

ENDO SETTLEMENT SIGN-ON

The State of Alabama, acting through its Attorney General, has reached an agreement with Endo Health Solutions, Inc. and Endo Pharmaceuticals, Inc. (collectively “Endo”) to resolve the State’s lawsuit against Endo. That agreement is also dependent on participation by litigating subdivisions. Accordingly, the State of Alabama and its Political Subdivisions, subject to Council or Commission resolution or other formal action as may be required, hereby enter into this Agreement relating to the execution of the settlement agreement between the State and Endo and the allocation and use of the proceeds to be paid pursuant to that settlement.

A. Definitions

As used in this Agreement:

1. “The State” shall mean the State of Alabama acting through its Attorney General.
2. “Political Subdivision(s)” shall mean any Alabama municipality, county, municipal agency, county agency, or any combination of two or more Alabama municipalities, counties, or municipal agencies, which is/are currently litigating against Endo Health Solutions, Inc., Endo Pharmaceuticals, Inc., or any related entity or entities.
3. “The Parties” shall mean the State of Alabama and the Political Subdivisions.
4. “Endo” means Endo Health Solutions Inc. and Endo Pharmaceuticals Inc.
5. “Settlement Funds” shall mean funds obtained pursuant to the State of Alabama’s settlement agreement with Endo dated October 29, 2021.
6. The “State Share” shall mean the allocation percentage earmarked for the State of Alabama as set forth in Section B.1.
7. The “Subdivision Share” shall mean the allocation percentage earmarked for the Political Subdivisions as set forth in Section B.1.

B. Allocation of Settlement Proceeds

1. The State and the Political Subdivisions shall divide settlement funds recovered by the State, with 40% going to the Political Subdivisions and 60% going to the State.
2. Endo will make payment directly to the Office of the Attorney General. The Office of the Attorney General will then direct the amount of the Subdivision Share either to the State of Alabama Qualified Settlement Fund or other vendor as agreed upon by the Office of the Attorney General (“Receiver”), which shall place those funds in trust until the Special Master provides instructions as to the allocation percentages for each Political Subdivision eligible to receive a settlement payment.

3. Joseph Tann has been appointed by the Court as Special Master and shall set allocation percentages for all Alabama local governments eligible to receive a Settlement Payment with finality. The Special Master's allocation to the Political Subdivisions will be calculated on a pro rata basis utilizing the allocation metrics developed within MDL 2804 for purposes of illustrating how a proposed Negotiation Class would have worked in that litigation ("the MDL Calculator"). The Parties may not cancel or terminate this Agreement based on the Special Master's allocation.

4. The Special Master shall provide his final recommendation to the Parties as soon as practicable.

5. Counsel for each Political Subdivision will be responsible for providing to the Receiver all necessary instructions for effectuating payment under the terms of Exhibit B, such as check or wiring instructions, signed W-9s, and any other documentation required for accounting purposes.

6. Irrespective of allocation, all Settlement Funds shall be used in a manner consistent with the Approved Abatement Strategies set out in Exhibit A, with the exception of those funds paid to counsel or otherwise required by court order to be allocated to a Common Benefit Fund.

C. Payment of Counsel and Litigation Expenses

1. Nothing in this Agreement shall supersede, modify, alter, or substitute any contingency fee agreements the State or Political Subdivisions have with their respective outside counsel.

2. The Special Master, any payment vendor contemplated by Section B.2. herein, and the State of Alabama bear no responsibility or liability for any Political Subdivision's counsel's fee arrangements with referral attorneys, affiliated counsel, and the like.

D. Conflicts With Other Agreements

By entering into this Agreement, the Parties agree and acknowledge that the distribution, expenditure, and oversight of Settlement Funds as discussed herein shall be governed by this Agreement. In the event that any term contained in this Agreement conflicts with any allocation plan, apportionment plan, distribution methodology, or abatement plan that is created by, or subject to the discretion of, some other individual, entity, or court outside the State of Alabama, the Parties agree that the terms of this Agreement, including any exhibits attached hereto, shall govern.

