

EXHIBIT B

In Re Purdue Pharma, L.P., et al.

CONSOLIDATED CLAIM AUTHORIZATION FORM

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE CONSOLIDATED CLAIM DOCUMENTATION BY EACH CONSENTING CLAIMANT

The undersigned claimholder in connection with the bankruptcy estates of *In Re Purdue Pharma, L.P., et al.*, Case No. 19-23649 (RDD) (Bankr. S.D.N.Y.) (the “**Consenting Claimant**”) hereby elects to schedule and file any and all claims held against the **Purdue Debtors**¹ as part of a consolidated claim (the “**Consolidated Claim**”), as allowed pursuant to that order establishing **5:00 p.m. (Prevailing Eastern Time) on July 30, 2020** as the last date for each person or entity, including cities, counties, municipalities, other local governments and Native American Tribes, to file a Proof of Claim against any of the Purdue Debtors (the “**Bar Date Order**” at Docket No. 800)².

For the avoidance of doubt, the Consenting Claimant³ understands and acknowledges that the Consolidated Claim, including but not limited to the Collective Theories, the Claim Amount, and all applicable information in the Consolidated Claim Summary Information Sheet, will be treated as the Consenting Claimant’s own Proof of Claim filed against each of the Purdue Debtors, and the Consenting Claimant agrees to be so bound for all Proof of Claim purposes subject to the following. In the event that the Consenting Claimant has already filed or will file a separate and individual Proof of Claim against each or any of the Purdue Debtors, such separately filed Proof of Claim shall override the Consolidated Claim, so long as it otherwise complies with the Bar Date Order. The Consenting Claimant further acknowledges and agrees that the Ad Hoc Committee’s only purpose is to facilitate the process by which Government Entities can participate in a Consolidated Claim and the Ad Hoc Committee: (1) takes no position concerning any Government Entity’s individual claim(s) against Purdue and (2) is not adopting the Consolidated Claim as a claim on behalf of the Ad Hoc Committee. The Consenting Claimant hereby authorizes the Ad Hoc Committee, through any one or more of the following (the “**Authorized Representative**”) to submit the Consolidated Claim: Kramer Levin Naftalis & Frankel LLP, Otterbourg P.C., Brown Rudnick LLP, Gilbert LLP.

Authorized Representative’s Name: Ad Hoc Group of Consenting Claimants, c/o Kramer Levin Naftalis & Frankel LLP, Otterbourg P.C., Brown Rudnick LLP, Gilbert LLP

Please provide the following information (each piece of information is necessary and must be included in the Consolidated Claim):

¹ Purdue Pharma, L.P., Purdue Pharma Inc., Purdue Transdermal Technologies L.P., Purdue Pharma Manufacturing L.P., Purdue Pharmaceuticals L.P., Imbrium Therapeutics L.P., Adlon Therapeutics L.P., Greenfield Bio Ventures L.P. Seven Seas Hill Corp., Ophir Green Corp., Purdue Pharma of Puerto Rico, Avrio Health L.P., Purdue Pharmaceutical Products L.P., Purdue Neuroscience Company, Nayatt Cove Lifescience Inc., Button Land L.P., Rhodes Associates L.P., Paul Land Inc., Quidnick Land L.P., Rhodes Pharmaceuticals L.P., Rhodes Technologies, UDF LP, SVC Pharma L.P., and SVC Pharma Inc. (collectively, the “**Purdue Debtors**,” “**Debtors**” or “**Purdue**”).

² On June 3, 2020, the Bankruptcy Court extended the original Bar Date from June 30, 2020 to July 30, 2020.

³ Terms not otherwise defined herein shall have the meaning set forth in the June 17, 2020 Letter originally enclosed with this Consolidated Claim Authorization Form. Please also note that executing this Consent Form constitutes agreement to the limitations of liability and waivers contained in the June 17, 2020 Letter originally enclosed with this Consolidated Claim Authorization Form. Please contact Uriel Pinelo (upinelo@brownrudnick.com) for a copy of such letter.

1. Name, Address, and Contact Information (city, county, other municipality, or tribe):

Name of Consenting Claimant (city, county or municipality, or tribe)

Number

Street

City

State

Zip Code

2. Attorney Information, if any:

Name of Attorney & email address

Number

Street

City

State

Zip Code

3. Claim Amount. Please check one of the following three boxes and input your Claim Amount, if applicable:

Option 1 [] Please include the Claim Amount derived from the Municipality Claim Model, if available.
(Please note that this option is not available to Native American Tribes)

Option 2 [] Please include the following Claim Amount: “not less than \$_____”

Option 3 [] Please indicate that my claim is “unliquidated.”

4. Additional Theories. In addition to the Collective Theories, the claimant holds the following separate claims and causes of action against Purdue:

Date:

Name and Title of Person Authorized to Complete and Sign This Form

Phone Number

Email

Consenting Claimant's Signature