Dong,</u> <u>Sungdong - ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036157*</p> <p>SEO-KOUNG PARK 201--306 KEUMHO TOWN HWAJUNG-3 DONG SEO-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223867-00 Date of Birth Jan 13 1958</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>61-3, Yang-Dong,</u> <u>Seo-Ku, Kwangju, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

Signature yeonbokim
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036232*</p> <p>SUN-HOWA KANG 244-21 KWANGCHON-RI KWANGCHON-EUP HONGSUNG-GUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 223513 POC#0223954-00 Date of Birth Mar 03 1960</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>115-1, Yongdoo - Dong,</u> <u>Joong-ku, Daejun, Korea</u></p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018 01 03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036246*</p> <p>KOUNG-SUK KANG 2-808 DONGA APT YONGDANG-DONG SUNCHON-SHI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223970-00 Date of Birth May 19 1964</p>	<p>PROVIDE UPDATES OR CORRECTIONS BELOW:</p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>19-3, Jangchun - Dong,</u> <u>Soonchun, Junnam, Korea</u></p> <p>5. New Daytime Phone: () _____</p> <p>6. New Evening Phone: () _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.


2018. 01. 03

Date Signed

yeonhokim
Signature
(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.

ADDRESS UPDATE/CORRECTION FORM

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036250*</p> <p>HI-SEON KWON 101-408 HYUNDAI TOWN 1025 GEOJE-2 DONG YEONJE-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223980-00 Date of Birth Apr 25 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>56-7, Joorye - Dong,</u> <u>Buk-ku, Pusan, Korea</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018 01 03


yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036272*</p> <p>YOUNG-LAE KANG RAYVENS CREST APT 45-06 PRAINSBOROUGH KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224001-00 Date of Birth Aug 09 1956</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>167-2, Sungbuk-Dong, Sungbuk-ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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2018.01.03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036288*</p> <p>SO-JA PARK 38-507 KARAK APT KARAK-DONG SONGPA-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249816 POC#0224019-00 Date of Birth May 31 1964</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>349-3, Jinbuk-Dong,</u> <u>Chungjoo, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature yeonhokimi
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

<p>1. Complete, correct and update claimant information.</p>	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036308*</p> <p>YOUNG-SOOL SONG 11 YODONG 2-RI ILDONG-MYUN POCHUN-KUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224044-00 Date of Birth Jan 18 1971</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>1788-8, Palyar7,</u> <u>JinJup - Uep, NamyangJoo, Kyunggi-do, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036360*</p> <p>KUM-SUK RU 67-10 HEUKSUK 3-DONG DONGJAK-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224100-00 Date of Birth Jan 23 1963</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>349 - 19, Myunmok - Dong,</u> <u>Joongrang - Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1036421* </div> <p>YOUNG-JA KIM 873-1 SHINHEUNG-DONG POHANG-SHI KYUNGBUK KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224175-00 Date of Birth Oct 10 1945</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>195, Shinam -Dong,</u> <u>Dong-Ku, Taegu, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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2018.01.03


Date Signed

yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

<p>1. Complete, correct and update claimant information.</p>	
<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036431*</p> <p>JUNG-WOO LEE 442-106 JOOKONG APT 44 CHAMSIL 3-DONG SONGPA-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249940 POC#0224185-00 Date of Birth Jan 03 1953</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>285, Shinsan - Ri,</u> <u>Nam - Myun, Yangjoo, Kyunggi, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1036446* </div> <p>MUN-YOUNG YOO 102-808 HYUN DAI APT JISAN-DONG SONG TAN-SI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224213-00 Date of Birth Oct 04 1966</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>553-60 Jahn-soo - Dong,</u> <u>Dong-Ku, Kwangju, Korea</u></p> <p>5. New Daytime Phone: () _____ - _____</p> <p>6. New Evening Phone: () _____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036449*</p> <p>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</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>235-16, Heuksuk-Dong,</u> <u>Dongjak-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036465*</p> <p>BOCK-JA LEE 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</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>87-26, Bangbae-Dong,</u> <u>Seocho-ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01 03

Signature *yeonho kim*
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036469*</p> <p>YOUNG-YIM JHO 556-3 DONGSAN-DONG CHUNJU-SHI KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224232-00 Date of Birth Aug 11 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>835-18, Meea-Dong,</u> <u>Dobong-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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_____ 2018.01.03 _____
Date Signed

_____ *yeonhokim* _____
Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036577*</p> <p>EUN-JA CHOI 112-501 JOOKONG APT 621 HANGSIN-DONG DUKYANG-GU KOYANG-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 232040 POC#0224360-00 Date of Birth Feb 17 1967</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>142-10, Shindang-Dong,</u> <u>Joong-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018 01. 03
Date Signed

yeonho kim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036594*</p> <p>SOOK-JA KU 104 ONCHUM 1DONG DONGRAI-KU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0224380-00 Date of Birth Jun 30 1955</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>528-2 Jangjun-Dong,</u> <u>Dongrae-ku, Pusan, Korea.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonbokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1036662* </div> <p>JUNG-SOO KIM 523-1 KONGLEUNG-DONG NOWON-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224450-00 Date of Birth Mar 13 1955</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>543-9, Kongleung-Dong,</u> <u>Nowon-gu, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

<p>1. Complete, correct and update claimant information.</p>	
<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036679*</p> <p>EAN-JUNG KIM 426-43 SHINGAL-RI KIHEUNG-EUB YONGIN-KUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224471-00 Date of Birth Dec 29 1967</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>256, Shingak - Rt,</u> <u>Mangsung - Myun, Iksan, Junbuk, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.


Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE OR WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036735*</p> <p>KYEONG-HEE MUN 'KYUNGHEE SUPER' JOOKONG APT DANJINAE SANGKA 1683 KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224535-00 Date of Birth Jul 22 1964</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>1729-11, Banpo-Dong,</u> <u>Seochu-Ku, Seoul, Korea.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *yeonhkim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036742*</p> <p>CHUN-JA LEE 30-806 HANYANG APT SONGPA-DONG SONGPA-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224539-00 Date of Birth Apr 05 1922</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>456-3, Dogok-Dong,</u> <u>Kangnam-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036916*</p> <p>I-EUNG PARK 104-32 EUNGAM-DONG EUNPYOUNG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224771-00 Date of Birth Jan 22 1969</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>189-23, Hyomok-Dong</u> <u>Dong-ku, Taegu, Korea.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1037058*</p> <p>JOO-HYUNG BANG 201 NINIL 2CHA APT 237-1 SUKGYE-RI SANGBUK-MYUN KYUNGNAM-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 236368 POC#0224926-00 Date of Birth Apr 09 1969</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>238, Chilsan - Dong,</u> <u>Dongrae - Ku, Pusan, Korea.</u></p> <p>5. New Daytime Phone: () _____</p> <p>6. New Evening Phone: () _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018 01 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1038450* </div> <p> 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 </p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>282-10, Shindang-Dong,</u> <u>Joong-ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018.01.03


Date Signed

yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p>  <p>*1038478*</p> <p>SOON-JA SOE 790-6 YOKSAM-DONG KANGNAM-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0227523-00</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>337, Dowhae-Dong,</u> <u>Mapo-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01. 03

Signature *yeonbokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1038481*</p> <p>YUN-RYE LEE #H1062, 82-7 SHIN-DONG IREE-SI CHEONBUK-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249889 POC#0227525-00 Date of Birth Mar 24 1966</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>1728-32, Shin-Dong,</u> <u>Iree, Chunbuk, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018 01 03
Date Signed _____

