

EXHIBIT FOR CLASS 4 ASBESTOS PERSONAL INJURY CLAIMS MASTER BALLOT

All Holders of Asbestos Personal Injury Claims are represented by _____.
Plaintiffs' Law Firm

Last Name	First Name	M.I.	Suffix	Last Four Digits of Social Security Number	Date of Birth	Date of Death (If Applicable)	Disease Type	Accept or Reject Plan (If Applicable)
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TOTAL ACCEPTANCES:

TOTAL REJECTIONS: