

8. I acknowledge that any violation of the terms of the Protective Order may result in the imposition of such sanctions as OHA deems appropriate, including but not limited to those listed in 13 C.F.R. § 134.219. I further acknowledge that a party whose protected information is improperly disclosed shall be entitled to all remedies under law or equity, including breach of contract.

CERTIFICATION

By my signature, I certify that, to the best of my knowledge, the representations set forth above (including any attached statements) are true and correct. I recognize that knowingly making a false statement on this application could render me liable to penalties under 18 U.S.C. § 1001. I identify below the mailing address, facsimile number, and/or email address at which I may receive protected information in accordance with the terms of the Protective Order.

Signature: [xxxxxxxxxxxxxxxxxxxxxx]

Date: [xxxxxxxxxxxxxxxxxxxxxx]

Typed name and title: [xxxxxxxxxxxxxxxxxxxxxx]

Member of the Bar(s) of: [xxxxxxxxxxxxxxxxxxxxxx]

Bar membership number(s): [xxxxxxxxxxxxxxxxxxxxxx]

Firm name: [xxxxxxxxxxxxxxxxxxxxxx]

Telephone number: [xxxxxxxxxxxxxxxxxxxxxx]

Mailing Address: [xxxxxxxxxxxxxxxxxxxxxx]

Facsimile number: [xxxxxxxxxxxxxxxxxxxxxx]

Email Address: [xxxxxxxxxxxxxxxxxxxxxx]