yeonhokim
Signature _____
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1695533*</p> <p>JUNG-OH SUN 568-56 SUYU-4DONG KANGBUK-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223036-00 Date of Birth Sep 27 1959</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>56-98, Soongin-Dong,</u> <u>Jongro-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: () - -</p> <p>6. New Evening Phone: () - -</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783160*</p> <p>MI H KIM 204-1103 BUDNAE-DONGYANG APT TAEPYUNG DONG JUNG GU TAEJUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI07789-00 Date of Birth Feb 14 1977 Telephone Number 01194008450</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>250-14, Daesa-Dong,</u> <u>Joong-Ku, Taejun, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p>  <p>*2783475*</p> <p>MAL LEE I 811 8 ANHYUN DONG STHEUNG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08104-00 Date of Birth May 20 1949 Telephone Number (016)378-2031</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>800-12, Whaigok-Dong,</u> <u>Kangseo-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783499*</p> <p>SOON H REE 166 BONGSAN DONG WONJOO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08128-00 Date of Birth Apr 03 1961 Telephone Number 01190778407</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>170-17, Myunmok-Dong,</u> <u>Joonggrang-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) _____</p> <p>6. New Evening Phone: (____) _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

Signature *Soon H Ree*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783559*</p> <p>KWI Y JANG 1-205 JUKONG APT 1 CHA SONGHYUN DONG ANDONG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08188-00 Date of Birth Mar 20 1960 Telephone Number (054)841-5507</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>573, Sooga-R7,</u> <u>Jangyoo-Myun, Kimhae, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783611*</p> <p>KYUNG H JO 202 85-64 DONGSUN DONG 1 GA SUNGBUK GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08240-00 Date of Birth Dec 08 1954 Telephone Number (016)750-7076</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>853-177, ShinJung-Dong,</u> <u>Nam-ku, Wooran, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01. 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6459549*</p> <p>SAM-DUK PARK 301 YOOGANG YEONRIP 267-18 KAEBONG 3-DONG KURO-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249817 POC#0224737-00 Date of Birth Jan 26 1946</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>170-36, GaeBong-Dong</u> <u>Kuro-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.

2018. 01. 03


Date Signed

yeonhokim

Signature
(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.

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">  </div> <p>*6460367*</p> <p>YOUNG-AE LEE #101 5 CHA ANAM HEIGHTS 1510-10 JOONG 2-DONG HAEWOONDAE-GU PUSAN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249899 POC#0225001-00 Date of Birth Oct 05 1948</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>502-2, Kwangin - Dong,</u> <u>Nam-Ku, Pusan, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6460444*</p> <p>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</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>280-58, Doodam - Dong,</u> <u>Buk - Ku, Kwangjoo, Korea</u></p> <p>5. New Daytime Phone: () _____</p> <p>6. New Evening Phone: () _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p style="text-align: center;"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6460632*</p> <p>EI-NAM LIM 38-103 JEONNONG 3-DONG DONGDAEMUN-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249885 POC#0223485-00 Date of Birth Dec 02 1954</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>266-17, Eirnon - Dong, Dongdaemoon - Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6461579*</p> <p>HEON-SOON LEE 105-1401 JOONGANG HEIGHTS 100 OCKSOO 2-DONG SUNGDON-U SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249963 POC#0224753-00 Date of Birth Dec 25 1956</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>227-17, Dongin-Dong,</u> <u>Joong-Ku, Taegu, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6462214*</p> <p>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</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>664-17, Ahyun-Dong,</u> <u>Mapo-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature *yeonho kim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6473706*</p> <p>KYE-SOON KIM 2-407 SINJAYOU APT 1064-1 GOJUNG 1-DONG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224398-00 Date of Birth Mar 21 1947</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>484-40, GoeJung-Dong,</u> <u>Saha-Ku, Pusan, Korea</u></p> <p>5. New Daytime Phone: () _____ - _____</p> <p>6. New Evening Phone: () _____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018 01 03

Signature *Yeonsoon Kim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6473709*</p> <p>JONG-SOOK CHOI 721-1108 MOKDONG APT YANGCHUN-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 232033 POC#0224448-00 Date of Birth Dec 06 1965</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>72-77, Soongin-Dong,</u> <u>Jongro-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: () _____ - _____</p> <p>6. New Evening Phone: () _____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

