ASSIGNMENT FORM

New Cal Shake Class Action Settlement

I.	GENERAL	INSTRU	CTIONS
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THIS FORM MUST BE COMPLETED AND RETURNED ONLY IF THE NEW CAL SHAKE ROOFING CLAIM ON THE PROPERTY HAS BEEN ASSIGNED. This Assignment Form must be signed by all parties to the assignment and all signatures must be notarized.

IF YOU ALREADY HAVE WRITTEN DOCUMENTATION OF THE ASSIGNMENT, SIGNED AND NOTARIZED BY ALL PARTIES TO THE ASSIGNMENT, YOU MAY SIMPLY RETURN THAT DOCUMENT TO THE CLAIMS ADMINISTRATOR AND DO NOT NEED TO COMPLETE THIS FORM.

Return an ORIGINAL Assignment Form to:

New Cal Shake Claims Administrator P.O. Box 38309 Sacramento, CA 95834

If you have any questions, please call 1-866-844-0600 or visit www.calshakeclassaction.com.

II.	PROPERTY			
Address of	the property for which this Assig	gnment is being submitted:		
	Street Address:			
	City, State, Zip:			
III.	ASSIGNMENT			
I (We),		[please print name(s)], the Assignors and the undersigned, hereby assign to		
	[please p	rint name(s)] ("Assignee(s)") any and all Settled Claims, as defined below with respect to New Cal		
Shake roofi	ing shakes on the Property described	d above.		

ASSIGNOR:		
Signature of Assignor	Date	
Signature of Co-Assignor	Date	
STATE OF)	
COUNTY) ss.	
On this day personally appeared before me the within and foregoing instrument, and acknowledged that therein mentioned.	to make known to be the individual described the signed the same as his free and voluntary act and deed for	l in and who executed the uses and purposes
Given under my hand and official seal thisday of	,	
Print name:		
NOTARY PUBLIC in and for the State of		
My appointment expires		
ASSIGNEE:		
Signature of Assignee	Date	
Signature of Co-Assignee	Date	
STATE OF)	
COUNTY)	
On this day personally appeared before me within and foregoing instrument, and acknowledged that have therein mentioned.	, to me known to be the individual described in e signed the same as his free and voluntary act and deed for the	and who executed the the uses and purposed
Given under my hand and official seal this day of		
	Print name:	·
	NOTARY PUBLIC in and for the State of	·
	My appointment expires	·