E. Jurisdiction

The Parties agree to submit and consent to the exclusive jurisdiction of the Montgomery County Circuit Court, Judge J.R. Gaines, for the resolution of any disputes arising under this agreement.

SIGN-ON

The undersigned, as a duly appointed representative of the County/City of _____, has read the Settlement Agreement reached between the State of Alabama and Endo Health Solutions, Inc. and Endo Pharmaceuticals, Inc. (“Endo”), understands its terms, and agrees to be bound by those terms, including the release provisions in Section B.

Furthermore, the undersigned has read the attached Sign-On Agreement, understands its terms, and agrees to be bound by those terms.

Done, this _____ day of _____, 2021.

Title

City/County of _____

EXHIBIT A

APPROVED ABATEMENT STRATEGIES

Introduction

The “Alabama United” Opioid Litigation Allocation Agreement reflects the Parties’ common desire to abate and alleviate the impacts of the opioid epidemic in this State by entering into an agreement relating to the allocation and use of any Settlement Funds received in Settlement.

Settlement Funds must be used to prevent, treat, and support recovery from opioid addiction and any other co-occurring substance use or mental health conditions which are all long-lasting (chronic) diseases that can cause major health, social, and economic problems at the individual, family, community, and/or state level. The Parties shall be guided by the recognition that expenditures should ensure both the efficient and effective abatement of opioid epidemic, and the prevention of future addiction and opioid abuse. Accordingly, the Parties shall utilize Settlement Funds for the Approved Abatement Strategies set forth below. While the Approved Abatement Strategies listed below are comprehensive, they are also illustrative. The opioid epidemic is ongoing, both in terms of research on the efficacy and efficiency of known strategies, and in innovative programs at the federal, state, and political subdivision levels.

Alabama Abatement Strategy Overview

In Alabama, similar to and including many national settlement strategies to abate opioid addiction, we have created an abatement plan that includes the three main components discussed below. These components will work collaboratively to address Alabama’s needs and to also serve as a complement to, and should be integrated with, all other state and local government opioid plans:

- 1. Strategies for Opioid Community Innovation & Recovery:** Included but not limited to prevention, treatment, and recovery support for local communities (examples include child welfare, law enforcement strategies and other infrastructure supports). This component of the Alabama abatement strategy has a hyper-local focus that allows communities to collaborate and expand necessary services to their community.
- 2. Strategies for Opioid Statewide Innovation & Recovery:** Included but not limited to strategies included in the Community Recovery component, above. This component also includes projects that promote statewide change and regional development for prevention, treatment, and recovery support (examples include regional treatment hubs, drug task forces, data collection and dissemination). This component also includes opioid abatement research and development to understand how to better serve individuals and families in Alabama.
- 3. Strategies for Opioid Recovery Sustainability:** Alabama’s opioid addiction and mental health epidemic was not created overnight, and it will not go away immediately. By collaborating to share resources and knowledge, Alabama’s state and local

communities can build a sustainable financing strategy and infrastructure to reverse the damage that has been done by the opioid crisis and prevent future epidemics and crises.

PART ONE: Approved Uses for Opioid Community Innovation & Recovery

Treatment

Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health conditions (SUD/MH).

Provide trauma-informed treatment services and support for individuals, their children and family members who have experienced trauma resulting from opioid addiction in the family.

Expand access and support infrastructure developments for telemedicine / telehealth services to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight and quality assurance of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

Engage non-profits and faith community to uncover and leverage current community faith-based OUD prevention, treatment and recovery support in partnership with medical and social service sectors.

Expand culturally appropriate services and programs that address health disparities in treatment for persons with OUD and mental health disorders, including programs for vulnerable populations (*i.e.*, homeless, youth in foster care, etc.), citizens of racial, ethnic, geographic and socio-economic differences, and new Americans to ensure that all Alabamians have access, and treatment, and recovery support services for OUD that meet their needs.

