

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: DIET DRUGS (Phentermine/ : MDL Docket No. 1203
Fenfluramine/Dexfenfluramine) :
PRODUCTS LIABILITY LITIGATION :

THIS DOCUMENT RELATES TO: :
SHEILA BROWN, SHARON GADDIE, : CIVIL ACTION NO. 99-20593
VIVIAN NAUGLE, QUINTIN LAYER, :
and JOBY JACKSON-REID, :
individually and all others similarly situated, : **NOTICE OF MOTION**

Plaintiffs, :

v. :

AMERICAN HOME PRODUCTS :
CORPORATION, :
Defendant. :

**CLAIMANT JOHN BACON, III'S MOTION TO COMPEL
THE AHP SETTLEMENT TRUST TO PAY MATRIX
BENEFITS UPON THE TRUST AUDITOR'S FINDINGS**

For the reasons set forth in the accompanying Affidavit, Memorandum of Law and Facts, and based on the evidence annexed hereto as exhibits, the undersigned, counsel for claimant John Bacon, III, will move this Court for the entry of an order in the form appended to these papers, compelling the AHP Settlement Trust to pay the appropriate benefits to this claimants without further delay, as required under the NATIONWIDE CLASS ACTION SETTLEMENT AGREEMENT WITH AMERICAN HOME PRODUCTS CORPORATION, INC., and the prior pretrial orders ["PTOs"] of this Court, including PTO 2640 and PTO 2662.

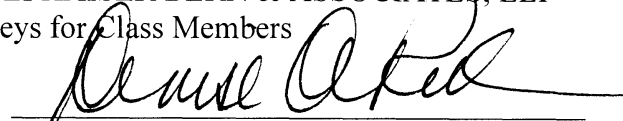
The factual basis for this motion is set forth in the annexed Memorandum of Law and Facts, and in the following exhibits that are attached to this motion:

- a. Dr. Robert Smith's echo report, April 1, 2002;
- b. Claim for Matrix A Level II benefits;
- c. August 14, 2003, letter from Trust advising claim is to be send to audit;

- d. Post Audit letter from Trust of September 10, 2003 advising of Auditor Peter George, M.D.'s findings;
- e. Physician Verification and DDR Acknowledgement with medical history, forwarded to the Trust on October 2, 2003;
- f. Post Audit Determination Letter, November 21, 2003;
- g. Mr. Bacon's executed acceptance of the Trust's determination on his claim, dated December 12, 2003;
- h. Declaration of Source form dated January 12, 2004;
- i. Request for Declaration of Source, January 14, 2004;
- j. Richard Scheff Esq., letter rescinding offer of benefits;
- k. Trust letter denying claim after second audit;
- l. Mario D'Angelo correspondence to Court re: PTO 2641.

NAPOLI KAISER BERN & ASSOCIATES, LLP
Attorneys for Class Members

By:



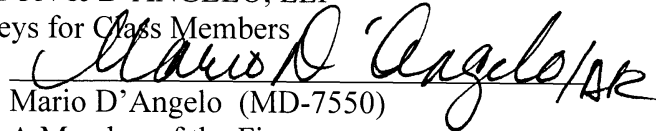
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(631) 224-1133

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By:



Mario D'Angelo (MD-7550)

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individually and all others similarly situated, : **AFFIDAVIT**
:
Plaintiffs, :
v. :
:
AMERICAN HOME PRODUCTS :
CORPORATION, :
Defendant. :

STATE OF NEW YORK)
) s.s.:
COUNTY OF NEW YORK)

DENISE A. RUBIN, being duly sworn, hereby deposes and says:

1. I am an attorney duly licensed to practice before the Courts of the State of New York, and am associated with the law firm Napoli Kaiser Bern & Associates, LLP, counsel for the claimant herein, John Bacon, III.

2. This Affidavit respectfully requests this Court to enter an Order compelling the AHP Settlement Trust to pay the claimant’s Matrix A, Level II benefits, pursuant to the Post Audit Determination letter issued on November 21, 2003, the Claimant’s submission of a duly executed acceptance of determination to the Trust, and the Claimant’s submission of a “Declaration of Source” form.

3. This motion also seeks this Court’s Order expressly limiting the scope of the Trust, Trustees’ and their counsel’s discretion with regard to submitting claims to repeated levels of scrutiny and review.

4. As set forth in the accompanying Memorandum, claimant John Bacon, III has fully complied with each and every requirement under the National Class Action Settlement Agreement with American Home Products, Inc. and the subsequent amendments to that agreement as approved by this Court in numerous pretrial orders.

5. Moreover, Mr. Bacon's claim was deemed medically reasonable by a Trust auditor, Dr. Peter George.

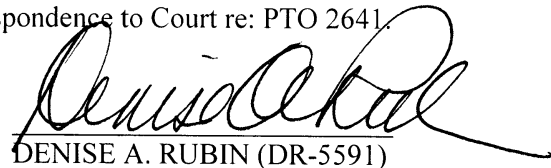
6. Notwithstanding the foregoing, the Trust, by its counsel Richard L. Scheff, Esq., rescinded its offer of benefits by letter dated March 15, 2004.

7. Absent the authority for such action, the Trust and its attorney have no basis nor power to take such actions, particularly where, as here, the actions taken are wholly in abrogation of their duty to the beneficiaries of the Trust.

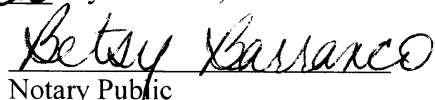
8. Rather than burden this Court with repetition of the arguments set forth in the annexed Memorandum, such matters are included here by reference thereto, as if fully set forth here.

9. The following exhibits in support of the motion are annexed to this Affidavit:

- a. Dr. Robert Smith's echo report, April 1, 2002;
- b. Claim for Matrix A Level II benefits;
- c. August 14, 2003, letter from Trust advising claim is to be send to audit;
- d. Post Audit letter from Trust of September 10, 2003 advising of Auditor Peter George, M.D.'s findings;
- e. Physician Verification and DDR Acknowledgement with medical history, forwarded to the Trust on October 2, 2003;
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- h. Declaration of Source form dated January 12, 2004;
- i. Request for Declaration of Source, January 14, 2004;
- j. Richard Scheff Esq.'s letter rescinding offer of benefits;
- k. Trust letter March 24, 2004, stating claim is denied.
- l. Mario D'Angelo Correspondence to Court re: PTO 2641.


DENISE A. RUBIN (DR-5591)

Sworn to before me this
26 day of March, 2004


Notary Public

BETSY BARRANCO
Notary Public, State of New York
No. 01BA6043158
Qualified in Richmond County
Commission Expires June 12, 2006

EXHIBIT A

Patient Report

Information

Institution: Robert M. Smith MD
Name: Bacon, John
ID:
Accession #:
Sex: M BP: 0 / 0 mmHg
Birth Date: 28 Mar 1947 Height: ----- cm
Study Date: 01 Apr 2002 Weight: ----- kg
BSA: ----- m²
Indication: Redux usage
Miscellaneous Info:

Comments:

CARDIAC ECHOCARDIOGRAM EVALUATION SUMMARY

1. Well preserved left ventricular systolic performance.
2. Moderate aortic regurgitation (occupying 26% of the left ventricular outflow tract in diastole).
3. Moderate mitral regurgitation (RJA/LAA=40%).
4. Left atrial enlargement (4.52 cm. x 5.53 cm.).
5. No pulmonary hypertension.



Robert M. Smith MD

M-Mode

Valves & Atria

	Distance
Aortic Root:	3.17 cm
AoV Cusp Sep:	1.87 cm
Left Atrium:	4.52 cm
Mitral D-E:	----- cm
Tricuspid D-E:	----- cm

Ventricles

	Diastole	Systole	
RV Ant Wall:	----- cm	----- cm	
RV:	----- cm	----- cm	
IVS:	1.29 cm	1.87 cm	45 %FT
LV:	5.30 cm	3.43 cm	35 %FS
LV Post Wall:	1.10 cm	1.62 cm	47 %FT

Cubed Teichholz

Bacon, John
01 Apr 2002 12:09 Routine

Ejection Fraction:	73 %	64 %
Stroke Volume:	108.5 ml	86.9 ml
Cardiac Output:	----- l/min	----- l/min
Cardiac Index:	----- l/min/m ²	----- l/min/m ²
HR:	----- bpm	
LV Mass:	255.1 g	
LV Mass Index:	----- g/m ²	

Doppler

Aortic Continuity Equation

<u>LVOT</u>	Velocity	Gradient	TVI	Time
Mean:	----- m/s	----- mmHg	----- m	----- ms
Peak:	0.81 m/s	2.6 mmHg		

<u>AoV</u>	Velocity	Gradient	TVI	Time
Mean:	----- m/s	----- mmHg	----- m	----- ms
Peak:	1.39 m/s	7.7 mmHg		

LVOT Diameter:	----- cm
LVOT CSA:	----- cm ²

AoV Area	
TVI:	----- cm ²
Peak Velocity:	----- cm ²

Mitral

<u>Outflow</u>	Velocity	Gradient	TVI	Time
Mean:	----- m/s	----- mmHg	----- m	----- ms
Peak E:	0.69 m/s	1.9 mmHg		
Peak A:	0.51 m/s	1.0 mmHg		
E/A Ratio:	1.35			

<u>Regurg</u>	Velocity	Gradient
Peak:	----- m/s	----- mmHg

PHT:	----- ms
PHT Area:	----- cm ²

HR:	----- bpm
MV Diameter:	----- cm
MV CSA:	----- cm ²
Aortic SV:	----- ml
Stroke Volume:	----- ml
Regurg Fraction:	----- %
Cardiac Output:	----- l/min
Cardiac Index:	----- l/min/m ²

Pulmonic

<u>Outflow</u>	Velocity	Gradient	TVI	Time
Mean:	----- m/s	----- mmHg	----- m	----- ms
Peak:	0.98 m/s	3.8 mmHg		

<u>Regurg</u>	Velocity	Gradient

Peak: ----- m/s ----- mmHg
HR: ----- bpm
PV Diameter: ----- cm
PV CSA: ----- cm²
Stroke Volume: ----- ml
Cardiac Output: ----- l/min
Cardiac Index: ----- l/min/m²

RVSP

<u>Regurg</u>	Velocity	Gradient
Peak:	1.15 m/s	5.3 mmHg
RA Press:	10 mmHg	
RVSP:	15.3 mmHg	

<u>VSD</u>	Velocity	Gradient
Peak:	----- m/s	----- mmHg
Sys BP:	----- mmHg	
RVSP:	----- mmHg	

EXHIBIT B

GREEN FORM

DIET DRUG SETTLEMENT WITH AMERICAN HOME PRODUCTS CORPORATION

Matrix Compensation Benefits Claim Form (to be completed by Claimant or Claimant's Representative)

Part II: Doctor's Evaluation Form
(to be completed by Physician)

Part III: Claimant's Lawyer Statement
(to be completed if you are represented by an Attorney)

**Appendix: Settlement Matrix Compensation Benefits Guide for Physicians
Attorneys and Class Members**

To receive Matrix Compensation Benefits, you must complete either the PINK FORM (if you choose the Accelerated Implementation Option) or the BLUE FORM (if you choose to register for Settlement Benefits) in addition to this form.

Part I-To the Claimant(s):

1. This form should be used if you believe that you are entitled to Matrix Compensation Benefits under the Diet Drug Settlement Agreement with American Home Products Corporation. These benefits are described generally in the Notice of Settlement which you have received and in the "Matrix Compensation Benefits Guide for Physician Attorneys and Class Members," which is an Appendix to this form.
If you are the individual who used the diet drugs PONDIMIN® (Fenfluramine) and/or REDUX™ (Dexfenfluramine) or who has a condition which you believe qualifies for a Matrix Payment, state your name, birthdate, social security number and, if known, your Diet Drug Settlement Claim number which you have received from the Settlement Claims Administrator.

If you are making this claim as the guardian, executor, administrator, or other legal representative of a living person or the estate of a deceased person, or as a Derivative Claimant, such as a spouse, child, dependent, parent, other relative or "significant other" of the person who used the diet drugs PONDIMIN® ("Fenfluramine") and/or REDUX™ ("Dexfenfluramine") and who has (or had) a condition which you believe qualifies for a Matrix Payment, state the name, birthdate, social security number of the person who used the diet drugs and, if known, the Diet Drug Settlement Claim number received from the Settlement Claims Administrator relating to the Diet Drug User.

Please return this form to:

Remove label from mailing envelope
and affix here.

Diet Drug Settlement
PO Box 7939
Philadelphia, PA 19101

John W Bacon, III

(Name of Diet Drug User)

28-Mar-47

(Birthdate of Diet Drug User)

099-38-6377

(If known, Social Security Number of Diet Drug User)

(If known, Diet Drug Settlement Claim Number)

2. Individuals who qualify for Matrix Compensation Benefits may file for such compensation benefits by using this "GREEN FORM" as and when they have a medical condition that qualifies them.

Individuals who have qualified for Matrix Compensation Benefits at one level are entitled to "step up" to higher levels of compensation on the applicable matrix in the event that their condition progresses. If you have previously submitted an Original Matrix Compensation Benefits Claim Form ("GREEN FORM") to make a claim and your condition has progressed to a level that entitles you to "stepped-up" or increased benefits because of a change in the physical condition of the individual who used the diet drugs Pondimin® and/or Redux™, you can use this form to supplement a prior claim.

If this claim form is used to supplement a prior claim, the entire claim form does not have to be completed again in full. Only changes to information previously provided needs to be submitted. Additionally, if this is a supplemental Matrix Benefits Claim, the physician responsible for completing Part II of the claim form should complete only those portions of the form which reflect a change in condition from the condition described in the original or prior supplemental claim form.

Please check below whether this is an original claim form (the first Matrix Compensation Benefits Claim Form which you have submitted) or a supplemental Matrix Benefits Claim Form (a second, third, or fourth claim form which you have completed in order to "step up" to higher compensation levels in the Settlement Matrices).

This is an Original Claim Form This is a Supplemental Matrix Benefits Claim Form

3. If you are submitting this form as the Representative of the estate of the Diet Drug Recipient, or on behalf of a Diet Drug Recipient who has become incapacitated, and have already provided all of the information requested below, and the information has not changed, check below:

I have already provided the requested information and a copy of my authority to act previously or on another for and there is no change.

If this question applies to you and you have not yet provided the following information, or there is a change in the information, please fill out the information below:

(First Name)

(Middle Initial)

(Last Name)

(Street Address)

(City)

(State)

(Zip Code)

(Daytime Phone Number & Area Code)

(Evening Phone Number & Area Code)

(E-mail Address, if any)

(Legal Relationship to Diet Drug Recipient [trustee, power of attorney etc.])

PLEASE NOTE—You must attach or include a copy of your court approval or other authorization to represent the Diet Drug Recipient in this Settlement with your completed GREEN FORM if you have not previously provided the approval or other authorization to the Claims Administrators or are providing it with another form you are submitting. Check whichever box is applicable:

I have already provided the requested documentation previously or on another form and there is no change.

A copy of my court approval or other authorization to represent the Diet Drug Recipient is attached.

