

2. REGISTRANT INFORMATION

In this section, fill in the information about the person who is registering for the Settlement. If you are submitting this form for yourself, then you are the "Registrant." Each person or entity must fill out his, her or its own Registration Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated or minor person. That person is the "Registrant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 3 of this form and provide the information described there.

Registrant Name	Last <i>Taim Allah Muhennaw</i>	First <i>Taim Allah</i>	Middle <i>Allah</i>
Social Security Number of Registrant	<div> <div>871290599</div> <div> Date of Birth of Registrant <i>3/29/03</i> (Month/Day/Year) </div> </div>		
Current Address of Registrant	Street/P.O. Box <i>3409 Nash St</i>		Apt./Suite
	City <i>Phd</i>	State <i>Nm</i>	Zip <i>48505</i>
	Dates resided at this address: <i>2001</i>	From <i>2001</i>	To <i>Present</i>
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To
Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information.	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To
Registrant's Contact Information. If Registrant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 3 below.	Phone <i>SW</i> <i>515-5653</i>	<input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Email		

3. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION
(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

Is this registration being made by a Next Friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person?

YES ☒ NO ☐

If Yes, complete this section 3.

Relationship to Registrant


Attach documents proving that you have the relationship to, or the legal appointment for, the Registrant in the box(es) you check. Please review the attached chart that shows the documents you will need to submit.

You must also provide notice to the Registrant's other relatives or court-appointed representatives listed that you are submitting this Registration for the Registrant. For example, if you are the Registrant's sibling, you must notify Registrant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are registering for the Registrant.

Check all that apply:

- ☐ Spouse ☐ Parent ☐ Stepparent
☐ Adult Child ☐ Adult Sibling
☐ Adult Aunt ☐ Adult Uncle
☐ Grandparent
☐ Legal Guardian or other court-appointed representative
☐ Estate Administrator
☐ Other (specify):

Representative's Name	Last Muhammed	First Johnny	Middle
Representative's Address	Street/P.O. Box 3509 North St		Apt./Suite
	City Phx	State AZ	Zip 48500
Representative's Social Security Number	<div> <div>3</div> <div>6</div> <div>1</div> <div>5</div> <div>6</div> <div>1</div> <div>0</div> <div>1</div> <div>4</div> </div>		
	Representative's Date of Birth		
	3 / 3 / 1960 (Month/Day/Year)		
Date of Death of Registrant (if applicable)	/ / (Month/Day/Year)		
Representative's Contact Information	Phone 860 515-5653	<input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Email		

4. ATTORNEY INFORMATION			
Did you hire an attorney to represent or assist you? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
If Yes, complete this section 4.			
Attorney's Name	Last Wilensky	First Neil	
Firm Name	Law Firm Neil Wilensky PC		
Address	Street 6005 Wilbur Road		
	City Lanham	State MD	Zip 21080
Phone and Email	Phone 571-328-1111	Email Neil	
5. DOCUMENT REQUIREMENTS			
To register, you must submit the following documents to ARCHER Systems, LLC either in the return envelope provided if you received this form in the mail, or complete the Registration Form and upload the supporting documents by going to the website and following the links at: officialflintwatersettlement.com :			
<input checked="" type="checkbox"/>	This completed and signed Registration Form and attached Authorization to Disclose Blood Lead Level Test Result Data to MDHHS if Registrant intends to make a personal injury claim. MDHHS Authorization is optional for Registrant to sign. However, such Authorization is the only way that MDHHS can provide Registrant's blood lead level test results to the Settlement Claims Administrator to assist with Registrant's future claim.		
<input checked="" type="checkbox"/>	Copy of identification document, such as your State-issued ID card, driver's license, birth certificate, tax return or similar document, unless counsel for Registrant/Next Friend signs and verifies this Registration Form with permission of such Registrant/Next Friend.		
<input type="checkbox"/>	Any documents required if you filled out section 3 of this form for a minor, legally incapacitated or deceased person.		
6. VERIFICATION			
I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; the Registrant meets the eligibility criteria above in section 1; all information submitted in support of this Registration, including the information contained within and submitted with this Registration Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 3 above, I have notified all persons who have the identified relationship with the Registrant and who might qualify to act as a Next Friend for the Registrant, that I am submitting this Registration Form on behalf of the Registrant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Registration Form may result in fines, imprisonment, and/or any other remedy available by law.			
Registrant's or Representative's Signature			DATE 2 / 12 / 2021 (month) (day) (year)
Printed Name	First	MI	Last

Instructions to complete this form are attached.