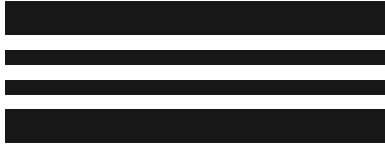


Lemon Creek Claims
Administrator
c/o Verita Global
PO Box 3355
London, ON N6A 4K3

*ROBERT GEORGE KIRK, V.
EXECUTIVE FLIGHT CENTRE
FUEL SERVICES LTD. ET AL.*
Case No. S135927 & S155933

EFKQ



**Must Be Postmarked
No Later Than
November 18, 2025**

LEMON CREEK FUEL SPILL CLAIM FORM

YOU CAN ALSO COMPLETE THIS FORM AND FILE YOUR CLAIM IN A SIMPLE AND QUICK MANNER, DIRECTLY ONLINE, BY VISITING THE FOLLOWING WEBSITE:

LemonCreekClassAction.ca

Please complete this claim form only if you owned, leased, rented, or occupied real property on July 26, 2013 within the Evacuation Zone (as defined in the Amended Notice of Civil Claim) or were present in the Evacuation Area at or after the time of the Spill and suffered personal injury where those personal injuries are claimed to have been associated with the Spill.

As part of these class actions, you will be able to claim for either the Property Class (“Kirk Action”) or the Bodily Injury Class (“Ross Action”). Further information and instructions will be available under Section 2 and Section 3 respectively.

You will also be able to claim for Special Circumstances detailed under Section 4 of this claim form.

You may need to issue the administrator supplementary evidence of residence or of bodily injury to be eligible. If you choose to file this claim on paper, be sure to provide copies of your documents as no documents will be returned by the Claims Administrator.

For this claim to be eligible, it must be postmarked no later than **November 18, 2025**, be signed and dated and contain the necessary evidence.

Lemon Creek Claims Administrator
c/o Verita Global
PO Box 3355
London, ON N6A 4K3

QUESTIONS

If you have any questions, please contact the Claims Administrator, Verita., at 1-833-419-5200.

LEMON CREEK CLAIM FORM

UNLESS NOTED OTHERWISE, YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS ON THIS FORM AND, IF NECESSARY, ATTACH ADDITIONAL SHEETS. Please type or use blue or black pen and write legibly.

SECTION 1 – CLASS MEMBER INFORMATION

First Name										Last Name									
Primary Address																			
Primary Address Continued																			
City										Province					Postal Code				
Area Code			Telephone Number (daytime)							Area Code			Telephone Number (evening)						
Email Address																			
Confirm Email Address																			
You must also fill in the following circle to receive compensation under the Settlement:																			
<input type="radio"/> By filling in this circle, I authorize the Claims Administrator to contact me at the email address or telephone number above to validate my claim.																			

SUBMIT YOUR CLAIM BY MAIL:

All Forms and copies of documents must be postmarked no later than **November 18, 2025** and mailed to:

Lemon Creek Claims Administrator
c/o Verita Global
PO Box 3355
London, ON N6A 4K3

OR

SUBMIT YOUR CLAIM ONLINE

The Claim Form and Supporting Documents must be submitted online or by mail no later than 5:00 p.m. Pacific Time on **November 18, 2025.**

SECTION 2 – DISRUPTION

You should complete this section if you owned, leased, rented, or occupied real property on July 26, 2013 within the Evacuation Zone (as defined in the Amended Notice of Civil Claim). *It should be noted that if you only wish to apply for the Personal Injury under Section 3 of this claim, you should NOT file this section.*

1. What address did you own, lease rent or occupy during the Spill that happened on July 26, 2013?

Street Address		
Street Address Continued		
City	Province	Postal Code

To be eligible you will need to attach to this claim form a copy of supporting documents that show you lived at this address on July 26, 2013. Supporting documents can be, but are not limited to, a lease, a utility bill, a bill with the address above as a shipping address, proof of ownership, etc.

2. Disruption: Please check all those that apply below.

Were you inconvenienced?

☐ YES ☐ NO

Were you evacuated from your home for at least one (1) day?

☐ YES ☐ NO

Were you evacuated for more than one (1) day?

☐ YES ☐ NO

3. If you had to evacuate, we ask that you give us details surrounding your situation in a few short sentences and attach to this claim all documentary evidence and proof of the evacuation. If such evidence is not available, an affidavit detailing the evacuation must be attached to the claim.

SOLEMN DECLARATION

I understand that the Claims Administrator may contact me to validate my claim.

I solemnly declare that all the information provided is true, accurate and complete, to the best of my knowledge, knowing that my statement has the same force and effect as if I were making it under oath.