4. If you are submitting this form as a Derivative Claimant. (i.e., a spouse, parent, child, dependant, relative, or “significant other” of a Diet Drug Recipient) and all of the information on all Derivative Claimants requested below has already been provided to the Claims Administrator, and that information has not changed, check here:

The requested information is supplied on another form or has been already provided and there is no change.

a. If this question applies and you have not yet provided the following information, or there is a change in that information please fill out the information below:

(PLEASE NOTE—Current and correct information is required for all Derivative Claimants. If there is information or changes for more than one Derivative Claimant, check here and then use a blank piece of paper or a photocopy of this question to provide the information for each applicable Derivative Claimant. Please staple that paper to this form.)

(First Name)	(Middle Initial)	(Last Name)
(Street Address)		
(City)	(State)	(Zip Code)
(Daytime Phone Number & Area Code)		(Evening Phone Number & Area Code)
E-Mail Address		
(Birth Date — Month, Day, Year)		(Social Security Number)

b. Please specify the relationship of the Derivative Claimant to the Diet Drug Recipient.

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Dependent, please specify |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other relative, please specify |
| <input type="checkbox"/> Child | <input type="checkbox"/> Significant other, please specify |

c. If you selected “spouse” above, what is the current status of the relationship of the Derivative Claimant to the Diet Drug Recipient?

Married Divorced Separated Widowed

Date of the marriage (Month/Day/Year): _____

d. If the Derivative Claimant is currently estranged from the Diet Drug Recipient, please state the date of separation and/or divorce.

Date: _____

(Please provide evidence of the date of separation or divorce, i.e., separation agreement or divorce decree).

e. Please identify the basis on which the Derivative Claimant is claiming "derivative" benefits.

____ Loss of Consortium/Per Quod (e.g., loss of marital services and relationship)

____ Loss of Support

____ Loss of Service

____ Other, please explain:

5. Check which matrix level you believe you currently qualify for:

____ Level I ____ Level III ____ Level V

X Level II ____ Level IV

6. Check which Matrix you believe you qualify for

X Matrix A-1 (the full compensation Matrix)

____ Matrix B-1 (the reduced compensation Matrix)

NOTE: If you are completing this questionnaire as a Representative or Derivative Claimant, the following questions using the term "You" refer to the "Diet Drug Recipient."

7. State your age and the date on which you were diagnosed with the condition or experienced the event (e.g., date of surgery) which you believe qualifies you for payment at the Matrix Level set forth in answer to question #5:

Date of diagnosis/event:

Age at diagnosis/event:

01-Apr-02

55

8. To the best of your knowledge, did you have the condition which you believe qualifies you for payment at the Matrix Level before you took Pondimin® or Redux™?

____ Yes X No

____ Don't Know

9. Are you represented by any lawyer in connection with this claim?

XX Yes ____ No

If you checked the box marked "Yes," please have your lawyer complete the Claimant's Lawyer Statement (Part III of this GREEN FORM).

10. To complete the application, you must provide (a) hospital reports of admitting history and physical examinations, (b) cardiac catheterization reports, (c) hospital discharge summaries, (d) operation or surgery reports, (e) pathology reports, and (f) the written report and videotape or disk of the Echocardiogram results which relate to the condition for which you seek compensation. You can either provide the medical records if they are in your possession or, alternatively, you can provide the name of the physician(s), clinics or hospitals whose records document or support the claim and sign the attached "Medical Records Authorization" form.

Please check one of the boxes

X I am supplying medical records.

____ I am signing a medical authorization to enable the Claims Administrators to obtain the medical records. The following physician(s), clinics or hospitals have the above records:

Name of Physician,
Clinic or Hospital

Address of Physician,
Clinic or Hospital

Date(s) of Treatment,
Service or Admission

If there are additional physicians, clinics or hospitals, check here ___ and use an additional sheet to list them. Please remember to attach that sheet to this form.

11. The undersigned hereby consents to the disclosure of the information contained herein to the extent necessary to process claims for Settlement Benefits. The person(s) signing below acknowledges and understands that this form is an official document sanctioned by the Court that presides over the Diet Drug Settlement, and submitting it to the Claim Administrators is equivalent to filing it with a Court. After reviewing the information which has been supplied on this form by a Board-Certified Physician (Part II) and, if applicable, by an attorney (Part III), each person declares under penalty of perjury that all of the information provided in this form is true and correct to the best of his/her knowledge, information and belief. -

X John W. Brown III 4/26/02
(Signature of Diet Drug Recipient, if Living) (Date)

(Signature(s) of all Legal Representative(s) of Diet Drug Recipient, if any) (Date)

(Signature(s) of Claiming Spouse, Parent, Child, Dependent, Other Relative, or "Significant Other," if any) (Date)

Important information to Claimants Regarding Part II of This Form

Part II of this form must be completed by a Board-Certified Cardiologist or Cardiothoracic Surgeon. However, if the claim is based upon the Diet Drug User developing endocardial fibrosis, then you may, if you prefer, have a Board-Certified Pathologist complete Part II regarding the existence of the pathological criteria for endocardial fibrosis. If the claim is based upon the determination of the functional outcome that a Diet Drug Recipient has or had 6 months after a stroke, then, if you prefer, a Board-Certified Neurologist or Neurosurgeon may also complete the questions in Part II of the form that concern that outcome.

Part II - To the Board-Certified Physician

Part I of this form identifies an individual who was prescribed and ingested the diet drugs Pondimin® (“Fenfluramine”) and/or Redux (“Dexfenfluramine”) and who has a condition which may qualify the patient, his or her legal representatives and/or members of the family for payment as part of the nationwide Class Action Settlement reached with American Home Products Corporation.

In order to qualify for such payment, a Board-Certified Cardiologist or Cardiothoracic Surgeon must certify that the diet drug user either does or does not have conditions which are relevant to the determination of the amount of compensation payable (However, with respect to the information required in response to question No. F(11), the response may be supplied by a Board Certified Neurologist or Neurosurgeon, or based upon information supplied by such specialists. With respect to the information required in response to question No. L(6), the response may be supplied by a Board-Certified Pathologist, or based upon information supplied by such specialists.)

These conditions are defined by reference to well-accepted, published criteria which are excerpted in the Settlement Matrix Compensation Benefits Guide for Physicians, Attorneys and Class Members which should have been provided to you with this form as an Appendix.

In completing the form you may consider, rely upon and use the patient’s echocardiograms, medical records and reports, hospital records or reports, the patient’s medical history or other sources of information you regularly and routinely use in your practice.

Please certify below that the patient either has or does not have a given condition to a reasonable degree of medical certainty. For this purpose a claimant who qualifies for a particular Matrix payment, by virtue of a properly interpreted Echocardiogram showing the required levels of regurgitation and/or complicating factors, after exposure to fenfluramine and/or dexfenfluramine shall not be disqualified from receiving that Matrix payment in the event that a subsequent Echocardiogram shows that the required levels of regurgitation and/or complicating factors are no longer present.

If this form is a “supplemental” claim form, you only need to provide information which relates to a condition that has changed since the date on which any original or prior supplemental claim form was completed.

A. Medical Background: What is your name, office address, and telephone number?

Robert Smith, M.D.
1000 Asylum Avenue
Suite 4303
Hartford, CT 06105
(860) 278-7778

Check whether you are:

A Board-Certified Cardiologist A Board-Certified Cardiothoracic Surgeon
 Other

Check whether you have level 2 training in echocardiography as specified in the “Recommendations of the American Society of Echocardiography Committee on Physician Training in Echocardiography.”¹

Yes No

¹ Pearlman AS, Gardin JM, Martin RP, Parsi AF, Popp RL, Quinones MA, et al, Guidelines for optimal physician training in echocardiography. Recommendations of the American Society of Echocardiography Committee for Physician Training in Echocardiography, 60 Am. J. Cardiol. 158-163 (1987).

B. Patient Information:

State the name of the patient (Diet Drug Recipient) for whom you are providing the information contained in this form. -

John W Bacon, III

(Diet Drug Recipient's Name)

- C. 1. Did the above named patient have an Echocardiogram which was conducted in accordance with the standards and criteria as outlined in Feigenbaum² (1994) or Weyman³ (1994)?

Yes No

2. If the answer to the preceding is "Yes," state the date when the Echocardiogram was performed.

Date: 01-Apr-02

3. Based on your review of the Echocardiogram, does the above-named Diet Drug Recipient have the following conditions as defined by Singh⁴? (Check each which applies):

A. For mitral regurgitation, the following determined in any apical view:

- Mild mitral regurgitation, defined as (1) either the Regurgitant Jet Area/Left Atrial Area ("RJA/LAA") ratio is more than 5% or the mitral regurgitant jet height is greater than 1 cm from the valve orifice, and (2) the RJA/LAA ratio is less than 20%.
 Moderate mitral regurgitation, defined as regurgitant jet area in any apical view equal to or greater than 20% of the left atrial area but less than 40% (20% - 40% RJA/LAA).
 Severe mitral regurgitation, defined as > 40% RJA/LAA.
 None of the above.

B. For aortic regurgitation, the following determined in the parasternal long-axis view or in the apical long-axis view, if the parasternal long-axis view is unavailable:

- Mild aortic regurgitation, defined as regurgitant jet diameter equal to or greater than 10% but less than 25% of the outflow tract diameter ("10%-24% jet height ("JH")/left ventricular out flow tract ("LVOTH")). -
 Moderate aortic regurgitation, defined as 25% - 49% JH/LVOTH.
 Severe aortic regurgitation, defined as > 50% JH/LVOTH.
 None of the above.

- D. - Based on your review of the Echocardiogram (or the results of any cardiac catheterization or surgical examination), does the above-named Diet Drug Recipient have any of the following conditions:

1. Congenital Aortic Valve Abnormalities: Unicuspid, Bicuspid or Quadricuspid aortic valve; ventricular septal defect associated with aortic regurgitation?

Yes No

2. Aortic dissection involving the aortic root and/or aortic valve?

Yes No

3. Aortic sclerosis at the time that the Diet Drug Recipient was first diagnosed with mild or greater aortic regurgitation if he or she was 60 or older at that time?

Yes No

² H. Feigenbaum, Echocardiography 68-133 (5th ed. 1994).

³ A. E. Weyman, Principles and Practice of Echocardiography 75-97 (2d ed. 1994).

⁴ J. P. Singh, et al., Prevalence and Clinical Determinants of Mitral, Tricuspid and Aortic Regurgitation (The Framingham Heart Study), 83 American Journal of Cardiology 897-902 (1999).

4. Aortic root dilation >5.0 cm?

Yes No

5. Aortic stenosis with an aortic valve area <1.0 square centimeter by the Continuity Equation?

Yes No

6. Congenital mitral valve abnormalities: Parachute valve or cleft of the mitral valve associated with atrial septal defect?

Yes No

7. Mitral valve prolapse defined as a condition where (a) the Echocardiogram video tape or disk includes the parasternal long-axis view and (b) that Echocardiographic view shows displacement of one or both mitral leaflets >2 mm above the atrial-ventricular border during systole, and >5 mm leaflet thickening during diastole, as determined by a Board-Certified Cardiologist⁵?

Yes No

8. Chordae tendinae rupture or papillary muscle rupture, or acute myocardial infarction associated with acute mitral regurgitation?

Yes No

9. Mitral annular calcification?

Yes No

10. M-Mode and 2-D Echocardiographic evidence of rheumatic heart valves (doming of the anterior leaflet and/or anterior motion of the posterior leaflet and/or commissural fusion), except where a Board-Certified Pathologist has examined mitral valve tissue and determined that there was no evidence of rheumatic valve disease?

Yes No

E. To the best of your knowledge, has the above-named Diet Drug Recipient had the following:

1. Heart valve surgery to repair or replace the mitral valve prior to Pondimin® and/or Redux use?

Yes No

2. Heart valve surgery to repair or replace the aortic valve prior to Pondimin® and/or Redux™ use?

Yes No

3. Bacterial endocarditis prior to Pondimin® and/or Redux™ use?

Yes No

4. Mild or greater aortic regurgitation confirmed by echocardiography prior to Pondimin® and/or Redux™ use?

Yes No

5. Moderate or greater mitral regurgitation confirmed by echocardiography prior to Pondimin® and/or Redux™ use?

Yes No

⁵ Lisa A Freed, et.al., Prevalence and Clinical Outcomes of Mitral Valve Prolapse 341 New Eng J. Med. (1999)

6. Carcinoid tumor of a type associated with aortic and/or mitral valve lesions?
 Yes No
7. History of daily use of methysergide or ergotamines for a continuous period of longer than 120 days?
 Yes No
8. A diagnosis of Systemic Lupus Erythematosus and valvular regurgitation and/or abnormalities of a type associated with Systemic Lupus Erythematosus?⁶
 Yes No
9. A diagnosis of rheumatoid arthritis and valvular regurgitation and/or abnormalities of a type associated with rheumatoid arthritis?⁷
 Yes No

F. To the best of your knowledge, has the above-named Diet Drug Recipient developed the following conditions after the date on which the patient first used Pondimin[®] and/or Redux[™] as reported above:

1. Mild or greater aortic regurgitation and/or moderate or greater mitral regurgitation with bacterial endocarditis?
 Yes No
2. Pulmonary Hypertension secondary to severe aortic regurgitation with a peak systolic pulmonary pressure >40 mm Hg⁸ measured by cardiac catheterization or with a peak systolic pulmonary artery pressure >45 mm Hg measured by Doppler Echocardiography, at rest, utilizing standard procedures^{9,10} assuming a right atrial pressure of 10 mm Hg?
 Yes No
3. Pulmonary Hypertension secondary to moderate or greater mitral regurgitation with peak systolic pulmonary artery pressure >40 mm Hg measured by cardiac catheterization or with a peak systolic pulmonary artery pressure >45 mm Hg¹¹ measured by Doppler Echocardiography, at rest, utilizing standard procedures assuming a right atrial pressure of 10 mm Hg?
 Yes No
4. Abnormal left ventricular end-systolic dimension >50 mm¹² by M-mode or 2-D Echocardiography or abnormal left ventricular end-diastolic dimension >70¹³ mm as measured by M-mode or 2-D Echocardiography?
 Yes No

⁶ Harrison's Principles of Internal Medicine (14th ed. 1998) 1878.

⁷ Harrison's Principles of Internal Medicine (14th ed. 1998) 1885.

⁸ Braunwald, Heart Disease. Textbook of Cardiovascular Medicine 796-98 (1997).

⁹ Feigenbaum, J. Echocardiography, Baltimore, Williams & Wilkins, PP. 201-02 (5th ed. 1994).

¹⁰ Chan, K-L., et al., Comparison of Three Doppler Ultrasound Methods in the Prediction of Pulmonary Artery Disease, J. Am. Coll. Cardiol. 9:549-554 (1987).

¹¹ Braunwald, supra.

¹² Bonow RO, Carabello B, de Leon Jr. A., Edmunds Jr. LH, Fedderly BJ, Freed MD, et al., Guidelines for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Management of Patients With Valvular Heart Disease), J. Am. Coll. Cardiol., 32:1510-14 (1998).

¹³ Id.

5. Abnormal left atrial supero-inferior systolic dimension >5.3 cm¹⁴ (apical four chamber view) or abnormal left atrial antero-posterior systolic dimension >4.0 cm (parasternal long axis view) measured by 2-D directed M-mode or 2-D Echocardiography with normal sinus rhythm using sites of measurement recommended by the American Society of Echocardiography?¹⁵

Yes No

6. Abnormal left ventricular end-systolic dimension greater than or equal to 45 mm¹⁶ by M-mode or 2-D Echocardiogram?

Yes No

7. Arrhythmias, defined as chronic atrial fibrillation/flutter that cannot be converted to normal sinus rhythm, or atrial fibrillation/flutter requiring ongoing medical therapy, either of which are associated with left atrial enlargement, (abnormal left ventricular end-systolic dimension >50 mm by M-Mode or 2-D Echocardiography or abnormal left ventricular end-diastolic dimension >70 mm as measured -by M-Mode or 2-D Echocardiography)?

Yes No

8. Ejection fractions as follows:¹⁷

50% - 60% Yes No

30% - 34% Yes No

40% - 49% Yes No

$<30\%$ Yes No

35% - 39% Yes No

9. Surgery to repair or replace the aortic and/or mitral valve(s) after use of Pondimin® and/or Redux™?

Yes No

10. Severe regurgitation and the presence of ACC/AHA Class I indications for surgery to repair or replace the aortic¹⁸ and/or mitral¹⁹ valve(s) where such surgery was not performed?

Yes No

a. Was valvular repair/replacement surgery medically indicated but the patient declined to consent to surgery?

Yes No

b. Was valvular repair/replacement surgery medically contra-indicated?

Yes No

If your answer to 10 was "Yes"--- Please supply (at end of form) or attach a written statement from the attending Board-Certified Cardiologist or Cardiothoracic Surgeon supported by medical records regarding the recommendation made to the patient concerning valvular surgery with the reason that surgery was not performed.

¹⁴ Weyman, A. E. Principles and Practice of Echocardiography, Philadelphia, Lea & Febiger. Pp. 1290-1292 (1994).

¹⁵ Henri W.L. et. al., Report of the American Society of Echocardiography Committee on Nomenclature and Standards in Two-dimensional Echocardiography, Circulation, 62:212-17 (1980).

¹⁶ Bonow, 1275 supra at 32:1533-35.

¹⁷ Bonow, supra.

¹⁸ Id. at 32:1510-14.

¹⁹ Id at 32:1533-35

11. Stroke due to (a) bacterial endocarditis contracted after use of Pondimin® and/or Redux™, or (b) chronic atria fibrillation with left atrial enlargement as defined above, or (c) valvular repair and/or replacement surgery which has resulted in a permanent condition which meets the criteria for the following functional levels of the AHA Stroke Outcome Classification System,²⁰ determined six months after the event:

- a. Functional Level II ___ Yes X No
- b. Functional Level III ___ Yes X No
- c. Functional Level IV ___ Yes X No
- d. Functional Level V ___ Yes X No

12. A peripheral embolus due to Bacterial Endocarditis and/or as a consequence of atrial fibrillation with left atria enlargement as defined above which resulted in:

a. Severe impairment to the kidneys, defined as chronic severe renal failure requiring hemodialysis or Continouu Abdominal Peritoneal Dialysis for more than six months.

___ Yes X No

b. Severe impairment to the abdominal organs, defined as impairment requiring intra-abdominal surgery.

___ Yes X No

c. Severe impairment to the extremities, defined as impairment requiring amputation of a major limb.

___ Yes X No

G. Does the above named Diet Drug Recipient have New York Heart Association Functional Class symptoms as follows:

1. Class I X Yes ___ No

2. Class II ___ Yes X No

3. Class III ___ Yes X No

4. Class IV ___ Yes X No

H. Did the above-named Diet Drug Recipient have valvular repair or replacement surgery and have one more of the followir complications either during surgery, within 30 days after surgery, or during the same hospital stay as surgery:

1. Renal failure, defined as chronic, severe renal failure requiring regular hemodialysis or Continuous Abdomin Peritoneal Dialysis (CAPD) for greater than six months following aortic and/or mitral valve replacement surgery?

___ Yes X No

2. Peripheral embolus following surgery resulting in severe permanent impairment of the kidneys, abdominal organs, extremities?

___ Yes X No

3. Quadriplegia or paraplegia resulting from cervical spine injury during valvular heart surgery?

___ Yes X No

²⁰ The American Heart Association Stroke Outcome Classification, approved by the American Heart Association Science Advise and Coordinating Committee, 29 Stroke 1274-80, 1275 (1998).

- I. Did the above-named Diet Drug Recipient have valve repair or replacement surgery and have:
1. Post-operative endocarditis, mediastinitis or sternal osteomyelitis, any of which required reopening of the median sternotomy for treatment?
 Yes No
 2. A post-operative serious infection defined as HIV or Hepatitis C within six months of surgery as a result of blood transfusion associated with the surgery?
 Yes No
- J. Did the above-named Diet Drug Recipient have valvular repair or replacement surgery and require a second surgery through the sternum within 18 months of the initial surgery due to prosthetic valve malfunction, poor fit, or complications reasonably related to the initial surgery?
 Yes No
- K. Did the above-named Diet Drug Recipient have valvular repair or replacement surgery and have a left ventricular ejection fraction of < 40% six months after the valvular repair or replacement surgery?
 Yes No
- L. Did the above-named Diet Drug Recipient have one or more of the following:

1. A heart transplant?
 Yes No
2. Irreversible pulmonary hypertension secondary to valvular heart disease defined as peak-systolic pulmonary artery pressure >50 mm Hg²¹ (by cardiac catheterization), at rest, following repair or replacement surgery of the aortic and/or mitral valve(s)?
 Yes No
3. A persistent non-cognitive state²² caused by a complication of valvular heart disease (e.g., cardiac arrest) or valvular repair/replacement surgery?
 Yes No

If the individual has such a condition, please supply a detailed statement of the attending Board-Certified Cardiologist or Cardiothoracic Surgeon supported by medical records setting forth the basis for your opinion that the persistent non-cognitive state was caused by a complication of valvular heart disease or valvular repair/replacement surgery.

4. Death resulting from a condition caused by valvular heart disease or valvular repair/replacement surgery?
 Yes No

Please supply a detailed statement of the attending Board-Certified Cardiologist or Cardiothoracic Surgeon supported by medical records setting forth your opinion that the patient's death resulted from a condition caused by valvular heart disease and/or valvular repair/replacement surgery.

²¹ Braunwald supra at 596 98

²² Adelman, G., Encyclopedia of Neuroscience, Birkhauser; Boston MA, p. 268 (1987)

5. Ventricular fibrillation or sustained ventricular tachycardia which results in hemodynamic compromise?
 Yes X No

6. Endocardial Fibrosis (A) diagnosed by (1) endomyocardial biopsy that demonstrates fibrosis and cardiac catheterization that demonstrates restrictive cardiomyopathy or (2) autopsy that demonstrates endocardial fibrosis and (B) other causes including dilated cardiomyopathy, myocardial infarction, amyloid, Loeffler's endocarditis, endomyocardial fibrosis as defined in Braunwald (involving one or both ventricles, located in the inflow tracts of the ventricles, commonly involving the chordae tendineae, with partial obliteration of either ventricle commonly present)²³, focal fibrosis secondary to valvular regurgitation, e.g., "jet lesions", focal fibrosis secondary to catheter instrumentation, and hypertrophic cardiomyopathy with septal fibrosis have been excluded?
 Yes X No

This form is an official court document sanctioned by the Court that presides over the Diet Drug Settlement and submitting it to the Claims Administrators is equivalent to filing it with a Court. I declare under penalty of perjury, that the information provided in this form is correct to the best of my knowledge, information and belief.

4-19-02
(Date)

Robert M Smith, MD
(Signature of Board-Certified Physician)

For Use With Written Statements

²³ Braunwald, supra at 1433-34.

Part III Claimant's Lawyer Statement

If you checked the box marked "Yes" in Question 9, have your lawyer complete this statement and submit it with your completed GREEN FORM.

1. Provide the following information about your Diet Drug Settlement Claimant client ("Your Client"):

John W Bacon, III
(Name of your Client)

2. Provide the following information about yourself:

Hariton & D'Angelo, LLP
(Law Firm Name)
Mario D'Angelo, Esq.
(Attorney's Name)
3500 Sunrise Highway, Suite T-207
Great River, NY 11739
PH- 800-683-0852
Fax- 631-224-4774
Mdesq@att.net

3. Please attach a copy of the contingent fee agreement between yourself and Your Client.

4. State the amount of out-of-pocket costs incurred by you in your representation of Your Client for his/her diet drug claim. (Please attach a copy of your cost sheet to this form.) \$2,529.68

5. Has a subrogation lien or claim been asserted with respect to Your Client's right to receive benefits under the Diet Drug Settlement? Yes No
If your answer is "Yes," please identify by whom and the amount:

(Name)

(Address)

(City)

(State)

(Zip Code)

Does the Claimant contest the lien? Yes No

If yes, describe:

This form is an official document sanctioned by the Court that presides over the Diet Drug Settlement, and submitting it to the Claims Administrators is equivalent to filing it with a court. I declare under penalty of perjury that all of the information provided in this form is true and correct to the best of my knowledge, information and belief



4-30-02
(Date)

(Signature)
MARIO D'ANGELO

EXHIBIT C

AHP Settlement Trust

P.O. Box 42290, Philadelphia, PA 19101
1-800-856-2070

August 14, 2003

2nd Day Air

John Bacon
c/o Mario D'Angelo, Esquire
Hariton & Angelo, LLP
3500 Sunrise Highway, Suite T-207
Great River, NY 11739

Re: Transmittal to Auditing Cardiologist
Diet Drug Recipient: John Bacon (CT)
Claim Number: 18300-8023213

Dear Claimant,

Pursuant to Rule 6 of the Rules for the Audit of Matrix Compensation Claims, please be advised that your Claim file, including medical documentation, which you submitted to the "Trust", was transmitted to an Auditing Cardiologist on August 14, 2003. The Rules for the Audit of Matrix Compensation Claims, effective December 1, 2002, (the Rules) are available on the AHP Settlement Trust's web site. If you would prefer a hardcopy of these Rules, please write or telephone the Trust and a copy will be mailed to you.

If you have any questions about this letter call the Trust at 1-800-386-2070 and refer to the Claim Number above. Notify the Trust in writing if your name or address changes; otherwise, you may not receive further information about your Claim and could lose the chance to receive benefits under the Settlement Agreement. For more information about the Settlement Agreement, consult the Trust's web site at www.settlementdietdrugs.com.

Sincerely,

AHP Settlement Trust

Smith 4/1/02 echo
mad AI + MR, lae

Lazor already agreed
- Need affirmation -

EXHIBIT D

AHP Settlement Trust

P.O. BOX 42805, Philadelphia, PA 19101 1-800-386-2070

September 10, 2003

Via 2nd Day Air

John W. Bacon III
c/o Mario D'Angelo, Esquire
Hariton & D'Angelo, LLP
3500 Sunrise Highway, Suite T-207
Great River, NY 11739

RE: MEDICAL RECORDS CAP NOTICE

Claimant: John W. Bacon III

Claim Number: 18300-8023213

Dear Claimant:

In accordance with the requirements of the Nationwide Class Action Settlement Agreement with American Home Products Corporation (the "Settlement Agreement") and the Rules for the Audit of Matrix Compensation Claims, effective December 1, 2002 (the "Audit Rules"), an independent Auditing Cardiologist reviewed your Claim for Matrix Compensation Benefits ("Claim") to determine whether there was a reasonable medical basis for the answers given by the physician who completed Part II of your GREEN Form. The Trust also reviewed your Claim to determine whether there were any intentional material misrepresentations made in connection with the Claim.

Findings. The Auditing Cardiologist, Dr. Peter George, found that there was a reasonable medical basis for the answers given by the physician who completed Part II of your GREEN Form with respect to medical conditions required for a Matrix Claim. The Auditing Cardiologist's findings are set forth in the enclosed documentation. The duration of your drug use is 61 days or more.

Based upon the information and records that you submitted to the Trust in support of your Claim, the findings at audit and the duration of your drug use, the Trust has determined that your Claim for Matrix Compensation Benefits is potentially payable on Matrix A. To qualify to be paid on Matrix A, you must comply with the Court Approved Procedure ("CAP") No. 4 (approved by the Court in Pretrial Order No. 2805) regarding the provision of medical records and documents relating to your Claim. A copy of CAP No. 4 can be obtained at the web site at www.settlementdietdrugs.com.

Pursuant to CAP No. 4, you must elect one of the three options set forth below for the processing of your Claim to continue:

Option 1: You must submit all General Medical Records identified in paragraph 4 of CAP No. 4 to the Trust; **OR**

Option 2: You must submit a completed Physician Verification and DDR Acknowledgment Form ("Verification Form") and any applicable documentation to the Trust. For your convenience, a Verification Form is enclosed; **OR**

Option 3: You may agree in writing to be paid Matrix Compensation Benefits on Matrix B in full satisfaction of your Claim and submit this signed agreement to the Trust. For your convenience, an Option No. 3 Election Form is enclosed. Payment on the B Matrix is approximately 20% of what would be paid on the A Matrix. To calculate this amount, you should review the enclosed findings of the Auditing Cardiologist and then utilize the payment matrices located in the appendix of the GREEN Form.

Whatever option you choose, you must mail all submissions, postmarked within forty-five (45) days of this Medical Records CAP Notice, to the Trust at this address:

Donna Dicken
AHP Settlement Trust
P.O. Box 42290
Philadelphia, PA 19101

The Trust will consider requests for enlargement of time to comply with the options set forth above, based upon good cause. Unless the Trust grants a request for enlargement of time, the Trust will not accept any General Medical Records or Verification Forms submitted after the forty-five (45) day deadline set forth above.

The Trust will not pay any Matrix Compensation Benefits on Matrix A on your Claim unless you comply with the requirements of either Option No.1 or Option No. 2. Timely submission of General Medical Records or the Verification Form does not guarantee that your Claim will be paid on Matrix A. The Trust will review your submission to determine if you qualify for payment on Matrix A. If you fail to timely respond to this letter, or if the Trust determines that your Option No. 1 or Option No. 2 submission does not comply with CAP No. 4, the Trust will issue a Post-Audit Determination that your Claim will be paid on Matrix B at the appropriate Matrix Level. If the Trust determines that your Option No. 1 or Option No. 2 submission complies with CAP No. 4, does not reveal any factor that places the Claim on Matrix B, and if the Trust otherwise determines that the Claim is eligible for payment on Matrix A, the Trust will issue a Post-Audit Determination that your Claim will be paid on Matrix A at the appropriate Matrix Level. If you submit a signed agreement to be paid on Matrix B (Option No. 3 Election), the Trust will pay the Claim at the agreed Matrix Level on Matrix B.

If you have any questions regarding this matter, call 1-800-386-2070 and refer to the Claim Number above or contact us through the web site at www.settlementdietdrugs.com. Remember to notify the Trust in writing of your name or address changes; otherwise, you may not receive future information about benefits under the Settlement Agreement.

Sincerely,
AHP Settlement Trust
cc: Wyeth

PHYSICIAN VERIFICATION AND DDR ACKNOWLEDGEMENT

This Form must be completed by a Board-Certified Cardiologist, or a Board-Certified Cardiothoracic Surgeon, with at least Level 2 training in Echocardiography. Print or type all information in black ink.

