

PROOF OF AUTHORITY

Date

Declarant Entity Name

Declarant Entity Address

Declarant Entity Telephone Number

Declarant Entity Email Address

Declarant Entity EIN

Dear Notice Administrator:

I am [Name and Title of Officer or Employee of Declarant Entity Requesting Exclusion]. [Declarant Entity] has authorized [Third Party Payor] to request exclusion from the class on [Declarant Entity's] behalf in the case of *In re EpiPen (Epinephrine Injection USP) Marketing, Sales Practices and Antitrust Litigation*, MDL No. 2785 (D. Kan.). [Declarant Entity] hereby acknowledges that, as a result of this authorization opting out, [Declarant Entity] will not receive any future proceeds from this litigation, should any exist.

I do so declare under penalty of perjury.

Name of Officer or Employee
Title of Officer or Employee

Date Signed