Claimant's Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

SECTION 3 – PERSONAL INJURY

You should complete this section if you were present in the Evacuation Area at or after the time of the Spill and suffered personal injury where those personal injuries are claimed to have been associated with the Spill. *It should be noted that if you only wish to apply for Disruption under Section 2 of this claim, you should NOT file this section.*

1. Minor Personal Injury

You should complete this section if you experienced a minor personal injury, which includes any injury described below, where the symptoms did not last for more than one week, did not result in hospitalization for more than one day, and did not cause long-term health complications:

- i. Burning eyes, nose, and/or throat;
- ii. Rashes, allergic reactions and/or Itchy skin;
- iii. Digestive issues;
- iv. Mental Distress; and
- v. Brain fog and headaches.

The Minor Personal Injury must be supported by affidavit evidence or medical records satisfactory to the Claims Administrator, which must reflect that the injury was, or likely was, caused by the Spill. The Claims Administrator will make this assessment on a balance of probabilities and will consider common law principles such as proximity and remoteness. Please note that filing for Minor Personal Injury does not disqualify you from claiming a Major Personal Injury if you are eligible to do so.

We ask that you give us details surrounding your situation and the minor injuries retained in a few short sentences.

2. Major Personal Injury

You should complete this section if you experienced a major personal injury, including mental distress and physical injury, which caused long-term health complications which significantly impacted the Class Member's quality of life.

The Major Personal Injury must be supported by affidavit evidence or medical record satisfactory to the Claims Administrator, which must reflect that the injury was, or likely was, caused by the Spill. The Claims Administrator will make this assessment on a balance of probabilities and will consider common law principles such as proximity and remoteness. Please note that filing for Major Personal Injury does not disqualify you from claiming a Minor Personal Injury if you are eligible to do so.

We ask that you give us details surrounding your situation and the major injuries retained in a few short sentences.

You must mail this Claim Form and all copies of your documentary evidence in a single envelope to the address indicated on the first page of this Claim Form.

SOLEMN DECLARATION

I understand that the Claims Administrator may contact me to validate my claim.

I solemnly declare that all the information provided is true, accurate and complete, to the best of my knowledge, knowing that my statement has the same force and effect as if I were making it under oath.

Claimant's Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

SECTION 4 – SPECIAL CIRCUMSTANCES

For each Special Circumstances(s) indicated below, please specify what page(s) in your supporting documents evidence the circumstance. In addition, please provide information regarding any details you believe to be relevant.

APPROVED CLAIMANTS WILL RECEIVE COMPENSATION PROPORTIONAL TO THE POINTS AWARDED UNDER THE SETTLEMENT AGREEMENT.

Please only fill out the sections that apply to you. Please provide receipts of losses.

Please note that if you do not have receipts, affidavit evidence may be provided for the purpose of providing context to or explaining the required evidence. Providing affidavit evidence does not replace the need for mandatory evidence. The proof of loss such as receipts and/or the affidavit evidence must be satisfactory to the Claims Administrator.

1. Personal property loss/repair (Above 100\$)

If you have a claim under Disruption, Section 2, and have had repair costs of chattels, crops/garden damaged or destroyed as a result of the Spill, that have not otherwise been reimbursed by other means, for actual expenditure that exceeded \$100.

2. Evacuation Costs (Above 100\$)

If you have a claim under Disruption, Section 2, and have had evacuation costs (incurred while the Evacuation Order was in effect) such as hotel or alternative accommodation receipts, gas receipts, travel receipts and food, that have not otherwise been reimbursed by other means, for actual expenditure that exceeded \$100.

3. Health care costs (Above 100\$)

If you have a claim under Disruption, Section 2, or Personal Injury, Section 3, and have receipts from therapy, counselling, doctors, specialists and health care providers (where such health care has been engaged for injury consequential to the Spill), that have not otherwise been reimbursed by other means, for actual expenditure that exceeded \$100.

4. Personal Income loss (Above 100\$)

If you have a claim under Disruption, Section 2, or Personal Injury, Section 3, and have had your employment income impacted by the Spill in a direct way, and not otherwise compensated, such as by social assistance, unemployment insurance or other income replacement programs, you are entitled to make a claim for payment of lost wages and benefits, upon proof of employment, income and employment interruption or other such evidence satisfactory to the Claim Administrator, for actual loss that exceeded \$100.

5. Business Income Loss (Above 100\$)

If you have a claim under Disruption, Section 2, or Personal Injury, Section 3, and have had your business income impacted by the Spill in a direct way, and that income was not protected by any other insurance or reimbursed by any other means, for actual loss that exceeded \$100.

6. Diminution of property value

If you have a claim under Disruption, Section 2, and sold your property within the Evacuation Zone within the 5 years following the Spill, (i.e. between July 26, 2013 and July 25, 2018). Please provide proof of sale.

SOLEMN DECLARATION

I understand that the Claims Administrator may contact me to validate my claim.

I solemnly declare that all the information provided is true, accurate and complete, to the best of my knowledge, knowing that my statement has the same force and effect as if I were making it under oath.

Claimant's Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

APPENDIX "A" EVACUATION ZONE