I. DIET DRUG RECIPIENT

Name:	First	Middle	Last
Claim Number	Date of Birth ____ / ____ / ____ (Month) (Day) (Year)		Social Security Number ____ - ____ - ____

II. ATTESTING PHYSICIAN REVIEW OF MEDICAL HISTORY AND RECORDS

I certify that:

1. I am a Board-Certified Cardiologist, or Board-Certified Cardiothoracic Surgeon, with at least Level 2 training in Echocardiography as specified in A.S. Pearlman *et al.*, *Guidelines for Optimal Physician Training in Echocardiography: Recommendation of the American Society of Echocardiography Committee on Physician Training in Echocardiography*, 60 Am J. Cardiology 158-163 (1987).
2. I completed and signed on _____ (insert date) the GREEN Form previously submitted to the Settlement Trust by this Diet Drug Recipient.
OR
 I completed and signed Part II.E of the GREEN Form attached to this Form.
3. I met with the Diet Drug Recipient in person in my offices (or in a hospital or other health care facility) or _____ (insert date) for _____ (state length of session) and took a complete medical history of the Diet Drug Recipient, in conformity with accepted medical standards regarding obtaining a medical history for purposes of diagnosis and treatment of a patient with or suspected of having valvular heart disease. I asked the questions and follow-up questions necessary to provide complete and accurate answers to the questions in Part II.E of the GREEN Form. Where the Diet Drug Recipient was unable to answer a question with certainty, I obtained and reviewed the medical records necessary to provide the requested information. There were no agents and/or representatives of any law firm present during my meeting with this Diet Drug Recipient. **Note:** You must attach your written transcription of this medical history to this Form. Lack of information cannot be the basis for a negative answer to any Green Form question.
OR
4. I met with the Diet Drug Recipient in person in a _____ (state type of location, i.e., hotel, clinic, mobile unit, etc.) located _____ (state specific address) or _____ (insert date) for _____ (state length of session) and took a complete medical history of the Diet Drug Recipient, in conformity with accepted medical standards regarding obtaining a medical history for purposes of diagnosis and treatment of a patient with or suspected of having valvular heart disease. I asked the questions and follow-up questions necessary to provide complete and accurate answers to the questions in Part II.E of the GREEN Form. Where the Diet Drug Recipient was unable to answer a question with certainty, I obtained and reviewed the medical records necessary to provide the requested information. This meeting did not take place in an office associated with any law firm and there were no agents and/or representatives of any law firm present during my meeting with this Diet Drug Recipient. **Note:** You must attach your written transcription of the medical history to this Form. Lack of information cannot be the basis for a negative answer to any GREEN Form question.
OR
5. After reasonable inquiry regarding the existence and completeness of such records, I personally reviewed medical records of the Diet Drug Recipient beginning at least five years preceding the Diet Drug Recipient's Diet Drug use and continuing through the submission of the claim to the Trust, including all records and documents of the general care providers (general practitioners, family physicians, primary care providers, and internists) and all subspecialty care providers (including without limitation subspecialists in internal medicine, cardiovascular and neurological surgeons, neurologists, cardiologists, rheumatologists, pathologists, emergency care providers, obstetricians, and gynecologists), who rendered any medical care to and/or were consulted by the Diet Drug Recipient, and satisfied myself that based on the review I could accurately answer the questions in the GREEN Form or in the attached GREEN Form Part II.E.

NOTE: To complete this Form you must answer Questions 1 and 2. You must also answer Question 3, 4 or 5. If you are *not* the physician who attested to the GREEN Form on file, you must complete, sign, and attach Part II.E of a GREEN Form.

III. PHYSICIAN INFORMATION

Name:	First	Middle	Last	
Address:	Street	City	State	Zip code
Telephone: ()		Fax: ()	Email:	

NOTE: This Form is an official Court document sanctioned by the Court presiding over the Diet Drug Settlement. Submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. I declare under penalty of perjury that the information I have provided in this Form is correct to the best of my knowledge and information.

Signature: _____ Date: ____/____/____
(Month) (Day) (Year)

IV. DIET DRUG RECIPIENT ACKNOWLEDGMENT

NOTE: You must complete Question 1 or Question 2, and sign and date this Form.

I certify that:

1. Answer this Question if the physician answered Question 3 or 4 in Section II of this Form:

I met in person on _____ (insert date) with the physician who completed Sections II and III of this Form. I answered all of his/her questions honestly and completely. I reviewed the physician's answers to the questions on my GREEN Form and affirm that the answers are correct to the best of my knowledge and information.

2. Answer this Question if the physician answered Question 5 in Section II of this Form:

I produced to the physician who completed Sections II and III of this Form, or authorized production to such physician, of my medical records beginning at least five years preceding my Diet Drug use and continuing through the submission of my claim to the Trust, including all records and documents of the general care providers (general practitioners, family physicians, primary care providers, and internists) and all subspecialty care providers (including without limitation subspecialists in internal medicine, cardiovascular and neurological surgeons, neurologists, cardiologists, rheumatologists, pathologists, emergency care providers, obstetricians, and gynecologists), who rendered any medical care to and/or were consulted by me during that period.

NOTE: This Form is an official Court document sanctioned by the Court presiding over the Diet Drug Settlement. Submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. I declare under penalty of perjury that the information provided in this Form is correct to the best of my knowledge and information.

Signature: _____ Date: ____/____/____
(Month) (Day) (Year)

**ELECTION OF OPTION NO. 3 IN MEDIAL RECORDS CAP NOTICE
AND
ACCEPTANCE OF MATRIX COMPENSATION BENEFITS ON MATRIX B**

Claimant: John W. Bacon III

Claim Number: 18300-8023213

By my signature below, I hereby agree to **all** of the following:

- 1) elect Option No. 3 identified in the Medical CAP Records Notice form the AHP Settlement Trust dated <Medical Records CAP Notice date> and agree to be paid Matrix Compensation Benefits on Matrix B in full satisfaction of the above-referenced Claim and waive any right to establish entitlement to benefits on Matrix A;
- 2) waive my right to elect Option No. 1 (to submit all of the Class Member's General Medical Records) or Option No. 2 (to submit a completed Physician Verification and Acknowledgement Form) identified in the Medical Records CAP Notice; and
- 3) authorize the AHP Settlement Trust (the "Trust"), upon the Trust's receipt of a fully executed copy of this document, to process this Claim for payment on Matrix B. Payment on the B Matrix is approximately 20% of what would be paid on the A Matrix. To calculate this amount, you should review the enclosed findings of the Auditing Cardiologist and then utilize the payment matrices located in the appendix of the GREEN Form.

CLAIMANT SIGNATURE

Claimant Signature

Date: _____

Print Name

Witness

ATTORNEY SIGNATURE (IF REPRESENTED)

Attorney Signature

Date: _____

Print Name

Witness

AHP SETTLEMENT TRUST

REPORT OF AUDITING CARDIOLOGIST OPINIONS CONCERNING GREEN FORM QUESTIONS AT ISSUE

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213
Date of Echocardiogram: 04/01/2002
Date of Operative Report:

September 4, 2003

Auditing Cardiologist: George, Peter
Date Audit Complete: 09/01/2003

Section A -

No - 1. Tape Not Evaluable

Section B -

04/01/2002 1. Date of Echocardiogram:

09/01/2003 2. Date of Audit Reading:

No - 3. Multiple Echocardiogram/Diagnosis Dates?:

Section C - Study Type TTE TEE Stress Echo (resting portion only)

TTE - Found by Auditor

Section D - Patient is in

Sinus Rythm
Atrial Fibrillation/Flutter
Other (Specify)

Sinus Rythm - Found by Auditor

Rythm Type comments

Section E - 2-D directed M-Mode or 2-D echocardiography (parasternal long-axis view) - Value in mm

20 1. Aortic Root (1 beat)
45 2. Left Atrium (antero-posterior dimension /parasternal long-axis view / 1 beat)
54 3. Left Atrium (supero-inferior dimension /apical four chamber view / 1 beat)
34 4. Left Ventricular Internal Dimension - End Systole
53 5. Left Ventricular Internal Dimension - End Diastole

AHP SETTLEMENT TRUST

REPORT OF AUDITING CARDIOLOGIST OPINIONS CONCERNING GREEN FORM QUESTIONS AT ISSUE

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213

September 4, 2003

M-Mode comments

Section F - Pulmonary Artery Pressure (continuous wave doppler)

1.2 1. Peak tricuspid regurgitation jet velocity - Value in m/sec

15.8 PASP - PASP computed from TR velocity using the following equation: $PASP = (4 * TRvel * TRvel) + 10$ mm Hg

PASP comments

Section G - Left Ventricular Systolic Function (Assessed visually integrating information from all views)

50% - 60%

40% - 49%

35% - 39%

30% - 34%

< 30%

> 60%

> 60% - Found by Auditor

If Value indicated is >60% see detail below

Ejection Fraction Range - 61% - 65%

Ejection Fraction comments

Section H - Mitral (Assessed visually in any apical view)

NONE --- No regurgitant color flow

Physiologic -- Non-sustained jet immediately (within 1cm) behind the annular plane or $\leq + 5\%$ RJA/LAA

Mild -- (1) RJA/LAA $> 5\%$ or mitral jet height > 1 cm from valve, and (2) RJA/LAA $< 20\%$

Moderate -- 20% to 40% RJA/LAA

Severe -- RJA/LAA $> 40\%$

Not Evaluable

Regurgitation Level Found - Moderate Regurgitation

Mitral Regurgitation comments

Section I - Aortic Based on Jet Diameter

NONE --- No regurgitant color flow

Trace -- JH/LVOTH $< 10\%$

Mild -- 10% to 24% JH/LVOTH

AHP SETTLEMENT TRUST

REPORT OF AUDITING CARDIOLOGIST OPINIONS CONCERNING GREEN FORM QUESTIONS AT ISSUE

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213

September 4, 2003

Moderate -- 25% to 49% JH/LVOTH
Severe -- JH/LVOTH > 49%
Not Evaluable
Regurgitation Level Found - Mild Regurgitation
Aortic Regurgitation comments

Other Pathology ~ Section J - Aortic Valve Pathology

- No - 1. Congenital Aortic Valve Abnormality
- No - 2. Aortic dissection involving the aortic root and/or aortic valve
- Yes - 3. Aortic sclerosis
- No - 4. Aortic root dilation > 5.0 cm
- No - 5. Aortic stenosis with an aortic valve area < 1.0 square centimeter by the Continuity Equation
- No - 6. Evidence of aortic valve surgery
- No - 7. Aortic valve pathology of a type associated with bacterial endocarditis
- No - 8. Aortic valve lesions of the type associated with Systemic Lupus Erythematosus
- No - 9. Aortic valve lesions of the type associated with rheumatoid arthritis
- No - 10. Aortic valve lesions of the type associated with carcinoid tumor
- No - 11. Aortic valve lesions of the type associated with methysergide and/or ergotamine use

Aortic valve pathology comments

Other Pathology ~ Section K - Mitral Valve Pathology

- No - 1. Mitral Valve prolapse (Assessed in the parasternal long axis view and defined as displacement of one or both mitral leaflets > 2mm above the atrial-ventricular border during systole, and 5 mm leaflet thickening during diastole)
- No - 2. Congenital Mitral Valve Abnormality
- No - 3. Chordae tendinae rupture
- No - 4. Papillary muscle rupture
- No - 5. Acute myocardial infarction associated with acute mitral regurgitation
- No - 6. Mitral annular calcification
- No - 7. Rheumatic mitral valve (Defined as doming of the anterior leaflet and/or anterior motion of the posterior

AHP SETTLEMENT TRUST

REPORT OF AUDITING CARDIOLOGIST OPINIONS CONCERNING GREEN FORM QUESTIONS AT ISSUE

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213

September 4, 2003

leaflet and/or commissural fusion)

- No - 8. Evidence of mitral valve surgery
- No - 9. Mitral valve lesions of a type associated with bacterial endocarditis
- No - 10. Mitral valve lesions of the type associated with Systemic Lupus Erythematosus
- No - 11. Mitral valve lesions of the type associated with rheumatoid arthritis
- No - 12. Mitral valve lesions of the type associated with carcinoid tumor
- No - 13. Mitral valve lesions of the type associated with methysergide and/or ergotamine use

Mitral valve pathology comments

Section L - Medical History

- No - D3. Aortic sclerosis at the time that the Diet Drug Recipient was first diagnosed with mild or greater aortic regurgitation if he or she was 60 or older at that time
- No - D10. Did a Board Certified Pathologist examine mitral valve tissue and determine that there was no evidence of rheumatic heart disease
- No Documentation - F1. Bacterial endocarditis - not found in other pathology sections (J/K)
- No - F2. Pulmonary Hypertension secondary to severe aortic regurgitation with a peak systolic pulmonary pressure > 40mm Hg measured by cardiac catheterization
- No - F3. Pulmonary Hypertension secondary to moderate or greater mitral regurgitation with a peak systolic pulmonary pressure > 40 mm Hg measured by cardiac catheterization
- No - F7. Arrhythmias, defined as chronic atrial fibrillation/flutter that cannot be converted to normal sinus rhythm, or atrial fibrillation/flutter requiring ongoing medical therapy

AHP SETTLEMENT TRUST

REPORT OF AUDITING CARDIOLOGIST OPINIONS CONCERNING GREEN FORM QUESTIONS AT ISSUE

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213

September 4, 2003

1. Identifying Information

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213
Date of Echocardiogram: 04/01/2002
Date of Operative Report:

Auditing Cardiologist: George, Peter
Date Audit Complete: 09/01/2003

2. GREEN Form Question(s) at issue

The Auditor responded to the following question(s) to comply with Audit Rule 7(c). The GREEN Form Question(s) at Issue in this audit appear below.

Issue # 1 - C3B. For aortic regurgitation, the following determined in the parasternal long-axis view or in the apical long-axis view, if the parasternal long-axis view is unavailable:

- Mild aortic regurgitation, defined as regurgitant jet diameter equal to or greater than 10% but less than 25% of the outflow tract height (10%-24% jet height ("JH")/left ventricular outflow tract height ("LVOTH")).
- Moderate aortic regurgitation, defined as 25%-49% JH/LVOTH.
- Severe aortic regurgitation, defined as > 49% JH/LVOTH.
- None of the above.

Attesting Physician Regurgitation Level Found - Moderate Regurgitation
Auditing Cardiologist Regurgitation Level Found - Mild Regurgitation

The Auditing Cardiologist opined that there was no reasonable medical basis to the answer given by the claimant's physician to the Claim Form question above and provides the following explanation.

Auditor's Explanation for Opinion: The degree of aortic regurgitation appears mild.

Issue # 2 - F. To the best of your knowledge, has the above-named Diet Drug Recipient developed the following conditions after the date on which the patient first used Pondimin® and /or Redux™:

8. Ejection fractions as follows:

50%-60% Yes No
40%-49% Yes No
35%-39% Yes No

30%-34% Yes No
<30% Yes No

Attesting Physician Ejection Fraction Found - No Response/Unknown
Auditing Cardiologist Ejection Fraction Found - >60%

The Auditing Cardiologist opined that there was a reasonable medical basis to the answer given by the claimant's physician to the Claim Form question above and provides the following explanation.

AHP SETTLEMENT TRUST

REPORT OF AUDITING CARDIOLOGIST OPINIONS CONCERNING GREEN FORM QUESTIONS AT ISSUE

Diet Drug Recipient: JOHN W BACON, III
Claim Number: 8023213

September 4, 2003

Auditor's Explanation for Opinion: No specific EF is stated on the form.