Ensure that each patient's OUD needs and treatment recommendations are determined by a qualified clinical professional. Provide training and practice support to clinicians on the American Society of Addiction Medicine (ASAM) levels of care (or other models) and the most effective methods of treatment continuation between levels of care for people with OUD and any other co-occurring substance use or mental health conditions and make all levels of care available to all Alabamians.

Early Intervention and Crisis Support

Fund the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for opioid-addiction and other risk factors and know how to appropriately counsel, treat or refer a patient for mental health and substance use disorders. Support work of Emergency Medical Systems, including peer support specialists, to effectively connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Create an intake and call center to facilitate education and access to treatment, prevention and recovery services for persons with opioid addiction and any co-occurring substance use or mental health conditions.

Create a plan to meet the distinct needs of the families of children and youths who suffer from OUD and the families experience severe emotional disorders and provide respite and support for these caregivers to reduce family crisis and promote treatment.

Create community-based intervention services for families, youth, and adolescents at-risk for opioid addiction and any co-occurring substance use or mental health conditions.

Develop best practices on addressing individuals with OUD in the workplace, including any other co-occurring substance use or mental health conditions.

Implement and support assistance programs for healthcare providers with OUD and any co-occurring substance use disorders or mental health conditions.

Support for Criminal-Justice Involved Persons

Address the needs of persons involved in the criminal justice system who have OUD and any co-occurring substance use or mental health conditions.

Support pre-arrest diversion and deflection strategies for persons with OUD addiction including opioids and any other co-occurring substance use or mental health conditions, including established strategies such as sequential intercept mapping and other active outreach strategies such as the Drug Abuse Response Team (DART) or Quick Response Team (QRT) models or other co-responder models that involve people not actively engaged in treatment.

Support pre-trial services that connect individuals with OUD addiction including opioids and any other co-occurring substance use or mental health conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts for persons with OUD and any other co-occurring substance use or mental health conditions, but only if these problem-solving courts provide referrals to evidence-informed treatment, including MAT.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate services to individuals with OUD and any other co-occurring substance use or mental health conditions who are incarcerated, on probation, or on parole.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate re-entry services to individuals with OUD and any other co-occurring substance use or mental health conditions who are leaving jail or prison or who have recently left jail or prison.

Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis substance use (OUD plus another substance diagnosis) disorder/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Family-Centered Treatment and Support

Fund and promote evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women, post-partum mothers, as well as those who could become pregnant and have OUD and any other co-occurring substance use or mental health conditions.

Training for obstetricians and other healthcare personnel who work with pregnant women or post-partum women and their families regarding treatment for OUD and any other co-occurring substance use or mental health conditions.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for opioid addiction and education programs.

Fund child and family supports for parenting women with OUD addiction including opioids and any co-occurring substance use or mental health conditions.

Enhanced family supports and childcare services for parents receiving treatment for OUD and any co-occurring substance use or mental health conditions.

Recovery Support

Identify and support successful recovery models for recovering opioid users including, but not limited to, college recovery programs, peer support agencies, recovery high schools, sober events and community programs, etc.

Provide technical assistance to increase the quantity and capacity of high-quality programs that model and support successful recovery for recovering opioid users.

Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users. To reduce stigma and to normalize a culture of recovery, government staff will be provided with onboarding and training that generates a cultural shift and provides all government employees with tool and resources to feel supported and to support colleagues who may be struggling with opioid and co-occurring substance use or mental health conditions.

Convene community conversations and training that engage non-profits, civic clubs, the faith-based community, and other stakeholders in training and techniques for providing referrals and support to recovering opioid users and their family and friends.

Identify and address transportation barriers to permit consistent participation in treatment and recovery support by recovering opioid users.

Support the development of recovery-friendly environments for recovering opioid users in all sectors, schools, communities and workplaces to promote and sustain health and wellness goals. Put resources for recovering opioid users toward:

1. Supportive and recovery housing for recovering opioid users;
2. Supportive employment/jobs for recovering opioid users;
3. Certification of peer coaches, peer-run recovery organizations, recovery community organizations for recovering opioid users;
4. Crisis intervention and relapse prevention for recovering opioid users; and
5. Services and structures that support young people living a life in recovery including, recovery high schools and collegiate recovery communities for recovering opioid users.

Prevention

Invest in school-based programs that have demonstrated effectiveness in preventing opioid abuse or that appear promising to prevent the uptake and use of opioids. Investment in school and community-based prevention efforts and curriculum that have demonstrated effectiveness in reducing Adverse Childhood Events (ACEs) and their impact, by increasing resiliency, and preventing risk-taking, unhealthy or dangerous behaviors such as: drug use, prescription drug misuse, early alcohol use, and suicide attempts.

Assist coalitions and community stakeholders in aligning state, federal and local resources to maximize procurement of school and community education curricula, programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, aging and elderly community members and others in an effort to build a comprehensive prevention and education response to address OUD prevention across the lifespan.

Invest in environmental scans and school surveys to identify effective OUD prevention efforts and realign OUD prevention and treatment responses with those emerging risk factors and changing patterns of OUD misuse.

Fund community anti-drug coalitions that engage in OUD prevention efforts and education.

Create school-based contacts who parents can engage with to seek immediate OUD treatment services for their child.

Prevent Over-Prescribing of Opioids and Other Drugs of Potential Misuse

Training for healthcare providers, including Continuing Medical Education (CME), regarding safe and responsible opioid prescribing, opioid dosing, and methods for tapering patients off opioids.

Support for non-opioid pain treatment alternatives, including training providers to offer or refer patients to multi-modal, evidence-informed treatment of pain.

Support the development and implementation of a National Prescription Drug Monitoring Program (PDMP) – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to, integration of PDMP data with electronic health records, overdose episodes, and decision support tools for healthcare providers relating to OUD and other drugs of concern.

Overdose Prevention and Harm Reduction

Increase availability and distribution of naloxone and other drugs that treat opioid overdoses for use by first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, community-based service providers, social workers, and other members of the general public.

Promote and expand naloxone strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an opioid overdose are then engaged and retained in evidence-based treatment programs.

Provide training and education regarding naloxone and other drugs that treat opioid overdoses for first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, and other members of the general public.

Invest in evidence-based and promising comprehensive opioid harm reduction services and centers, including mobile units, to include: syringe services, supplies, naloxone, staffing, space, peer-support services, and access to medical and behavioral health referrals.

Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Services for Children

Review the continuum of services available to Alabama's youths, young adults, and families to identify gaps and to ensure timely access to appropriate care for OUD and its impacts for Alabama's youngest citizens and their parents.

Fund additional positions and services, including supportive housing and other residential services to serve children living apart from custodial parents and/or placed in foster care due to custodial opioid use.

Expand collaboration among organizations meeting the OUD prevention, treatment, and recovery needs of Alabama's young people and organizations serving youths, such as Boys & Girls Clubs, YMCAs and others. Support the growth of recovery high schools, collegiate recovery communities, and alternative peer groups for youths recovering from OUD and mental illness.

First Responders (EMS, Firefighters, Law Enforcement and Other Criminal Justice Professionals)

Provide funds for first responders and criminal justice professionals and participating subdivisions for cross agency/department collaboration and other public safety expenditures relating to the opioid epidemic that address both community and statewide supply and demand reduction strategies including criminal interdiction efforts.

Training public safety officials and first responders on safe-handling practices and precautions when dealing with fentanyl or other drugs.

Provide trauma-informed resiliency training and support that address compassion fatigue and increased suicide risk of public safety OUD responders.

Workforce

Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Scholarships/loan forgiveness for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field for continuing education licensing fees.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Training for healthcare providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists to support OUD treatment and harm reduction.

Dissemination of accredited web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

PART TWO: Statewide Innovation & Recovery

Leadership, Planning and Coordination

Promote and encourage community regional planning to identify goals for opioid reduction and support efforts and/or to identify areas and populations with the greatest needs for OUD prevention, treatment and services.