Signature *Jongsok Kim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p>  <p>*6474340*</p> <p>HANG-NAM KIM 174-4 2 FL GWANGAM 2-DONG NAM-GU PUSAN-SI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 155718 POC#0224497-00 Date of Birth Dec 13 1958</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>48-5, Yangjung-Dong,</u> <u>Jin-Ku, Pusan, Korea.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

Signature *yeonbokkim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p style="text-align: center;"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1035686* </div> <p> KI-JOO KWAK 116-100 HANSIN APT JAMWON-DONG, SEOCHO-GU KOREA, REPUBLIC OF </p> <p> Remove this label and apply to each claim form you submit. </p> <p> POC#0223162-00 Date of Birth Sep 01 1947 </p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>197-2, Echon - Dong,</u> <u>Yongsan - Ku, Seoul, Korea.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1035902* </div> <p>MI-SUK PARK THIRD FLOOR DAESHIN BLDG 2-38 SEOCHO-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249822 POC#0223391-00 Date of Birth Dec 10 1962</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>454-1, Bangbae-Dong,</u> <u>Seocho-Ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01. 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036283*</p> <p>MI-RAN JUNG 26-38 GOOSAN-DONG EUNPYUNG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224013-00 Date of Birth Jul 01 1959</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>980-28, Doksan - Dong,</u> <u>Guro - ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018 01 03
Date Signed

Jeonbeok Kim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036314*</p> <p>JEA-SUG GO 3-106 KYURYE LUCK APT SASANG-GU PUSAN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 233414 POC#0224047-00 Date of Birth Aug 01 1966</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>1507-1, Yeonsan-Dong,</u> <u>Dongrae-ku, Pusan, Korea</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.

2018. 01. 03


Date Signed

yeonhokim

Signature
(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.

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p style="text-align: center;"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1037123*</p> <p>MI-KYUNG LEE 135 MINLAK-DONG NAM-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0225006-00 Date of Birth Apr 19 1956</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>312-1, Danggam-Dong,</u> <u>Jin-Ku, Pusan, Korea</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p> <div style="text-align: center;">  *1036472* </div> <p>YOUNG-DOO KIM 1-1002 HWARANG APT 40-4 YOUIDO-DONG YOUNGDEUNGPO-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 227505 POC#0224233-00 Date of Birth Sep 04 1953</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>487-239, Yeonnam-Dong,</u> <u>Mapo-ku, Seoul, Korea</u></p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018.01.03


yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783202*</p> <p>YOUNG J KIM 208-206 SHINJUNG HYUNDAI APT YAEUM 2 DONG NAM GU WOOLSAN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI07831-00 Date of Birth Jun 30 1967 Telephone Number (052)276-1712</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>60-3, Boksan - Dong,</u> <u>Joong - Ku, Woolsan, Korea</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018 01 03

Signature *yeonhokim*
(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.

EXHIBIT 10

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*0735310*</p> <p>SOON-YAE KANG 558 YEONAM-RI MYORANG-MYUN YOUNG KWANG-KOON CHONNAM KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 232060 POC#0421030-00 Date of Birth Jan 04 1954 Telephone Number (068)652-6030</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018.01.03

yeonhokim

Signature
(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.

ADDRESS UPDATE/CORRECTION FORM

<p>1. Complete, correct and update claimant information.</p>	
<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*0735315*</p> <p>PAN JA PARK POHANG CITY BOOK-KU JANGSUNG-DONG DONG-BU KOOKMIN JUTAK 1136 KYONGSAN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 238352 POC#0412743-00 Date of Birth Apr 15 1949 Telephone Number (056)242-4535</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018.01.03

Signature *yeonhokim*
(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.

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035526*</p> <p>MYUNG-HEE PARK 5-301 SAMSUNG APT 290-1 MANDUK-2 DONG BOOK-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0222973-00 Date of Birth Oct 05 1951</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.


Date Signed 2018 01 03

Signature *yeonhokim*
(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.

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035535*</p> <p>JEONG-AE LEE 6-1303 WOOSUNG APT 96-1 GARAKBON-DONG SONGPA-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0222983-00 Date of Birth Dec 05 1958</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018.01.03

Signature *yeonhokim*
(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.