AHP Settlement Trust

P. O. Box 42805 Philadelphia, PA 19101 • 1-800-386-2070

TO: Primary Counsel

RE: Communication of Results of Medical Audit

Dear Counsel:

Enclosed herewith is a letter communicating the results of the medical Audit of your client's Claim. You are listed as Primary Counsel in the Trust's records.

Please note that this memorandum and the enclosed letter are addressed to you only as Primary Counsel in the Claim. As Primary Counsel it is your responsibility to notify any Co-Counsel, and of course, the Claimant, of the determination(s) made by the Trust and communicated to you with respect to this Claim.

Very truly yours,

AHP Settlement Trust

EXHIBIT E

Marc Jay Bern *
Gerald Kaiser
Paul J. Napoli

Jeffrey A. Guzman
Chang S. Han
Randolph D. Janis
Ari Kornhaber
Steven Krentsel
Ernest N. Reece
Joy R. Simon

* Also Admitted In Wisconsin

HARITON & D'ANGELO, LLP
IN ASSOCIATION WITH
NAPOLI KAISER BERN & ASSOCIATES, LLP

Attorneys At Law
3500 Sunrise Highway
Suite T207
Great River, New York 11739

(800) 683-0852

www.dietdrugsettlement.com

Ira M. Hi
Mario D'A

Mindy R. M

LEGAL ASSIST
Doreen Ya
Linda De

NURSING ASSIST
Barbara Krohmer
Lois A. Presti

October 2, 2003

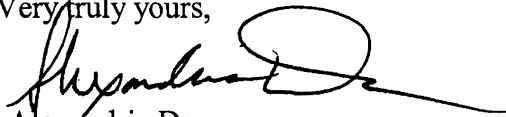
Jules S. Henshell, Esq.
AHP Settlement Trust
P.O. Box 42805
Philadelphia, PA 19103

Re: **Medical Audit Materials**
Diet Drug Recipient: John Bacon
Claim Number: 8023213

Dear Mr. Henshell:

Enclosed please find the completed "Physician Verification and DDR Acknowledgement" Form and a transcribed medical history for Mr. John Bacon III. Also included is a copy of the Post-Submission Costs, in the amount of \$688.87, incurred in pursuit of his claim for the adjustment of attorney's expenses.

Very truly yours,



Alexandria Doran
Paralegal

/aed

CC: Paul J. Napoli, Esq.

Robert M. Smith, M.D.
1000 Asylum Ave., Suite 4303
Hartford, CT. 06105-1299
Tel: (860) 278-7778 Fax: (860) 278-7743

Board Certified in Internal Medicine
Nuclear Cardiology, Interventional Cardiology

RE: Bacon, John
Date: 9/26/03

Mr. John Bacon came to my office today for a full medical history. He is currently 56 years old and has no significant past medical history. He takes no medications on a regular basis and has no history of diabetes, hypertension or chronic illness.

He reports having used diet drugs for > 60 days in the late 1990's. He experienced transient weight loss and since that time has experienced symptoms of shortness of breath and dyspnea on exertion.

His past medical history is unremarkable of childhood illnesses. He never had scarlet fever or rheumatic fever. There is no history of rheumatic fever, rheumatoid arthritis, lupus, joint disease, or any form of collagen vascular disease in his past. He has normal thyroid function tests. There is no history of migraine headaches or use of methysergide or ergotamines.

He has not experienced any prolonged febrile illnesses, no prolonged chills or sweats, no endocarditis or prolonged use of antibiotics.

On questioning, he had no history of any cardiac murmurs on physical examination or any prior echocardiogram prior to his use of diet medications.

There is no history of cancer, tumors, chemotherapy or radiation therapy. He has no history of spontaneous weight loss or prolonged hospitalization.

He has no history of prior surgery.

On physical exam, he has a systolic murmur that radiates to the axilla and his echocardiogram confirms the presence of moderate mitral regurgitation at rest. Based on these findings, he had been advised to follow the AHA and ADA guidelines for antibiotic prophylaxis prior to dental cleaning and procedures.

Thank you for allowing me to evaluate this patient and review in detail his past medical history with him.

Sincerely yours,



Robert M. Smith, M.D.

RMS/ml

PHYSICIAN VERIFICATION AND DDR ACKNOWLEDGEMENT

This Form must be completed by a Board-Certified Cardiologist, or a Board-Certified Cardiothoracic Surgeon, with at least Level 2 training in Echocardiography. Print or type all information in black ink.

I. DIET DRUG RECIPIENT

Name:	First <u>John</u>	Middle	Last <u>Bacon.</u>
Claim Number	Date of Birth	Social Security Number	
<u>8023213</u>	<u>3 / 28 / 47</u> <small>(Month) (Day) (Year)</small>	<u>099 - 38 - 6377</u>	

II. ATTESTING PHYSICIAN REVIEW OF MEDICAL HISTORY AND RECORDS

I certify that:

1. I am a Board-Certified Cardiologist, or Board-Certified Cardiothoracic Surgeon, with at least Level 2 training in Echocardiography specified in A.S. Pearlman *et al.*, *Guidelines for Optimal Physician Training in Echocardiography: Recommendation of the American Society of Echocardiography Committee on Physician Training in Echocardiography*, 60 Am J. Cardiology 158-163 (1987).
2. I completed and signed on 4/19/02 (insert date) the GREEN Form previously submitted to the Settlement Trust by this Diet Drug Recipient.
OR
 I completed and signed Part II.E of the GREEN Form attached to this Form.
3. I met with the Diet Drug Recipient in person in my offices (or in a hospital or other health care facility) 9/26/03 (insert date) for 1 1/2 (state length of session) and took a complete medical history of the Diet Drug Recipient, in conformity with accepted medical standards regarding obtaining a medical history for purposes of diagnosis and treatment of a patient with or suspected of having valvular heart disease. I asked the questions and follow-up questions necessary to provide complete and accurate answers to the questions in Part II.E of the GREEN Form. Where the Diet Drug Recipient was unable to answer a question with certainty, I obtained and reviewed the medical records necessary to provide the requested information. There were no agents and/or representatives of any law firm present during my meeting with this Diet Drug Recipient. **Note:** You must attach your written transcription of this medical history to this Form. Lack of information cannot be the basis for a negative answer to any Green Form question.
OR
4. I met with the Diet Drug Recipient in person in a _____ (state type of location, i.e., hospital, clinic, mobile unit, etc.) located _____ (state specific address) _____ (insert date) for _____ (state length of session) and took a complete medical history of the Diet Drug Recipient, in conformity with accepted medical standards regarding obtaining a medical history for purposes of diagnosis and treatment of a patient with or suspected of having valvular heart disease. I asked the questions and follow-up questions necessary to provide complete and accurate answers to the questions in Part II.E of the GREEN Form. Where the Diet Drug Recipient was unable to answer a question with certainty, I obtained and reviewed the medical records necessary to provide the requested information. This meeting did not take place in an office associated with any law firm and there were no agents and/or representatives of any law firm present during my meeting with this Diet Drug Recipient. **Note:** You must attach your written transcription of the medical history to this Form. Lack of information cannot be the basis for a negative answer to any GREEN Form question.
OR
5. After reasonable inquiry regarding the existence and completeness of such records, I personally reviewed medical records of the Diet Drug Recipient beginning at least five years preceding the Diet Drug Recipient's Diet Drug use and continuing through the submission of claim to the Trust, including all records and documents of the general care providers (general practitioners, family physicians, primary care providers, and internists) and all subspecialty care providers (including without limitation subspecialists in internal medicine, cardiovascular and neurological surgeons, neurologists, cardiologists, rheumatologists, pathologists, emergency care providers, obstetricians, gynecologists), who rendered any medical care to and/or were consulted by the Diet Drug Recipient, and satisfied myself that based on the review I could accurately answer the questions in the GREEN Form or in the attached GREEN Form Part II.E.

COPY

NOTE: To complete this Form you must answer Questions 1 and 2. You must also answer Question 3, 4 or 5. If you are not the physician who attested to the GREEN Form on file, you must complete, sign, and attach Part II.E of a GREEN Form.

III. PHYSICIAN INFORMATION

Name:	First <u>Robert</u>	Middle <u>M.</u>	Last <u>Smith.</u>
Address:	Street <u>1000 Asylum Ave.</u>	City <u>Hfd.</u>	State <u>CT.</u> Zip code <u>06105</u>
Telephone:	<u>(860) 278-7778.</u>	Fax: <u>(860) 278-7743.</u>	Email:

NOTE: This Form is an official Court document sanctioned by the Court presiding over the Diet Drug Settlement. Submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. I declare under penalty of perjury that the information have provided in this Form is correct to the best of my knowledge and information.

Signature: Robert M. Smith, M.D. Date: 9, 26, 03.
(Month) (Day) (Year)

IV. DIET DRUG RECIPIENT ACKNOWLEDGMENT

NOTE: You must complete Question 1 or Question 2, and sign and date this Form.

I certify that:

COPY

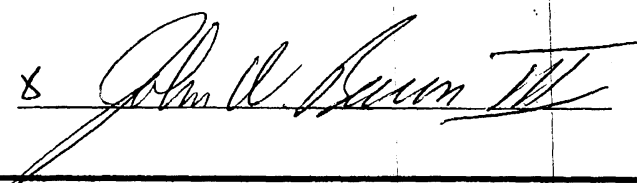
1. *Answer this Question if the physician answered Question 3 or 4 in Section II of this Form:*

I met in person on 9/26/03 (insert date) with the physician who completed Sections II and III of this Form. I answered all of his/ questions honestly and completely. I reviewed the physician's answers to the questions on my GREEN Form and affirm that the answ are correct to the best of my knowledge and information.

2. *Answer this Question if the physician answered Question 5 in Section II of this Form:*

I produced to the physician who completed Sections II and III of this Form, or authorized production to such physician, of my med records beginning at least five years preceding my Diet Drug use and continuing through the submission of my claim to the Trust, includ all records and documents of the general care providers (general practitioners, family physicians, primary care providers, and internists) all subspecialty care providers (including without limitation subspecialists in internal medicine, cardiovascular and neurological surge neurologists, cardiologists, rheumatologists, pathologists, emergency care providers, obstetricians, and gynecologists), who rendered medical care to and/or were consulted by me during that period.

NOTE: This Form is an official Court document sanctioned by the Court presiding over the Diet Drug Settlement. Submit it to the AHP Settlement Trust is equivalent to filing it with a Court. I declare under penalty of perjury that the informa provided in this Form is correct to the best of my knowledge and information.

Signature:  Date: 9, 26, 03.
(Month) (Day) (Year)

Post Submission Client Disbursements

01-Oct-03

JOHN WBACON, III
193 East Center St.

Manchester CT 06040-

Costs Detail For: Napoli Kaiser Bern & Associates LLP

4/12/2002	General Litigation Expen	Allocated: New York Medical A	\$0.15
5/23/2002	Overnight Mail	Allocated: UPS	\$0.02
5/30/2002	Telecopier	Allocated: Telecopier	\$0.01
6/3/2002	Postage	Allocated: Postmaster	\$1.56
6/4/2002	Court Fees	Allocated: Charlotte Smith Rep	\$0.16
6/6/2002	Overnight Mail	Allocated: UPS	\$0.02
6/14/2002	Photocopies	Allocated: Kwik Kopy	\$0.72
6/17/2002	Professional Fees	Allocated: Scientific Evidence I	\$0.01
6/18/2002	Overnight Mail	Allocated: UPS	\$0.02
6/20/2002	Computer Expense	Allocated: Computer Costs	\$0.04
6/20/2002	Overnight Mail	Allocated: UPS	\$0.01
6/20/2002	Photocopies	Allocated: Photocopy	\$0.01
6/26/2002	Overnight Mail	Allocated: UPS	\$0.03
7/8/2002	Postage	Allocated: Postage	\$0.14
7/8/2002	Overnight Mail	Allocated: UPS	\$0.02
7/10/2002	Telecopier	Allocated: Telecopier	\$0.01
7/11/2002	Overnight Mail	Allocated: UPS	\$0.02
7/11/2002	Telecopier	Allocated: Telecopier	\$0.01
7/15/2002	Research Fee	Allocated: West Group	\$0.02
7/16/2002	Abstract Search	Allocated: Choicepoint	\$0.10
7/24/2002	Overnight Mail	Allocated: UPS	\$0.01
7/29/2002	Postage - General	OCA Opening Post Card	\$0.19
7/29/2002	Photocopies	Copy - OCA Opening Stateme	\$0.40
7/31/2002	Overnight Mail	Allocated: UPS	\$0.06
8/8/2002	Telecopier	Allocated: Telecopier	\$0.01
8/8/2002	Overnight Mail	Allocated: UPS	\$0.24
8/8/2002	Supplies	Allocated: Office Depot	\$0.05
8/13/2002	Overnight Mail	Allocated: UPS	\$0.05
8/14/2002	Photocopies	Allocated: Photocopies	\$0.01
8/19/2002	Car Service	Allocated: Elite Car Service	\$0.03
8/19/2002	Photocopies	Allocated: Kwik Kopy	\$0.08
8/21/2002	Overnight Mail	Allocated: UPS	\$0.04
8/22/2002	Legal Publication	Allocated: N.Y. Academy of Me	\$0.52
8/28/2002	Overnight Mail	Allocated: UPS	\$0.40
9/4/2002	Computer Expense	Allocated: The Fibonacci Grou	\$1.11
9/5/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.02
9/5/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.02
9/5/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.02
9/5/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/5/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	General Litigation Expen	Allocated: Meyer, Suozzi Englis	\$0.36
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01

9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.05
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.05
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	General Litigation Expen	Allocated: Meyer, Suozzi Englis	\$0.15
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.05
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/13/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/16/2002	Photocopies	Allocated: Photocopies	\$0.01
9/18/2002	Postage	Allocated: Fox Rothschild(Post	\$0.03
9/18/2002	Photocopies	Allocated: Fox Rothschild(Phot	\$5.10
9/18/2002	General Litigation Expen	Allocated: Fix Rothschild)Secre	\$1.13
9/18/2002	Messenger Run	Allocated: Fox Rothschild)Mes	\$0.12
9/18/2002	General Litigation Expen	Allocated: Fox Rothschild(Lunc	\$1.66
9/18/2002	Messenger Run	Allocated: Fox Rothschild(Mes	\$0.21
9/18/2002	General Litigation Expen	Allocated: Fox Rothschild)Dep	\$1.72
9/18/2002	Travel Expense	Allocated: Fox Rothschild(Trav	\$3.60
9/18/2002	Telecopier	Allocated: Fox Rothschild)Tele	\$1.35
9/18/2002	Phone Expense	Allocated: Fox Rothschild)Tele	\$0.12
9/19/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
9/30/2002	General Litigation Expen	Allocated: Word Processing	\$1.12
9/30/2002	General Litigation Expen	Allocated: Meals/Taxis/Expens	\$2.83
9/30/2002	General Litigation Expen	Allocated: Word Processing	\$0.81
9/30/2002	General Litigation Expen	Allocated: Overtime/Meals/Tran	\$3.04
9/30/2002	Court Reporter	Allocated: Reporting Services	\$4.15
9/30/2002	General Litigation Expen	Allocated: Meals/overtime/Tran	\$20.14
9/30/2002	Phone Expense	Allocated: Telephone Tolls	\$0.42
9/30/2002	Research Fee	Allocated: Westlaw	\$4.77
9/30/2002	Phone Expense	Allocated: Telephone Tolls MJ	\$0.45
9/30/2002	General Litigation Expen	Allocated: Miscellaneous	\$0.02
9/30/2002	Car Rental	Allocated: Auto Expenses/Car	\$0.18
9/30/2002	General Litigation Expen	Allocated: Info Retrieval Servic	\$4.80
9/30/2002	Computer Expense	Allocated: Computer Research	\$0.10
9/30/2002	Expert Fee	Allocated: Expert Witness	\$5.41
9/30/2002	Photocopies	Allocated: Duplicating Expense	\$7.23
9/30/2002	General Litigation Expen	Allocated: Taxi Services	\$4.67
9/30/2002	Hotel - Lodging	Allocated: Hotel Charges - MJB	\$24.80
9/30/2002	Messenger Run	Allocated: Messenger Service	\$0.01
9/30/2002	Overnight Mail	Allocated: Federal Express	\$0.02
9/30/2002	General Litigation Expen	Allocated: Taxi Services/Public	\$1.11
9/30/2002	Reporting Service	Allocated: Reporting Services	\$11.36
9/30/2002	Telecopier	Allocated: Telecopy	\$0.38
9/30/2002	General Litigation Expen	Allocated: Reproducion/Docum	\$18.00
9/30/2002	Travel Expense	Allocated: Long Distance Trave	\$2.49
10/1/2002	Postage	Allocated: Postmaster	\$0.81

10/16/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/16/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/16/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Photocopies	Allocated: Kwik Kopy	\$0.02
10/17/2002	Photocopies	Allocated: Photocopies	\$0.03
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: Kwik Kopy	\$0.01
10/17/2002	Photocopies	Allocated: Kwik Kopy	\$0.11
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
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10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/17/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/18/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/21/2002	Legal Publication	Allocated: N.Y. Academy of Me	\$0.03
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/23/2002	Photocopies	Allocated: Kwik Kopy	\$0.07
10/30/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/30/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/30/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/30/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/30/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
10/30/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.01
11/20/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.03
12/3/2002	Photocopies	Allocated: Kwik Kopy	\$0.15
12/3/2002	General Litigation Expen	Allocated: Fox Rothschild(Dep	\$3.19
12/3/2002	General Litigation Expen	Allocated: Fox Rothschild(Lunc	\$1.77
12/3/2002	Photocopies	Allocated: Fox Rothschild(Copi	\$2.93
12/3/2002	Travel Expense	Allocated: Fox Rothschild(Trav	\$0.11
12/3/2002	Messenger Run	Allocated: Fox Rothschild(Mes	\$0.62
12/3/2002	General Litigation Expen	Allocated: Fox Rothschild(Publi	\$0.14
12/4/2002	General Litigation Expen	Allocated: Fox. Rothschild(Attn	\$9.00
12/5/2002	General Litigation Expen	Allocated: Schnader(Document	\$0.01
12/5/2002	Photocopies	Allocated: SCHANDER(Duplica	\$0.01
12/5/2002	Telecopier	Allocated: Schnader(Facsimile)	\$0.01
12/5/2002	General Litigation Expen	Allocated: Schnader(Westlaw)	\$0.01
12/5/2002	Phone Expense	Allocated: Schnader(Long Dist	\$0.01
12/5/2002	Calendar Service	Allocated: United Lawyers Serv	\$0.04
12/10/2002	Messenger Run	Allocated: Fox Rothschild(Mes	\$0.41
12/10/2002	General Litigation Expen	Allocated: Fox Rothschild(West	\$2.06
12/10/2002	Messenger Run	Allocated: Fox Rothschild(Fede	\$0.50
12/10/2002	Telecopier	Allocated: Fox Rothschild(Tele	\$0.58
12/10/2002	Postage	Allocated: Fox Rothschild	\$0.23
12/10/2002	General Litigation Expen	Allocated: Fox Rothschild(Lunc	\$1.25

12/10/2002	General Litigation Expen	Allocated: Fox Rothschild(Secr	\$0.17
12/10/2002	Travel Expense	Allocated: Fox Rothschild	\$0.06
12/10/2002	Phone Expense	Allocated: Fox Rothschild	\$0.02
12/10/2002	General Litigation Expen	Allocated: Fox Rothschild) Dep	\$4.38
12/10/2002	Photocopies	Allocated: Fox Rothschild	\$1.95
12/12/2002	Notice of Appeal	Allocated: Clerk of Court East	\$0.23
12/13/2002	General Litigation Expen	Allocated: Arnold & Porter(Vid	\$0.04
12/18/2002	Postage - General	Opt Out Contingency Sent	\$0.37
12/18/2002	Photocopies	Opt Out Contingency Sent	\$0.60
12/19/2002	General Litigation Expen	Allocated: Clerk, USDC NOA	\$0.11
12/24/2002	Travel Expense	Allocated: PJN - Philadelphia	\$3.20
12/24/2002	Appeal	Allocated: U.S.D.C.	\$0.11
12/26/2002	Overnight Mail	Allocated: United Parcel Servic	\$0.10
12/26/2002	Photocopies	Allocated: Kwki Kopy	\$0.04
12/26/2002	Service of Process	Allocated: Federated Process	\$0.03
12/27/2002	Photocopies	Allocated: Kwik Kopy	\$0.18
1/21/2003	Calendar Service	Allocated: Servico	\$0.08
1/22/2003	Calendar Service	Allocated: United Lawyers Serv	\$0.05
3/3/2003	Overnight Mail	Allocated: UPS	\$0.01
3/6/2003	Overnight Mail	Allocated: UPS	\$0.01
3/7/2003	Overnight Mail	Allocated: UPS	\$0.01
3/8/2003	Overnight Mail	Allocated: United Parcel Servic	\$0.01
3/10/2003	Court Reporter	Allocated: Suzanne White	\$1.75
3/10/2003	Overnight Mail	Allocated: United Parcel Servic	\$0.02
3/12/2003	Photocopies	Allocated: Photocopies	\$1.64
3/13/2003	Photocopies	Allocated: Kwik Kopy	\$0.04
3/15/2003	Overnight Mail	Allocated: United Parcel Servic	\$0.02
3/21/2003	Overnight Mail	Allocated: UPS	\$0.01
3/25/2003	Overnight Mail	Allocated: ups	\$0.01
3/28/2003	Travel Expense	Allocated: Travel Expenses - P	\$2.03
3/28/2003	Court Transcript	Allocated: Marilyn L. Speciale	\$0.22
4/3/2003	Travel Expense	Allocated: Fox Rothschild	\$0.01
4/14/2003	Appeal	Allocated: Printing House Pres	\$5.65
4/14/2003	Appeal	Allocated: Printing House Pres	\$95.16
4/27/2003	Postage - General	Orange#2 Alternative For Grid	\$1.20
4/27/2003	Photocopies	Orange#2 Alternative For Grid	\$0.40
5/1/2003	Photocopies	Orange#3 Alternative For Grid	\$1.20
5/1/2003	Photocopies	Orange#3 Alternative For Grid	\$0.40
6/17/2003	Expert Fee	Roth re-read	\$125.00
6/27/2003	Expert Fee	Lazar review	\$125.00
8/28/2003	Photocopies	Correspondence- Drug Reimbu	\$0.37
8/28/2003	Photocopies	Correspondence Copy Cost-Dr	\$0.20
10/18/2003	Expert Fee	Allocated: Scot L. Roth	\$101.22

Total Costs For Company: Napoli Kaiser Bern & Associates LL \$656.56

Costs Detail For: Hariton & D'Angelo, LLP

7/26/2002	Photocopies	Filed Blue Form with AHP	\$0.37
7/26/2002	Photocopies	Copy - Blue Form Filed w/AHP	\$0.40
9/18/2002	Postage - General	Correspondence - History Req	\$0.37
9/18/2002	Photocopies	Correspondence - History Req	\$0.20
10/21/2002	Phone Expense	Call Placed To Client	\$1.50
10/21/2002	Phone Expense	Call Placed To Client	\$1.50
11/6/2002	Phone Expense	Call Placed To Client	\$1.50

11/26/2002	Phone Expense	Call Placed To Client	\$1.50
11/26/2002	Phone Expense	Call Placed To Client	\$1.50
12/11/2002	Phone Expense	Call Placed To Client	\$1.50
1/10/2003	Phone Expense	Call Placed To Client	\$1.50
1/24/2003	Phone Expense	Call Placed To Client	\$1.50
1/31/2003	Phone Expense	Call Placed To Client	\$1.50
2/19/2003	Phone Expense	Call Placed To Client	\$1.50
3/3/2003	Phone Expense	Call Placed To Client	\$1.50
3/17/2003	Phone Expense	Call Placed To Client	\$1.50
4/1/2003	Phone Expense	Call Placed To Client	\$1.50
5/5/2003	Phone Expense	Call Placed To Client	\$1.50
5/21/2003	Phone Expense	Call Placed To Client	\$1.50
6/5/2003	Phone Expense	Call Placed To Client	\$1.50
6/9/2003	Postage - General	AHP Rebuttle Echo Letter Sent	\$0.37
6/9/2003	Photocopies	Copy Costs for AHP Rebuttle E	\$0.20
6/25/2003	Phone Expense	Call Placed To Client	\$1.50
7/22/2003	Phone Expense	Call Placed To Client	\$1.50
7/22/2003	Phone Expense	Call Placed To Client	\$1.50
8/27/2003	Phone Expense	Call Placed To Client	\$1.50
Total Costs For Company: Hariton & D'Angelo, LLP			\$31.91
Costs Detail For: Nix & McIntyre, LLP			
10/3/2002	Mealey conference	Allocated: Seminar Fees	\$0.17
10/8/2002	Phone Expense	Allocated: Long Distance Tele.	\$0.07
11/15/2002	Overnight Mail	Allocated: Federal Express Ch	\$0.03
1/13/2003	Hotel - Lodging	Allocated: Meal-M. D Dangelo-	\$0.12
Total Costs For Company: Nix & McIntyre, LLP			\$0.39
Costs Detail For: Non Recoverable Costs			
9/16/2002	Postage	Allocated: Postage	\$0.01
Total Costs For Company: Non Recoverable Costs			\$0.01
Total Costs:			<u>\$688.87</u>

EXHIBIT F

AHP Settlement Trust

P.O. BOX 42805, Philadelphia, PA 19101 1-800-386-2070

November 21, 2003

Via UPS 2nd Day Air

John W. Bacon, III
c/o Mario D'Angelo, Esq.
Hariton & D'Angelo, LLP
3500 Sunrise Highway
Suite T-207
Great River, NY 11739

**Re: Post Audit Determination Letter
Diet Drug Recipient: John W. Bacon
Claim Number: 183/00 8023213**

Dear Claimant:

The AHP Settlement Trust (the "Trust") previously mailed to you a notice that your Claim for Matrix Compensation Benefits under the terms of the Nationwide Class Action Settlement Agreement (the "Settlement Agreement") was potentially payable on the A Matrix, but that you had failed provide certain General Medical Records required by Pretrial Order 2805 necessary to complete the processing of your claim. As such, the Trust requested that you provide either: (1) the General Medical Records set forth in the notice; (2) a Physician Verification and DDR Acknowledgment; or (3) your agreement in writing to be paid Matrix Compensation Benefits on Matrix B.

The Trust received your timely submission of a Physician Verification and DDR Acknowledgment. Based on the information and records that you submitted to the Trust in support of your Claim, the audit of your Claim, the duration of your drug use, and the relevant information contained in your Physician Verification and DDR Acknowledgment, the Trust has determined that you are entitled to Matrix Compensation Benefits on the A Matrix as follows:

SCANNED

Compensation to Claimant		\$	317,787.41
The Trust calculated the Compensation to Claimant in the following manner:			
Gross Matrix Compensation Benefit (Matrix A/Level II)	The total amount payable to you under the Settlement Agreement, based on the age and medical condition of the Diet Drug Recipient. This gross amount will be reduced by the following applicable reductions:	\$	458,369.00
- Attorneys' Fee	Fee based on the percentage set forth in Part III of the GREEN Form as the percentage you agreed to pay your attorney for pursuing compensation from the Trust (may not exceed any fee caps imposed under state law).	- \$	98,003.59
- Attorneys' Expenses	Any out-of-pocket expenses your attorney incurred in pursuing your Claim.	- \$	1,324.79
- Class Counsel Fee	Nine percent (9%) of the Gross Matrix Compensation Benefit, paid pursuant to Court Order to the attorneys appointed by the Court to represent Class Members generally. If you are represented by an attorney, the 9% is deducted from the Attorneys' Fee portion of the Matrix Compensation Benefit payment.	- \$	41,253.21
= Compensation to Claimant	The monetary benefit to be paid to you after all expenses and fees are deducted from the Gross Matrix Compensation Benefit.	\$	317,787.41

The amounts that were the subject of the previous Initial Post Audit Determination have either already been paid or have become final and payment is pending, and the amounts set forth above are additional amounts to be paid.

The Trust is authorized to recognize claims by attorneys for reasonable costs or expenses incurred in connection with a claim for Matrix benefits, and only to the extent authorized by law. The Trust has not recognized the claims for costs recently submitted by counsel as "post submission client disbursements." The reasons are stated below.

The Trust does not in most circumstances approve costs: 1) associated with general overhead; 2) that are litigation expenses in venues other than the Claim filed in the Settlement, such as court reporter fees, transcripts, investigative fees, and other costs not associated in the direct preparation of a particular claim; 3) that are CLE or training expenses; 4) that are airfare and taxicab expenses, to name a few circumstances. The expenses are disallowed for this reason. In addition, expert witness fees and costs expended to advance or defend a particular legal theory, practice, or allegation concerning the conduct of a law firm or physician in connection with a group of claims presented by them are not reasonable costs associated with the preparation of a particular claim.

It appears that the costs in question were associated with a motion that was heard by the United States District Court for the Eastern District of Pennsylvania in September, 2003. It appears that counsel has determined to assess a portion of these costs to the class member/Matrix claimant, and that counsel seeks to have these costs assessed against the Matrix benefit otherwise payable to the class member. Assuming, that such expenses could be deemed reasonable out-of-pocket costs, such costs could be awarded *only to a prevailing party*. The Trust does not consider Hariton & D'Angelo and Napoli, Kaiser & Bern or the Matrix claimant as "prevailing parties" in connection with the questions presented on the motion that was before the court. That question, however, is not dispositive because the Trust's policy and practice are to disallow any expense that is not specifically relevant to the preparation of a particular Matrix Claim. A litigation expense associated with the defense of the conduct of a law firm and certain physicians does not qualify as a reasonable out of pocket expense that can be apportioned among a firm's clients. The Trust will disallow any such claimed expense.

Derivative Claim(s). This Claim did not identify an associated Derivative Claim. The Settlement Agreement allows for Derivative Claim Benefits of a single fixed amount based on the underlying Claimant's Matrix Compensation Benefit. A Derivative Claim Benefit is apportioned according to applicable law between and among all Derivative Claimants identified for a given Matrix Compensation Claim. Because this benefit must be apportioned, any Derivative Claim listing all Derivative Claimants associated with this Matrix Compensation Claim must be postmarked or placed in the hands of a delivery carrier and sent to the Trust no later than fifteen (15) days from the date of this letter or no derivative claims will be paid relating to this Claim.

