

**AFFIDAVIT IN SUPPORT OF CLAIM OF EXPOSURE TO HALLIBURTON'S
SILICA OR SILICA-CONTAINING PRODUCTS**

My name is _____ . My
Social Security Number is ____-____-____, and I state as follows:

*1. I have previously been employed as a

(occupation)

*2. In the course of this employment, I was exposed to
the following Halliburton silica or silica-containing products
while working at _____, located in

(site of exposure)
_____, _____, during the period from _____
(city) (state)
to _____.

List of Products

*3. My employer during the above period of time was
_____, located at _____,
(address)
_____, _____.
(city) (state)

4. This exposure resulted in breathing air containing silica
dust arising from Halliburton's silica or silica-containing
products.

* Attach separate sheet for each exposure at a different site,
different time, or different type of exposure.

(Signature)

State of _____.
County of _____.

Subscribed and sworn to by _____, who personally appeared this _____ day of _____, 2007, before me, the undersigned, a Notary Public in and for the county and state written above, and as witnessed by my hand and official seal.

My commission expires the _____ day of _____, 20____.

Notary Signature

(address)

(city)

(state)