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035533*</p> <p>WOO-KUM SUN 81-1401 HYUNDAI APT APKOOJUNG-DONG KANGNAM-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249751 POC#0223006-00 Date of Birth Mar 29 1957</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature yeonhokim
(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.

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035568*</p> <p>EUN-YOUNG LEE 101-402 HANYANG APT 134-9 CHUNGDAM-DONG KANGNAM-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249968 POC#0223026-00 Date of Birth Aug 20 1959</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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2018.01.03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035573*</p> <p>INN-HONG KIM 857-2 JWACHON-2 DONG DONG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223032-00 Date of Birth Feb 20 1966</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature *Inn-hong Kim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035599*</p> <p>JONG-AE SUH 592-1 BULKYO-RI BULKYO-EUP BOSUNG-GUN CHEONNAM-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249758 POC#0223063-00 Date of Birth Mar 18 1955</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.


Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035613*</p> <p>MYUNG-SOOK KUG 252-95 KIL-2 DONG KANGDONG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223075-00 Date of Birth Jul 20 1957</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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.

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Date Signed 2018 01. 03

Signature *yeon lakim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035678*</p> <p>KUM-JA KANG 2-504 GUMGANG APT OKRYONG-DONG, GONGJOO-SI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223157-00 Date of Birth Jan 15 1957</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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2018 01. 03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035679*</p> <p>HYUCK-SOON KWON 3-401 SAMIK APT 574 BISAN-DONG ANYANG-SI, KYOUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223158-00 Date of Birth Nov 27 1947</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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2018.01.03


Date Signed

yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035750*</p> <p>YONG-SOOK JEON 13-108 IMKWANG APT PANGBAE-DONG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223233-00 Date of Birth Mar 07 1956</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.


Date Signed 2018.01.03

Signature *yeonbokim*
(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.

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035776*</p> <p>GYEONG-HWA SONG 102-102 SAMJUNG1CHA APT 693 POONGDUK CHUN-RI, SOOJI-MYUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223260-00 Date of Birth Oct 21 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *Seonhakim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035798*</p> <p>JUNG-JOO BYUN STE 1203 MIRAI 2 CHA APT KEONSAN 7-GU JANGHEUNG-EUP KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223280-00 Date of Birth Jan 05 1965</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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.

Date Signed 2018 01 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035817*</p> <p>KYUNG-OK HAN 7-502 HANYANG APT SHIHEUNG 1-DONG KURO-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 214414 POC#0223305-00 Date of Birth Oct 14 1953</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035862*</p> <p>IN-SUK NO 403HO, DUKSUNG B/O 3-68 CHANGJUN-DONG, MAPO-KU, KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223351-00 Date of Birth Jan 04 1962</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035866*</p> <p>WHA-ZA SON 5-603 CHUNG SIL APT DAICHI-DONG, KANG NAM-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223355-00 Date of Birth Jun 15 1954</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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



EUN-YEN LEE
53-303 JUGONG APT 19 JAMSIL-DONG
SONGPA-GU, SEOUL
KOREA, REPUBLIC OF

Remove this label and apply to
each claim form you submit.

POC#0223360-00
Date of Birth Feb 22 1960

PROVIDE UPDATES OR CORRECTIONS BELOW:

- 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 residents of the United States):

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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.

Date Signed 2018 01 03

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035882*</p> <p>HEUN-SEUN KIM A-902 DONGU HANYANG VILLA 186-2 SEOMOON-RI MOONSAN-EUP KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223373-00 Date of Birth Dec 23 1962</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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2018.01.03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035964*</p> <p>YOUNG-AE LEE KA-508 RORALMENSYUN 422-2 HAMANG 3-DONG YOUNGJU-SI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223454-00 Date of Birth Feb 09 1950</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035975*</p> <p>KWUI-DONG CHOI 11-402 SAMPUNG APT SOCHO-DONG SOCHO-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223469-00 Date of Birth Oct 18 1954</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036020*</p> <p>YEONG-HEUI KIM 524-4 GAWOON-DONG NAMYANGJU-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 227805 POC#0223512-00 Date of Birth Sep 29 1958</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature yeonhekim
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036044*</p> <p>YOUNG-SUK PAK 296 SUNGUI-2DONG NAM-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223530-00 Date of Birth Jan 10 1948</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *1036062* KYOUNG-JA PARK 391-74 GIL 1-DONG KANGDON-GU SEOUL KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. DCN # 249831 POC#0223545-00 Date of Birth Jul 14 1962 </div>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018.01.03


 Signature _____
 (Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.