Contest Rights Regarding Auditing Cardiologists Findings. To contest this Post-Audit Determination, you must send a written communication to the Trust *postmarked no later than sixty (60) days from the date of this letter*, stating that you contest the Post-Audit Determination. Written contests must be mailed to the Trust at this address:

AHP Settlement Trust
Attn: Post-Audit Determination Dispute Dept.
P.O. Box 42290
Philadelphia, PA 19101

If you contest any finding of the Auditing Cardiologist, you must state the factual reasons for the contest and identify any alleged errors made by the Auditing Cardiologist. You also may submit with your notice of contest certain materials (the written communication and any such materials shall be the "Contest Materials") to the Trust. These Contest Materials: (1) shall not include materials previously submitted with the Claim; (2) shall not be cumulative of materials previously submitted with the Claim; (3) shall be limited to the specific issue(s) relating to the Post-Audit Determination; and (4) may include a verified statement of a medical expert.

After the expiration of this sixty-day deadline, the Trust shall not accept any Contest Materials or other documentation from the Claimant unless the Trust grants a timely request for an extension of this deadline upon good cause shown.

Other Contests. You may also seek to contest any aspect of this Post-Audit Determination other than the issue of the correctness of medical findings made in an Audit. These include the Trust's determinations regarding attorney's fees or costs, allocation of payments among Derivative claimants, eligibility for Derivative benefits, payments or amounts of Subrogation Claims, proof of Diet Drug use or duration of use. To contest on such issues you must send to the Trust a written explanation why the Trust should change this Post-Audit Determination, along with any additional information or documents for the Trust to consider. Any such written contests must be *postmarked no later than thirty (30) days from the date of this letter*. The Trust will not accept submissions by FAX, e-mail or overnight delivery carrier. Send contests to:

AHP Settlement Trust
Post-Audit Determination Dispute
P.O. Box 42290
Philadelphia, PA 19101

Anything submitted that is postmarked after 30 days will not be considered by the Trust in making its Final Post-Audit Determination or during any appeal to arbitration of the Final Post-Audit Determination.

Procedures After Contest. (1) If you timely contest the Post-Audit Determination based on the Auditing Cardiologist's findings, the Trust will review any Contest Materials and issue a Final Post-Audit Final Determination on the Claim. If you dispute the Trust's Final Post-Audit Determination regarding these medical findings, you then must proceed through the Show Cause process described in Pre-Trial Order 2807 concerning challenging audit results. A copy of these rules can be obtained at the web site at www.settlementdietdrugs.com. (2) If you timely contest any other findings underlying this Post-Audit Determination other than the issue of the correctness of medical findings made in an Audit, the Trust will review any Contest Materials and issue a Final Post-Audit Final Determination on the Claim. If you dispute the Trust's Final Post-Audit Determination, you will be able to appeal the Trust's Final Post-Audit Determination through arbitration under Section VI.C.4 of the Settlement Agreement and pursuant to the Rules Governing the Arbitration Process. A copy of these rules can be obtained at the web site at www.settlementdietdrugs.com.

Acceptance. If no one contests this Post-Audit Determination within the sixty-day contest period, this Post-Audit Determination will be deemed accepted. The Post-Audit Determination will become the Trust's Final Post-Audit Determination on the Claim with no further notice from the Trust.

Accelerated Payments and Waiver of Rights. For Claimants who agree with the above proposed distribution, payment of your Claim may be accelerated by completing and returning the attached Acceptance of Post-Audit Determination and Waiver form. Review the form carefully before completing it, because by completing, signing and submitting it to the Trust you waive all rights to contest this Post Audit Determination and you make specific representations about Subrogation Claims. If you agree with the terms of the Acceptance of this Post-Audit Determination and Waiver form, you must also obtain the signatures of all parties shown on the form and return it to:

AHP Settlement Trust
Post-Audit Determination
P.O. Box 42290
Philadelphia, PA 19101.

The signatures may be on separate Acceptance and Waiver forms (counterparts) bearing the above Claim Number. The Trust will not accept forms that have been modified by Claimants, their attorneys or anyone else.

This Post-Audit Determination for Matrix Compensation Benefits is independent of any claims you may have for the Prescription Reimbursement or Echocardiogram Screening Benefits. The Trust will address any of these Benefits to which you may be entitled in separate correspondence, if it has not already done so.

If you have any questions regarding this matter, call 1-800-386-2070 and refer to the Claim Number above or contact us through the web site at www.settlementdietdrugs.com. Remember to notify the Trust in writing of your name or address changes; otherwise, you may not receive future information about benefits under the Settlement Agreement.

Sincerely,

AHP Settlement Trust

cc: Wyeth

AHP Settlement Trust
About Contesting Post-Audit Determinations

Following is an overview of the documentation that is usually necessary to file a Post Audit Determination Contest based on the subject matter of the contest:

For Contests Based on a Medical Interpretation: Submit a written response to the Post-Audit Determination postmarked no later than sixty (60) days from the date of the determination, disputing the finding(s) of the Audit and identifying credible medical documentation in support of the claim which is contrary to the Audit finding(s). Any such submission shall be limited to the representations identified and at issue in the Post-Audit Determination Letter. The Claimant may submit an expert opinion. A submission in connection with a response to audit shall not be construed or treated as a Supplemental Claim. For additional information see the Contest Rights section of the Post-Audit Determination Letter and/or PTO 2807.

For Contests Based on Subrogation Claims: Submit the name and address of the subrogee(s) as well as the lien amount asserted. Any compromise agreements with a subrogee must be written, signed by both parties and submitted to the Trust.

For Contests Based on Attorneys' Fees: Submit a copy of the contingency fee agreement and, if the filing of a petition or complaint makes a difference as to the contingency fee percentage, a copy of the petition or complaint date-stamped by the court on the day it was filed.

For Contests Based on Attorney Expenses: Submit an itemized update of any and all applicable attorney expenses.

For Contests Based on Derivative Claims: *Please note, a single benefit amount will be apportioned between and among all eligible Derivative Claimants. There is therefore no added financial benefit to having multiple Derivative Claimants. The right to Derivative Benefits is based on applicable state law. Spouses, minor children, and college students generally qualify for a Derivative Benefit. Adult children living outside the home and persons who are not immediate relatives generally do not qualify for a Derivative Benefit.*

1. If you wish to add a Derivative Claim to your Matrix Benefits Claim. Submit a supplemental GREEN Form Part I, pages 1-5. It should contain the applicable information from 2-10 below.
2. Full Legal Name of Derivative Claimant
3. Address
4. Daytime and Evening Phone Numbers
5. E-mail Address (if applicable)
6. Social Security Number
7. Date of Birth
8. Nature of Relationship to Claimant. If the Derivative Claimant is the spouse of the Diet Drug Recipient, then just state the relationship. If the relationship is other than a spouse, then specify any extended familial relationship (i.e., parent, minor-child, step-parent, grandparent, aunt, uncle, cousin) along with any explanation/documentation of legal duty of support to/from the Diet Drug Recipient.
9. If a Spouse, State the Date of Marriage. If the Derivative Claimant was separated or divorced from the Diet Drug Recipient, state the date of the separation or divorce and submit a copy of the separation agreement or divorce decree.
10. Identify the Basis for the Derivative Claim. (Loss of Consortium/Per Quod, Loss of Support, Loss of Service, etc.)

NOTE: If you are contesting your Post-Audit Determination for any of the above reasons, do not sign and submit the Acceptance of Post-Audit Determination form. You may review the provisions of the Settlement Agreement and PTO 2807 on our website www.settlementdietdrugs.com.

EXHIBIT G

Marc Jay Bern *
Paul J. Napoli *
Jeffrey A. Guzman *
Steven Krentsel *

W. Steven Berman †
Nicole V. Gurkin*
Randolph D. Janis *
Paul Loh ‡
Ernest N. Reece *
Denise Rubin *
Joy R. Simon *

Gerald Kaiser §
Daniel N. Arshack ¶
Mindy R. Mollins §

HARITON & D'ANGELO, LLP
IN ASSOCIATION WITH
NAPOLI KAISER BERN & ASSOCIATES, LLP

Attorneys At Law
3500 Sunrise Highway
Suite T207
Great River, New York 11739

(631) 224 - 1133
www.dietdrugsettlement.com

Ira M. Hariton
Mario D'Angelo

LEGAL ASSISTANT
Doreen Yagaric
Linda DePietri

NURSING ASSISTANT
Barbara Krohmer, R.I.
Lois A. Presti, R.I.

* Admitted In New York
† Admitted In New York & Wisconsin
‡ Admitted In New Jersey & Pennsylvania
§ Admitted in Pennsylvania and District of Columbia
¶ Admitted in New York, New Jersey, Pennsylvania and Illinois
Of Counsel

December 12, 2003

Jules S. Henshell, Esq.
Director, Matrix Claims Integrity
Review, & Disposition
AHP Settlement Trust
P.O. Box 42805
Philadelphia, PA 19103


Re: Claimant: John Bacon, III
Claim No.: 8023213

Dear Mr. Henshell:

Enclosed please find the properly executed original Acceptance of Post-Audit Determination and Waiver for the above referenced claimant.

Thank you for your attention to this matter.

Very truly yours,


Alexandria Doran
Legal Clerk


ACCEPTANCE OF POST-AUDIT DETERMINATION AND WAIVER

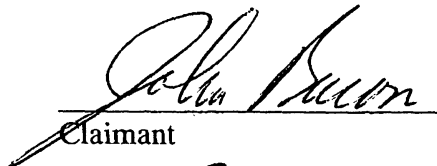
Diet Drug Recipient: John W. Bacon
Claim Number: 8023213

I/we hereby agree that the Post-Audit Determination of the above-captioned Claim contained in the letter from the AHP Settlement Trust dated November 21, 2003, shall be considered as the Final Determination Claim and hereby waive my/our right to appeal those Issues. Upon receipt by the AHP Settlement Trust of fully executed copies of this document from all the signatories noted below, I/we hereby authorize the Trust to process this Claim for payment in accordance with the Post-Audit Determination and agree to accept such amount in full settlement of my/our Claim. I/we agree that this document may be executed in counterparts and authorize the AHP Settlement Trust to make such payment upon receipt of fully executed and witnessed documents from all the signatories noted hereon. In authorizing such payment, the Claimant and Attorney for Claimant hereby represent to the AHP Settlement Trust that no subrogation claim or lien has been asserted actually or by any method that would constitute such a claim or lien against the Matrix Compensation Benefits under applicable law, nor are they aware of any such claim, lien, or other entitlement to repayment from any entity that provided or paid for health care benefits received by the Diet Drug Recipient that were related to the medical conditions forming the basis for the Claimant's Matrix Compensation Claim, other than any Subrogation Claims reflected in the aforesaid letter from the Trust. In authorizing such payment, the Derivative Claimant(s) agree to pay the apportioned share to any additional eligible Derivative Claimant who may file a claim for Derivative Claim Benefits postmarked no later than May 3, 2003.

The Claimant hereby certifies under penalties of perjury that the information contained in Parts I, II, and III to my GREEN Form Claim is true, correct and accurate to the best of my knowledge, information and belief. The Claimant further certifies under penalties of perjury that I reviewed the complete GREEN Form Parts I, II, and III prior to making this certification. The Claimant further acknowledges that the GREEN Form is an official document sanctioned by the Court that presides over the Diet Drug Settlement, and submission of the GREEN Form to the AHP Settlement Trust is equivalent to filing it with the Court.

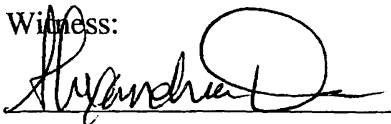
Witness:



MARY F. McCONVILLE
Notary Public
My Commission Expires October 31, 2006


Claimant

11/25/03
Date

Witness:




Attorney for Claimant
MARIO D'ANGELO, ESQ

12/12/03
Date

Exhibit H

NAPOLI KAISER BERN & ASSOCIATES, LLP

Marc Jay Bern †
Paul J. Napoli*
Jeffrey A. Guzman*
Steven Krentsel*

Gerald Kaiser ‡
Daniel N. Arshack^{§¶}
Mindy R. Mollins[§]

W. Steven Berman†
Nicole V. Gurkin*
Randolph D. Janis*
Paul Loh‡
Ernest N. Reece*
Joy R. Simon*
Denise Rubin*

Attorneys At Law
3500 Sunrise Highway
Suite T-207
Great River, New York 11739

Phone: (631) 224-1133

www.nkblaw.com

1 Greentree Centre
Suite 201
Marlton, New Jersey 08053

2 Penn Center
Suite 200
Philadelphia, Pennsylvania 19102

* Admitted In New York

† Admitted In New York & Wisconsin

‡ Admitted In New Jersey & Pennsylvania

¶ Admitted in Pennsylvania and District of Columbia

§ Admitted in New York, New Jersey, Pennsylvania and Illinois

Of Counsel

January 12, 2004

Jules S. Henshell, Esq.
AHP Settlement Trust
P.O. Box 42805
Philadelphia, PA 19101

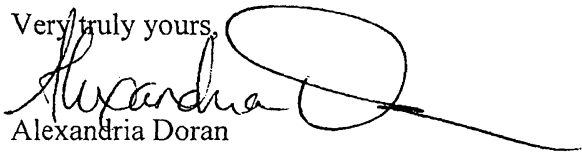
Re: Claimant: John Bacon, III
Claim No.: 8023213

Dear Mr. Henshell:

The aforementioned claimant submitted his acceptance of Post-Audit Determination and Waiver on December 2, 2003. As the Trust has implemented the use of the new "Declaration of Source" form, in order to complete a claim, I am including this completed form for the above referenced claimant in hopes of avoiding further delay with the processing of his matrix benefits.

Thank you for you prompt attention to this matter.

Very truly yours,


Alexandria Doran
Legal Assistant

DECLARATION OF SOURCE OF ECHOCARDIOGRAM

I HEREBY CERTIFY THAT THE SOURCE OF THE ECHOCARDIOGRAM TAPE OR DISK
DATED 4/1/02 WHICH WAS SUBMITTED TO THE AHP SETTLEMENT TRUST IN
SUPPORT OF THE CLAIM OF John Bacon, III, DDR # 8023213 FOR MATRIX
COMPENSATION BENEFITS WAS AS FOLLOWS:

Facility and/or Provider:

Robert Smith, M.D. FACC.

Address:

1000 Asylum Ave, Suite 4303
Hartford, CT 06105

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS
FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 1/13/04

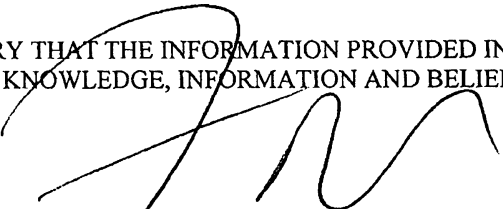

(SIGNATURE OF CLAIMANT/
COUNSEL TO CLAIMANT/ MALLO D'ANGELO, ESQ.
ATTESTING PHYSICIAN)

Exhibit I

AHP Settlement Trust

P.O. BOX 42805, Philadelphia, 19101 1-800-386-2070

January 14, 2004

Via UPS 2nd Day Air

John W. Bacon, III
c/o Mario D'Angelo, Esq.
Hariton & D'Angelo, LLP
3500 Sunrise Highway, Ste. T-207
Great River, NY 11739

**Re: Post -Determination Notice of Medical Status Deficiency - Unknown Echo Source
Diet Drug Recipient: John W. Bacon, III
Claim Number: 183/00 8023213**

The AHP Settlement Trust (the "Trust") previously mailed to you a Post-Audit Determination Letter relating to your Claim for Matrix Compensation Benefits under the terms of the Nationwide Class Action Settlement Agreement (the "Settlement Agreement") as approved by the United States District Court for the Eastern District of Pennsylvania (the "Court").