Provide resources to fund the oversight, management, and evaluation of OUD abatement programs and inform future approaches.

Develop a government dashboard to track key opioid addiction related indicators and support as identified through collaborative community processes.

Provide funding for grant writing to assist already established community coalitions in securing state and federal grant dollars for OUD recovery capacity building and sustainability.

Stigma Reduction, Training and Education

Commission statewide campaigns to address stigma against people with OUD and any co-occurring substance use or mental health conditions. Stigma and misinformation deeply embed the deadly consequences of Alabama's OUD public health crisis. These prevent families from seeking help, fuel harmful misperceptions and stereotypes in Alabama communities, and can discourage medical professionals from providing evidence-informed consultation and care. Alabama's campaign to end stigma should include OUD chronic disease education; evidence-based OUD prevention, treatment, and harm reduction strategies; stories of OUD recovery; and a constant reframing of mental illness and opioid addiction from a personal moral failing to a treatable chronic illness.

Coordinate public and professional training opportunities that expand the understanding and awareness of adverse childhood experiences (ACEs) and psychological trauma, effective treatment models, and the use of medications that aid in the acute care and chronic disease management of both OUD and any co-occurring substance use or mental health conditions.

Strengthen the citizen workforce by providing community-based training, such as Mental Health First Aid, Crisis Intervention Training, naloxone administration, and suicide prevention. These OUD best practice trainings should be allowable as Continuing Education Units for professional development and when offered in an educational setting, provide academic credit.

Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment.

Training for emergency room personnel treating opioid overdose patients on post-discharge planning. Such training includes community referrals for MAT, recovery case management and/or support services.

Implement opioid and drug take-back disposal and/or opioid destruction programs. Coordinate and promote public education relating to these opioid drug disposal programs.

Commission state-wide public education programs, including first responders, relating to emergency responses to opioid overdoses, including education on Alabama's immunity and Good Samaritan laws.

PART THREE: Strategies for Sustainability

Fund development of a multistate/nationally accessible database based on a template developed by the State and political subdivisions whereby healthcare providers can list locations for currently available in-patient and out-patient OUD treatment services that are both timely and accessible to all persons who seek treatment.

Fund the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for opioid addiction and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for mental health and substance use disorders.

Create community-based intervention services for families, youth, and adolescents at risk for opioid addiction and any co-occurring substance use or mental health conditions.

Fund and promote evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women, post-partum mothers, as well as those who could become pregnant and have OUD and any other co-occurring substance use or mental health conditions.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for opioid addiction and education programs.

Fund child and family supports for parenting women with OUD and any co-occurring substance use or mental health conditions.

Invest in school-based programs that have demonstrated effectiveness in preventing opioid abuse and that appear promising to prevent the misuse of prescription opioids. Investment in school and community-based prevention efforts and curriculum that have demonstrated effectiveness in reducing Adverse Childhood Events (ACEs) and their impact by increasing resiliency, and preventing risk-taking, unhealthy or dangerous behaviors such as: drug use, misuse, early alcohol use, and suicide attempts.

Invest in environmental scans and school surveys to identify effective OUD prevention efforts and realign OUD prevention and treatment responses with those emerging risk factors and changing patterns of OUD misuse.

Fund community anti-drug coalitions that engage in OUD prevention efforts and education.

Invest in evidence-based and promising comprehensive opioid harm reduction services and centers, including mobile units, to include: syringe services, supplies, naloxone, staffing, space, peer-support services, and access to medical and behavioral health referrals.

Provide funds for first responders and criminal justice professionals and participating subdivisions for cross agency/department collaboration and other public safety expenditures relating to the

opioid epidemic that address both community and statewide supply and demand reduction strategies including criminal interdiction efforts.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Provide resources to fund the oversight, management, and evaluation of OUD abatement programs and inform future approaches.

Develop a government dashboard to track key opioid/and addiction-related indicators and supports as identified through collaborative community processes.

Provide funding for grant writing to assist already established community coalitions in securing state and federal grant dollars for OUD recovery capacity building and sustainability.

EXHIBIT B

217	100%	\$10,000,000
Alabama Local Government	Allocation Percentage	Endo Gross Allocation
Abbeville City	0.0712688802%	\$7,127
Albertville City	0.3988778852%	\$39,888
Alexander City	0.4114571995%	\$41,146
Anniston City	1.0624278403%	\$106,243
Arab City	0.2553151288%	\$25,532
Argo Town	0.0317542773%	\$3,175
Ashland Town	0.0517772069%	\$5,178
Ashville City	0.0238635663%	\$2,386
Athens City	0.4639895874%	\$46,399
Attalla City	0.2182188969%	\$21,822
Auburn City	0.6549522982%	\$65,495
Autauga County	0.3341958608%	\$33,420
Baldwin County	2.2044255217%	\$220,443
Barbour County	0.0965194570%	\$9,652
Berry Town	0.0273281200%	\$2,733
Bibb County	0.4364344442%	\$43,643
Birmingham City	5.5500468996%	\$555,005
Blount County	0.9865223604%	\$98,652
Boaz City	0.2200859139%	\$22,009
Brent City	0.0826758972%	\$8,268
Bridgeport City	0.0020067815%	\$201
Brookwood Town	0.0092397868%	\$924
Brundidge City	0.0144554591%	\$1,446
Bullock County	0.0851350503%	\$8,514
Butler County	0.1088051736%	\$10,881
Butler Town	0.0712734860%	\$7,127
Calera City	0.3225663427%	\$32,257
Calhoun County	0.9683012968%	\$96,830
Camp Hill Town	0.0080568542%	\$806
Carbon Hill City	0.1236929065%	\$12,369
Cedar Bluff Town	0.0759496118%	\$7,595

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.

EXHIBIT B

Center Point City	0.0142339628%	\$1,423
Centre City	0.1916634598%	\$19,166
Centreville City	0.0303955713%	\$3,040
Chambers County	0.5656324335%	\$56,563
Cherokee County	0.4042017516%	\$40,420
Cherokee Town	0.0111079760%	\$1,111
Chickasaw City	0.1069720721%	\$10,697
Chilton County	0.8731977412%	\$87,320
Choctaw County	0.1667948280%	\$16,679
Clanton City	0.2238825026%	\$22,388
Clarke County	0.3184911459%	\$31,849
Clay County	0.2196229908%	\$21,962
Cleburne County	0.2721069759%	\$27,211
Cleveland Town	0.0169084154%	\$1,691
Coffee County	0.4135438705%	\$41,354
Colbert County	0.4222928482%	\$42,229
Conecuh County	0.2048612052%	\$20,486
Coosa County	0.1615324279%	\$16,153
Cordova City	0.1268419221%	\$12,684
Covington County	0.6060470065%	\$60,605
Crenshaw County	0.1906834330%	\$19,068
Cullman City	0.7135237048%	\$71,352
Cullman County	1.1894704071%	\$118,947
Dadeville City	0.0320754260%	\$3,208
Dale County	0.3225822535%	\$32,258
Daleville City	0.1028273699%	\$10,283
Dallas County	0.2743385197%	\$27,434
Daphne City	0.4261540854%	\$42,615
Dauphin Island Town	0.0611752650%	\$6,118
De Kalb County	0.5313290648%	\$53,133
Decatur City	2.4984463941%	\$249,845
Demopolis City	0.1940957320%	\$19,410
Dora City	0.1225592140%	\$12,256
Dothan City	1.4461376262%	\$144,614
Double Springs Town	0.1064431607%	\$10,644
Douglas Town	0.0012902054%	\$129

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.