<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036087*</p> <p>HEA-YOUNG CHOI 109-1404 HYUNDAI APT 765-1 SEOSIN-DONG WANSAN-GU CHEONJOO-SI CHEON BUK-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 232039 POC#0223572-00 Date of Birth Nov 14 1958</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.


Date Signed 2018.01.03

Signature *yeonhokim*
(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.

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036263*</p> <p>SUK CHOI 43 SINEUP-3 RI POCHUN-EUP POCHUN-KUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223992-00 Date of Birth Jul 03 1959</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018.01.03
Date Signed

yeonhokeim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036265*</p> <p>MI-HAE PARK 109-130 SUNKYUNG APT 148 JWA-DONG HAEOONDAE-GU PUSAN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249824 POC#0223994-00 Date of Birth May 10 1957</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036309*</p> <p>JUNG-HI SHIN 301 70-24 YEOKSAM-DONG KANGNAM-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249787 POC#0224045-00 Date of Birth Feb 06 1940</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.


Date Signed 2018 01 09

Signature *Yeonhokim*
(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.

ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036313*</p> <p>SOON-JA KWAK 413-20 GIL 1 DONG GANGDONG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224046-00 Date of Birth Nov 11 1945</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.

Date Signed 2018 01 03

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036364*</p> <p>YONG-WOOK CHANG 120-3 SAWOOSAM-RI KIMPO-EUP KIMPO-GUN KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 233407 POC#0224104-00 Date of Birth Mar 06 1953</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

2018.01.03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036415*</p> <p>O KIM 24 SSANGYONG APT YOUNGTONG-DONG PALDAL-GU SUWON-SI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 229525 POC#0224171-00 Date of Birth Oct 28 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *Jeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036492*</p> <p>JU-EUN LEE 848-9 BANGBAI 4-DONG SEOCHO-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224251-00 Date of Birth Jan 10 1972</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018.01.09

Signature *yeon h kim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036614*</p> <p>OK-HEE LEE 516 YANGJIMAU APT 24 SOONAE-DOG BUNDANG-GU SUNGNAM-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249920 POC#0224400-00 Date of Birth Jul 16 1945</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018 01 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonheelim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p>  <p>*1036706*</p> <p>MI-SOON PARK 901-1101 BYUKSAN APT 938 HWAJUNG-DONG DUCKYANG-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249823 POC#0224502-00 Date of Birth Sep 15 1963</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*I036776*</p> <p>JUNG-REA HER 170-2 BULLO-DONG DONG-GU KWANGJU-SI KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224586-00 Date of Birth Nov 23 1965</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *Jean Kim*
(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.

ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036870*</p> <p>MAL-RYEO YOO 6-4 GARAKBON-DONG SONGPA-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224713-00 Date of Birth Mar 26 1959</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *yeonhokim*
(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.

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2018.01.03

Date Signed


yeonhokim

Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036908*</p> <p>MI-NONG LEE 9-407 SAMHO APT SEOCHO-4DONG SEOCHO-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224765-00 Date of Birth Dec 08 1955</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature *Jeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036927*</p> <p>JUNG-SOON CHOI 13-1201 CHUNGSIL APT 633 DEACHI-DONG KANGNAM-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224785-00 Date of Birth Nov 23 1945</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.


Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036938*</p> <p>YOUNG-AE MOON 209-405 LOTTE APT YONGHO-DONG CHANGWON-SI KYOUNGNAM, KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224793-00 Date of Birth Sep 08 1953</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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.

