DECLARATION OF COUNSEL

I, _____, hereby certify as follows:

I am an attorney in good standing who is admitted to practice law in the State of

.0

. The name and address of my law firm are:

		19
Law Firm		
Street		
City	State	Zip Code
I hereby certify	that Claimant	retained me for
legal representation relating to	her alleged ATE injuries after t	the use of drospirenone-containing
oral contraceptives manufactur	red by Bayer or manufactured o	r marketed by Barr Laboratories,
Inc. or Teva Pharmaceuticals U	JSA, Inc. with the undersigned	and/or my law firm and/or my co-
counsel on or before August 3	, 2015.	

Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that the foregoing is true and correct. Sampe

Claimant's Counsel