EXHIBIT B

Enterprise City	0.4409530522%	\$44,095
Escambia County	1.1930690309%	\$119,307
Etowah County	1.3638527182%	\$136,385
Eufaula City	0.2819749914%	\$28,197
Evergreen City	0.0549783097%	\$5,498
Fairfield City	0.1551720092%	\$15,517
Faunsdale Town	0.0003656154%	\$37
Fayette City	0.1045508539%	\$10,455
Fayette County	0.1840575537%	\$18,406
Florence City	1.1549934422%	\$115,499
Foley City	0.4561753322%	\$45,618
Fort Deposit Town	0.0068449471%	\$684
Fort Payne City	0.7720761859%	\$77,208
Franklin County	0.3820904764%	\$38,209
Fultondale City	0.1264091459%	\$12,641
Gadsden City	1.1095273303%	\$110,953
Geneva City	0.0880572940%	\$8,806
Geneva County	0.2927138349%	\$29,271
Georgiana Town	0.0243172778%	\$2,432
Geraldine Town	0.0146056913%	\$1,461
Gilbertown	0.0026734476%	\$267
Grant Town	0.0225792228%	\$2,258
Graysville City	0.0488599877%	\$4,886
Greene County	0.0935560963%	\$9,356
Greensboro City	0.0331008408%	\$3,310
Greenville City	0.2269951745%	\$22,700
Guin City	0.0336281611%	\$3,363
Guntersville City	0.3371398773%	\$33,714
Gurley Town	0.0099698452%	\$997
Hale County	0.1749393596%	\$17,494
Haleyville City	0.1891383184%	\$18,914
Hamilton City	0.1198004337%	\$11,980
Hammondville Town	0.0065032818%	\$650
Hartselle City	0.0843364913%	\$8,434
Headland City	0.0832804271%	\$8,328
Henagar City	0.0455228886%	\$4,552

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.

EXHIBIT B

Henry County	0.1078946522%	\$10,789
Homewood City	0.5181373487%	\$51,814
Hoover City	1.8370144291%	\$183,701
Houston County	0.7410441791%	\$74,104
Hueytown City	0.2579070960%	\$25,791
Huntsville City	4.2299893153%	\$422,999
Jackson County	0.2096716524%	\$20,967
Jacksonville City	0.3317182008%	\$33,172
Jasper City	1.8699296987%	\$186,993
Jefferson County	7.3053182282%	\$730,532
Killen Town	0.0243142631%	\$2,431
Lamar County	0.2159366058%	\$21,594
Lanett City	0.1697751883%	\$16,978
Lauderdale County	0.6198812710%	\$61,988
Lawrence County	0.6016071154%	\$60,161
Leeds City	0.1988523335%	\$19,885
Leesburg Town	0.0254491280%	\$2,545
Leighton Town	0.0074899243%	\$749
Level Plains Town	0.0046501659%	\$465
Limestone County	0.7717911298%	\$77,179
Lincoln City	0.2449281671%	\$24,493
Linden City	0.0227869855%	\$2,279
Locust Fork Town	0.0051835994%	\$518
Louisville Town	0.0061434445%	\$614
Lowndes County	0.0920685122%	\$9,207
Luverne City	0.0203231429%	\$2,032
Macon County	0.1810174020%	\$18,102
Madison City	0.6245559733%	\$62,456
Madison County	1.7406905922%	\$174,069
Marengo County	0.0660537940%	\$6,605
Marion City	0.0312389321%	\$3,124
Marion County	0.2957359823%	\$29,574
Marshall County	0.9836644302%	\$98,366
McKenzie Town	0.0058433150%	\$584
Midfield City	0.0005162664%	\$52
Mobile City	4.2809150384%	\$428,092

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.