Date Signed 2018.01.03

Signature *Yeonsook Kim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036993*</p> <p>HEE-LIM RYU 3-403 HANYANG APT 54 MYONGIL-DONG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224859-00 Date of Birth Jan 12 1954</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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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.

Date Signed 2018.01.03

Signature *yeonbokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1037035*</p> <p>SOON-OUK LEE #NA-103 KYESAN APT 924-3 KYESAN 2-DONG KYEYANG-GU INCHEON KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249913 POC#0224902-00 Date of Birth May 11 1956</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1037060*</p> <p>YOUNG-JU KIM 610 BOGYUNGSA SEUNGLA-MYUN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224928-00 Date of Birth Jan 05 1947</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p align="center"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <p>1. SID #: <u>2746180</u></p> <hr/> <p>2. Date of Birth: _____</p> <p>3. Claimant's Name: _____</p> <p>4. Claimant's Address: _____</p> <hr/> <p>5. Daytime Phone: (____) ____-_____</p> <p>6. Evening Phone: (____) ____-_____</p> <p>7. Attorney's Name/Address/Phone/Fax: _____</p> <hr/>	<p align="center"><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <hr/> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <hr/> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p> <hr/>

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Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783097*</p> <p>YOUNG S KANG 231-172 SUNGBUK GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI07726-00 Date of Birth Apr 15 1958 Telephone Number 029151613</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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2018 01 03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</p>  <p>*2783311*</p> <p>OK N PARK 56-306 DAEWOO SAWON JUTOEK NOESON DONG EUWANG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI07940-00 Date of Birth Jun 15 1955 Telephone Number (031)426-6237</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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yeonbokim
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ADDRESS UPDATE/CORRECTION FORM

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET.</u></p>  <p>*2783386*</p> <p>EUN J SONG 427-2 EDOH 2 DONG JEJU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08015-00 Date of Birth Dec 01 1970 Telephone Number (064)758-9909</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.


Date Signed 2018 01 03

Signature *yeonhokim*
(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.

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Date Signed 2018 01. 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783642*</p> <p>MYUNG S CHOI 17-7 GAMCHUN DONG SAHA GU PUSAN KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08271-00 Date of Birth May 11 1942 Telephone Number (051)202-9175</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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2018.01.03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>AE K KIM SOO VILLA UN VILLIAGE HAN NAN-DONG YONG SAN-KU SEOUL</p> <p>Remove the label and apply to each claim form you submit.</p> <p>Social Security Number 62112620524 POC# NH0125-00 Telephone 027494421 Class (6.2.1) - English</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6459778*</p> <p>TAE-SUL LEE 259-87 BAN SONG 3-DONG HAIWOONDAI-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224588-00 Date of Birth Jan 09 1950</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6461229*</p> <p>SOON-MI KIM 113-701 HANBIT APT 99 EUWON-DONG YOOSUNG-GU TAEJEON KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 227106 POC#0223230-00 Date of Birth Dec 22 1962</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____ - _____</p> <p>6. New Evening Phone: (____) ____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

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(Claimant or Court-Appointed Representative)

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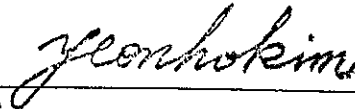
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Date Signed




Signature
(Claimant or Court-Appointed Representative)

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Date Signed

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

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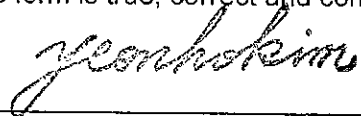
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035871*</p> <p>YOUNG-SOOK LEE 103-202 WOOSUNG 1 CHA APT YEONSOO-DONG NAM-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223362-00 Date of Birth May 12 1960</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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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 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.




Date Signed

Signature
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035888*</p> <p>GYI-JA CHUNG 110 DOOSAN APT 1555 ILSAN 2-DONG GOYANG-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 237409 POC#0223380-00 Date of Birth Sep 09 1957</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed</u></p> <p>5. New Daytime Phone: (____) _____-_____</p> <p>6. New Evening Phone: (____) _____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

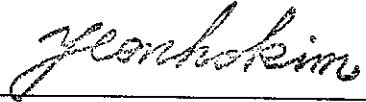
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Date Signed 2018.01.03



Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036361*</p> <p>JONG-HI PARK 433-2 YEONHI 1-DONG SEODAIMOON-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224101-00 Date of Birth Jan 21 1960</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018.01.03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p style="text-align: center;"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036464*</p> <p>MAN-OK KIM 101HO HANKANG MANSHON 182-3 YOMCHANG-DONG KANGSEO-KU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224228-00 Date of Birth Oct 10 1958</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01. 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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<p>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1036709*</p> <p>YOUNG-SOON CHUNG 101-1072 YANGCHUN APT SINJUNG-7 DONG KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0224504-00 Date of Birth Aug 07 1961</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) _____ - _____</p> <p>6. New Evening Phone: (____) _____ - _____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Last 4 digits of Social Security Number (Required for residents of the United States):

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2018 01 03
Date Signed

yeonhokim
Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*1035583*</p> <p>KWANG-IL LEE #B-102 68078 HANNAM-DONG YONGSAN-GU SEOUL KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249934 POC#0223046-00 Date of Birth Oct 13 1963</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

Last 4 digits of Social Security Number (Required for residents of the United States):

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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.

Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION <u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u>  *1035671* HYE-SOOK KANG 227-88 CHONGNUNG-2DONG SONGBUK-GU KOREA, REPUBLIC OF Remove this label and apply to each claim form you submit. POC#0223146-00 Date of Birth Apr 11 1951	<u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u> 1. SID #: _____ 2. Date of Birth: _____ 3. New Last Name: _____ 4. New Address: <u>not changed.</u> 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):

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_____ 2018.01.03
Date Signed

Signature
(Claimant or Court-Appointed Representative)

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*2783392*</p> <p>KEUM H SHIN 315 SAN-NAM JOOGONG APT HEUNGDUK GU CHUNGJOO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08021-00 Date of Birth Nov 10 1958 Telephone Number (043)286-2828</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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2018 01 03
Date Signed

yeonbokim
Signature
(Claimant or Court-Appointed Representative)

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<p align="center">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <div style="text-align: center;">  *2783395* </div> <p>SUN J SHIN 137-504 SUNGDONG APT BON-RI DONG DALSEO GU TAEGU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#NI08024-00 Date of Birth Apr 18 1957 Telephone Number (011)803-4009</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-____</p> <p>6. New Evening Phone: (____) ____-____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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Date Signed 2018 01 03

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonrokim*
(Claimant or Court-Appointed Representative)

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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.


Date Signed 2018.01.09

Signature yeonhokim.
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature yeoncheol kim
(Claimant or Court-Appointed Representative)

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Date Signed 2018 01 03

Signature yeonhokim
(Claimant or Court-Appointed Representative)

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Date Signed 2018.01.03

Signature *yeonhokeim*
(Claimant or Court-Appointed Representative)

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ADDRESS UPDATE/CORRECTION FORM

1. Complete, correct and update claimant information.	
<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6474810*</p> <p>OK-LE KO 203--201 FINE VILLAGE 32--11 SANGHYUN-RI SOOJI-EUP YONGIN-SI KYUNGGI-DO KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>DCN # 249994 POC#0223393--00 Date of Birth Jan 20 1950</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

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.


Date Signed 2018.01.03

Signature *yeonhokim*
(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.

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<p style="text-align: center;">PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</p> <p><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p>  <p>*6491601*</p> <p>YOUNG-HA LEE 998-5A SHINJONG-4 DONG YANGCHON-GU KOREA, REPUBLIC OF</p> <p>Remove this label and apply to each claim form you submit.</p> <p>POC#0223898-00 Date of Birth Dec 17 1945</p>	<p><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: <u>not changed.</u></p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>
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Date Signed 2018.01.07

Signature *yeonhokim*
(Claimant or Court-Appointed Representative)

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