Upon subsequent review of your Claim, including review of the Echocardiogram videotape/disk, the Trust has determined that your claim file is missing certain information. You have not provided information that identifies the source of your echocardiogram videotape/disk. No such information appears on the videotape/disk or in any documents that you supplied with your Claim.

The missing information identified above is material to a determination of the propriety of payment on your Claim for Matrix Compensation Benefits. You must complete and return the enclosed Declaration of Source of Echocardiogram.

You have 45 days from the date of the postmark on this notice to provide the Trust with the documentation and/or information set forth above. All documentation and/or information should be mailed to the Trust at the following address:

AHP Settlement Trust
Audit Department
P.O. Box 42805
Philadelphia, PA 19101

Your failure to provide the Trust with the documentation and/or information set forth above in a timely manner will result in rescission of the previously issued Post-Audit Determination and the issuance of an adverse Post-Audit Determination.

If you have any questions regarding this matter, call 1-800-386-2070 and refer to the Claim Number above or contact us through the web site at www.settlementdietdrugs.com. Remember to notify the Trust in writing if your name or address changes; otherwise, you may not receive future information about benefits under the Settlement Agreement and may lose the right to receive benefits.

Sincerely,

AHP Settlement Trust

cc. Wyeth

DECLARATION OF SOURCE OF ECHOCARDIOGRAM

I HEREBY CERTIFY THAT THE SOURCE OF THE ECHOCARDIOGRAM TAPE OR DISK
DATED 6/8/02 WHICH WAS SUBMITTED TO THE AHP SETTLEMENT TRUST IN
SUPPORT OF THE CLAIM OF Sophie Bewick, DDR # 258283 FOR MATRIX
COMPENSATION BENEFITS WAS AS FOLLOWS:

Facility and/or Provider:

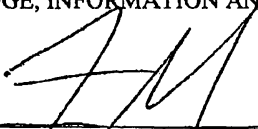
Jack Madowitz, MD, FACC.
Grossmont Heart Center

Address:

8851 Center Drive, Suite 312
La Mesa, CA 91942

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS
FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 1/22/04


~~SIGNATURE OF CLAIMANT/
COUNSEL TO CLAIMANT/
ATTESTING PHYSICIAN~~

→ MARIO D'ANGELO, ESQ

Exhibit J

MONTGOMERY, McCracken, Walker & Rhoads, LLP
ATTORNEYS AT LAW

RICHARD L. SCHEFF
ADMITTED IN PENNSYLVANIA & MASSACHUSETTS

DIRECT DIAL
215-772-7502

rscheff@mmwr.com

123 SOUTH BROAD STREET
AVENUE OF THE ARTS
PHILADELPHIA, PA 19109
215-772-1500
FAX 215-772-7620

LIBERTYVIEW
457 HADDONFIELD ROAD, SUITE 600
CHERRY HILL, NJ 08002
856-488-7700
FAX 856-488-7720

300 DELAWARE AVENUE, SUITE 750
WILMINGTON, DE 19801
302-504-7800
FAX 302-504-7820

1235 WESTLAKES DRIVE, SUITE 200
BERWYN, PA 19312
610-889-2210
FAX 610-889-2220

March 15, 2004

VIA FACSIMILE

Paul Napoli, Esquire
Napoli Kaiser Bern & Associates, LLP
3500 Sunrise Highway, Suite T-207
Great River, NY 11739

Re: Claimant: John Bacon, III
Claim No.: 8023213

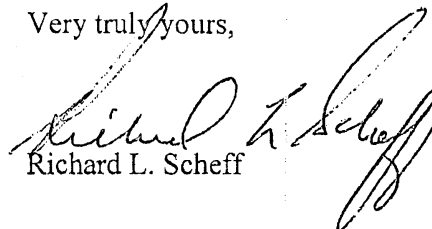
Dear Mr. Napoli:

The AHP Settlement Trust hereby rescinds the Final Post Audit Determination letter issued on September 10, 2003 in connection with this claim. The Trust has reviewed the claim of John Bacon, III for a second time and has determined that there is insufficient evidence to make a determination regarding the level of mitral regurgitation based upon the echocardiogram tape upon which Mr. Bacon's Green Form relies.

Mr. Bacon's echocardiogram dated April 1, 2002, a digital tape procured on a Cypress echocardiograph machine, contains only four loops in the apical view.

Accordingly, the Trust is requesting, and I understand that you have agreed to produce, the full digital recording from which this tape was made.

Very truly yours,


Richard L. Scheff

RLS/pam
cc: Jules Henshell, Esq.

Exhibit K

AHP Settlement Trust

P.O. BOX 42805, Philadelphia, PA 19101 1-800-386-2070

March 24, 2004

Via 2nd Day Air

John W. Bacon III
c/o Mario D'Angelo, Esquire
Hariton & D'Angelo, LLP
3500 Sunrise Highway, Suite T-207
Great River, NY 11739

**Re: Revised Post-Audit Determination Letter – Denial
Diet Drug Recipient: John W. Bacon III
Claim Number: 183/00 8023213**

Dear Claimant:

Upon review of your echocardiogram disk submitted on March 15, 2004 in connection with your Claim for Matrix Compensation Benefits ("Claim"), the Trust hereby rescinds its initial Post-Audit Determination dated November 21, 2003.

In accordance with the requirements of the Nationwide Class Action Settlement Agreement with American Home Products Corporation (the "Settlement Agreement") and the Rules for the Audit of Matrix Compensation Claims, an independent Auditing Cardiologist reviewed your Claim. Your Claim was audited to determine whether there is a reasonable medical basis for the answers given by the physician who completed Part II of your GREEN Form. The Trust has also subsequently reviewed your Claim in connection with the receipt of the echocardiogram disk to determine whether there is substantial evidence of intentional material misrepresentations made in connection with your Claim.

Findings. Based on the findings at audit, on November 21, 2003, the Trust had issued a Post-Audit Determination stating that your Claim was potentially payable on Matrix A.

Subsequent to the Trust's issuance of the Post-Audit Determination, on January 14, 2004 and March 15, 2004, the Trust requested additional information regarding your Claim, which you submitted. Based on this information, as well as the GREEN Form and echocardiogram previously submitted, the Trust finds that there is substantial evidence of an intentional and material misrepresentation in connection with your Claim. Your echocardiogram was acquired on a Cypress echocardiogram machine and depicts only a limited number of apical views – including only two frozen frames and one moving frame in the required apical view. The level of color gain used in acquiring the images on the disk is excessive (in the 20s) and is clinically inappropriate. Marked sparkling, noise, and artifacts are displayed on the echocardiogram. The Trust finds that the Attesting Physician, or the sonographer whom he supervised, manufactured the sparkling artifact by use of excessive gain, and then created the appearance of a large regurgitant "jet" by planimentering the manufactured artifact with a very small mitral jet. Your

disk demonstrates a methodical manufacture of artifact through excessive gain to inflate your mitral regurgitant jet area. Based on this evidence of an intentional and material misrepresentation, the Trust is prohibited from paying your Claim under Section VI.E.7 of the Settlement Agreement.

Contest Rights Regarding the Trust's Findings. To contest this Post-Audit Determination, you must send a written communication to the Trust *postmarked no later than sixty (60) days from the date of this letter*, stating that you contest the Post-Audit Determination. Written contests must be mailed to the Trust at this address:

AHP Settlement Trust
Attn: Post-Audit Determination Dispute Dept.
P.O. Box 42290
Philadelphia, PA 19101

If you contest the Trust's findings, you also may submit with your notice of contest certain materials (the written communication and any such materials shall be the "Contest Materials") to the Trust. These Contest Materials: (1) shall not include materials previously submitted with the Claim; (2) shall not be cumulative of materials previously submitted with the Claim; (3) shall be limited to the specific issue(s) relating to the Post-Audit Determination; and (4) may include a verified statement of a medical expert.

After the expiration of this sixty-day deadline, the Trust shall not accept any Contest Materials or other documentation with respect to this Claim unless the Trust grants a timely request for an extension of this deadline upon good cause shown.

Other Contests. You may also seek to contest any aspect of this Post-Audit Determination other than the issue of the correctness of medical findings made following the audit of your Claim. These include the Trust's determinations regarding attorney's fees or costs, allocation of payments among Derivative claimants, eligibility for Derivative benefits, payments or amounts of Subrogation Claims, proof of Diet Drug use or duration of use. To contest such issues you must send to the Trust a written explanation why the Trust should change this Post-Audit Determination, along with any additional information or documents for the Trust to consider. Any such written contests must be *postmarked no later than thirty (30) days from the date of this letter*. The Trust will not accept submissions by fax, e-mail or overnight delivery carrier. Send contests to:

AHP Settlement Trust
Attn: Post-Audit Determination Dispute Dept.
P.O. Box 42290
Philadelphia, PA 19101

Anything submitted that is postmarked after 30 days will not be considered by the Trust in making its Final Post-Audit Determination or during any appeal to arbitration of the Final Post-Audit Determination.

Procedures After Contest. (1) If you timely contest the Post-Audit Determination, the Trust will review any Contest Materials and issue a Final Post-Audit Determination on the Claim. If you dispute the Trust's Final Post-Audit Determination regarding these medical findings, you then must proceed through the Show Cause process described in Pre-Trial Order 2807 concerning challenging audit results. A copy of these rules can be obtained at the web site at

www.settlementdietdrugs.com. (2) If you timely contest any other findings underlying this Post-Audit Determination other than the issue of the correctness of medical findings made after Audit, the Trust will review any Contest Materials and issue a Final Post-Audit Determination on the Claim. If you dispute the Trust's Final Post-Audit Determination, you will be able to appeal the Trust's Final Post-Audit Determination through arbitration under Section VI.C.4 of the Settlement Agreement and pursuant to the Rules Governing the Arbitration Process. A copy of these rules can be obtained at the web site at www.settlementdietdrugs.com.

Acceptance. If no one contests this Post-Audit Determination within the sixty-day contest period, this Post-Audit Determination will be deemed accepted. The Post-Audit Determination will become the Trust's Final Post-Audit Determination on the Claim with no further notice from the Trust.

This Post-Audit Determination for Matrix Compensation Benefits is independent of any claims you may have for the Prescription Reimbursement or Echocardiogram Screening Benefits. The Trust will address any of these Benefits to which you may be entitled in separate correspondence, if it has not already done so.

If you have any questions regarding this matter, call 1-800-386-2070 and refer to the Claim Number above or contact us through the web site at www.settlementdietdrugs.com. Remember to notify the Trust in writing of your name or address changes; otherwise, you may not receive future information about benefits under the Settlement Agreement.

Sincerely,

AHP Settlement Trust

cc: Wyeth

EXHIBIT L



Hariton & D'Angelo, LLP
Attorneys at Law

Ira M. Hariton

Mario D'Angelo

3500 Sunrise Highway, Suite T-207
Great River, New York 11739
(631) 224-1133 Fax (631) 224-4774

March 19, 2004

VIA OVERNIGHT MAIL

The Honorable Harvey Bartle, III
United States District Court
Eastern District of Pennsylvania
601 Market Street, Room 16614
Philadelphia, PA 19106-1752

Re: *In re: Diet Drug (Fenfluramine/Phentermine/Dexfenfluramine)*
Product Liability Litigation
MDL 1203 -- Pretrial Order 2641

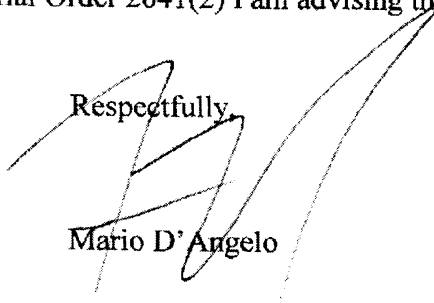
Dear Judge Bartle:

Pursuant to Pretrial Orders 2640 and 2641, the Court referred my firm to the State of New York disciplinary authorities.

The Grievance Committee for the Tenth Judicial District of the State of New York has informed me that they have concluded that there was no breach of the Code of Professional Responsibility and the complaint has been dismissed.

In compliance with Pretrial Order 2641(2) I am advising the Court of their decision.

Respectfully,


Mario D'Angelo

MD:dy

UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

-----X

IN RE: DIET DRUGS (Phentermine/
Fenfluramine/ Dexfenfluramine)
PRODUCTS LIABILITY LITIGATION

CIVIL ACTION 99-20593

THIS DOCUMENT RELATES TO:
SHEILA BROWN, SHARON GADDIE,
VIVIAN NAUGLE, QUINTIN LAYER, and
JOBY JACKSON-REID,
Individually and all others similarly situated,

Hon. Harvey Bartle

DECLARATION OF SERVICE

Plaintiffs,

-against -

AMERICAN HOME PRODUCTS
CORPORATION,

Defendants.

-----X


DENISE A. RUBIN, an attorney duly admitted to practice in the State of New York and before the United States Court of Appeals for the Third Circuit, hereby declares that on March 26, 2004, I caused a true copy of the within Notice of Motion, Proposed Order, Affidavit and Exhibits in Support, and Memorandum in Support of claimant John Bacon, III's motion to compel payment of his Matrix A, Level II benefits and to limit the Trust, Trustees and Counsel's discretion to be served on the following person(s) by email:

Gregory P. Miller, Esq.
Special Master, MDL-1203
Miller Alfano & Raspanti PC
1818 Market Street, Suite 3402
Philadelphia, PA 19103
gmler@mar-law.com

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achirls@wolfblock.com

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Peter_Zimroth@aporter.com

Michael Fishbein, Esq.
Levin Fishbein Sedran & Berman
510 Walnut Street, Suite 500
Philadelphia, Pennsylvania 19106
mfishbein@lfsblaw.com


Denise A. Rubin (DR-5591)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: DIET DRUGS
(Phentermine/Fenfluramine/Dexfenfluramine)
PRODUCTS LIABILITY LITIGATION

MDL 1203

SHEILA BROWN, et al.

-against-
Plaintiffs,

Docket No.: 99 CV 20593

AMERICAN HOME PRODUCTS
CORPORATION, *et al*,

Defendants.

MOTION TO COMPEL PAYMENT OF JOHN BACON, III'S
MATRIX A, LEVEL II BENEFITS AND TO LIMIT SCOPE OF
THE TRUST, TRUSTEES AND THEIR COUNSEL'S DISCRETION

NAPOLI KAISER BERN & ASSOCIATES, LLP

*Attorneys for : Claimant JOHN BACON, III
Office and Post Office Address, Telephone
3500 Sunrise Hwy., Suite T-207
Great River, New York 11739
(212) 267-3700*

To
Attorney(s) for

Service of a copy of the within is hereby admitted.
Dated,

Attorney(s) for

PLEASE TAKE NOTICE:

NOTICE OF ENTRY

that the within is a (certified) true copy of a _____ duly entered in the office of the clerk
of the within name court on _____ 200

NOTICE OF SETTLEMENT

that an order _____ of which the within is a true copy
will be presented for settlement to the HON. _____ one of the judges of the
within named Court, at _____ on _____ 200 at _____ M.

Dated,

Yours, etc.

NAPOLI KAISER BERN & ASSOCIATES, LLP