EXHIBIT B

Mobile County	3.7167484999%	\$371,675
Monroe County	0.2496971622%	\$24,970
Monroeville City	0.1408528812%	\$14,085
Montgomery City	2.3572888612%	\$235,729
Montgomery County	1.3002725645%	\$130,027
Moody City	0.0480235775%	\$4,802
Morgan County	0.4161290545%	\$41,613
Moulton City	0.1796694986%	\$17,967
Mountain Brook City	0.4728911422%	\$47,289
Munford Town	0.0320698991%	\$3,207
Muscle Shoals City	0.3558355039%	\$35,584
Nauvoo Town	0.0248096778%	\$2,481
New Hope City	0.0173475558%	\$1,735
Northport City	0.5625962177%	\$56,260
Oakman Town	0.0555722045%	\$5,557
Oneonta City	0.3586552479%	\$35,866
Opelika City	0.7117019921%	\$71,170
Opp City	0.1228908303%	\$12,289
Orange Beach City	0.3901707782%	\$39,017
Oxford City	0.4673802809%	\$46,738
Ozark City	0.3912678757%	\$39,127
Parrish Town	0.1550014277%	\$15,500
Pell City	0.5894741433%	\$58,947
Perry County	0.0674836803%	\$6,748
Phenix City	0.8302254515%	\$83,023
Pickens County	0.3801593135%	\$38,016
Piedmont City	0.1903151378%	\$19,032
Pike County	0.0394137781%	\$3,941
Pleasant Grove City	0.0685514683%	\$6,855
Powell Town	0.0070362965%	\$704
Prattville City	0.8002094804%	\$80,021
Priceville Town	0.0161508897%	\$1,615
Prichard City	0.1459501431%	\$14,595
Ragland Town	0.0201580045%	\$2,016
Rainbow City	0.1785292743%	\$17,853
Rainsville City	0.2495761558%	\$24,958

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.

EXHIBIT B

Red Bay City	0.0832241529%	\$8,322
Robertsdale City	0.1135953555%	\$11,360
Rockford Town	0.0078068858%	\$781
Russell County	0.2259794737%	\$22,598
Russellville City	0.4203239179%	\$42,032
Satsuma City	0.0830339759%	\$8,303
Scottsboro City	0.8801116076%	\$88,011
Selma City	0.3500934324%	\$35,009
Sheffield City	0.2134632167%	\$21,346
Shelby County	2.2383564083%	\$223,836
Sipsey Town	0.0498545855%	\$4,985
Slocumb City	0.0586781770%	\$5,868
Spanish Fort City	0.0389907160%	\$3,899
Springville City	0.0766795865%	\$7,668
St Clair County	1.3765884617%	\$137,659
Sumiton City	0.3084937497%	\$30,849
Sumter County	0.1566930062%	\$15,669
Sweet Water Town	0.0003979396%	\$40
Sylacauga City	0.3061767060%	\$30,618
Talladega City	0.3026786557%	\$30,268
Talladega County	0.8125193983%	\$81,252
Tallapoosa County	0.2582431506%	\$25,824
Thomasville City	0.1174158105%	\$11,742
Troy City	0.4353599569%	\$43,536
Trussville City	0.3242699799%	\$32,427
Tuscaloosa City	2.5880223403%	\$258,802
Tuscaloosa County	1.3429175088%	\$134,292
Tuscumbia City	0.1118413058%	\$11,184
Tuskegee City	0.1217480099%	\$12,175
Union Springs City	0.0561169430%	\$5,612
Uniontown	0.0240669744%	\$2,407
Vance Town	0.0127719198%	\$1,277
Vernon City	0.0420574975%	\$4,206
Vestavia Hills City	0.4089951154%	\$40,900
Walker County	1.9412526760%	\$194,125
Washington County	0.2139995810%	\$21,400

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.

EXHIBIT B

Weaver City	0.0560736486%	\$5,607
West Blocton Town	0.0536481596%	\$5,365
Wilcox County	0.1166010056%	\$11,660
Winfield City	0.2523246359%	\$25,232
Woodville Town	0.0006118155%	\$61
Yellow Bluff Town	0.0038871970%	\$389

* Direct allocations are provided for litigating general-purpose governments. Other Alabama Opioid Plaintiffs listed in Exhibit A of the *Settlement Agreement* that are not receiving a direct allocation shall seek payment, if appropriate, from the county and/or city that geographically embraces the Other Alabama Opioid Plaintiff.

** Amounts listed are gross amounts. See Section C of *ENDO SETTLEMENT SIGN-ON AGREEMENT*.