

AUTHORIZATION

THE UNDERSIGNED hereby authorizes Douglas Lyons, LYONS AND FARRAR, P.A.,
325 NORTH CALHOUN STREET, TALLAHASSEE, FL 32301, to act on my behalf with
regard to my claims with the Gulf Coast Claims Facility, and is authorized to receive any
payments on my behalf in c/o LYONS AND FARRAR, P.A.

THIS ____ day of _____, 20____.

Claimant Name:

Claimant ID #:

**STATE OF FLORIDA
COUNTY OF BAY**

SWORN TO AND SUBSCRIBED before me, the undersigned authority, in State and
County aforesaid, this ____ day of _____, 20____, by

_____.

____ To me personally known

____ Identified by _____

Issued by _____

Notary Public

Printed Name:
Commission Expires:
Commission Number: