

Exhibit B-1

Form of Ballot

IMPORTANT: CHAPTER 11 CASES HAVE NOT BEEN COMMENCED AS OF THE DATE OF DISTRIBUTION OF THIS BALLOT. THIS BALLOT IS A PREPETITION SOLICITATION OF YOUR VOTE ON A PREPACKAGED PLAN OF REORGANIZATION UNDER CHAPTER 11 OF THE BANKRUPTCY CODE. THE VOTING DEADLINE IS JANUARY 18, 2019 AT 4:00 P.M. (PREVAILING EASTERN TIME).

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

MAREMONT CORPORATION, *et al.*,¹

Debtors.

For solicitation purposes only. The Prospective Debtors have not yet filed chapter 11 cases.

BALLOT FOR INDIVIDUAL HOLDERS OF CLASS 4 ASBESTOS PERSONAL INJURY CLAIMS TO VOTE ON THE JOINT PREPACKAGED PLAN OF REORGANIZATION OF MAREMONT CORPORATION AND ITS DEBTOR AFFILIATES PURSUANT TO CHAPTER 11 OF THE BANKRUPTCY CODE

Maremont Corporation and its affiliated prospective debtors and debtors in possession (the “Prospective Debtors”) are soliciting votes with respect to the *Joint Prepackaged Plan of Reorganization of Maremont Corporation and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code*, dated December 4, 2018 (as modified, amended, or supplemented from time to time, the “Plan”), which is described in the *Disclosure Statement for the Joint Prepackaged Plan of Reorganization of Maremont Corporation and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code*, dated December 4, 2018 (as modified, amended, or supplemented from time to time, the “Disclosure Statement”), both of which are included in the USB drive accompanying this Ballot (and are also posted on the internet at www.donlinrecano.com/maremont).

Maremont Corporation and its affiliated Prospective Debtors may commence chapter 11 cases in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”) after this solicitation, but have not yet done so. Accordingly, neither the Disclosure Statement nor the Plan has been approved by any court. Except as otherwise provided, all capitalized terms used herein but not otherwise defined shall have the meanings ascribed to them in the Plan and the Plan shall govern in the event of any inconsistencies.

¹ The Prospective Debtors, together with the last four digits of each Prospective Debtor’s federal taxpayer identification number, are: Maremont Corporation (6138); Maremont Exhaust Products, Inc. (9284); AVM, Inc. (9285); and Former Ride Control Operating Company, Inc. (f/k/a ArvinMeritor, Inc., a Delaware corporation) (9286). The mailing address for each Prospective Debtor is 2135 West Maple Road, Troy, MI 48084.

CLASS 4—ASBESTOS PERSONAL INJURY CLAIMS

IMPORTANT NOTE: PLEASE CAREFULLY READ AND FOLLOW THE ENCLOSED INSTRUCTIONS FOR COMPLETING THIS BALLOT (THE “BALLOT”) AND READ THE DISCLOSURE STATEMENT AND PLAN INCLUDED WITH THIS BALLOT BEFORE COMPLETING THIS BALLOT. THIS BALLOT IS TO BE USED ONLY FOR TABULATING VOTES ON THE PLAN SOLICITED FROM HOLDERS OF ASBESTOS PERSONAL INJURY CLAIMS AND MAY NOT BE USED FOR ANY PURPOSE OTHER THAN TO TRANSMIT THE VOTES TO ACCEPT OR REJECT THE PLAN. THE PROSPECTIVE DEBTORS HAVE NOT COMMENCED CHAPTER 11 CASES AS OF THE DATE HEREOF.

ASBESTOS CHANNELING INJUNCTION: THE PLAN, ATTACHED TO THE DISCLOSURE STATEMENT AS EXHIBIT A, PROVIDES FOR AN ASBESTOS PERSONAL INJURY CHANNELING INJUNCTION PURSUANT TO SECTION 524(g) OF THE BANKRUPTCY CODE. FOR A DESCRIPTION OF THE CAUSES OF ACTION TO BE ENJOINED AND THE IDENTITIES OF THE ENTITIES THAT WOULD BE SUBJECT TO THE INJUNCTION, SEE SECTION VIII.C OF THE PLAN AND ARTICLE I AND SECTION VIII.F OF THE DISCLOSURE STATEMENT. THE PLAN ALSO PROPOSES CERTAIN RELEASES, INJUNCTIONS, AND EXCULPATIONS, PURSUANT TO WHICH CERTAIN PARTIES ARE RELEASED FROM LIABILITY OR EXCULPATED FOR A VARIETY OF CLAIMS.

DEADLINE: YOU MUST PROPERLY COMPLETE, EXECUTE, AND DELIVER THIS BALLOT SO THAT IT IS ACTUALLY RECEIVED BY DONLIN, RECANO AND COMPANY, INC. (THE “CLAIMS, NOTICE AND BALLOTING AGENT”) PRIOR TO 4:00 P.M. PREVAILING EASTERN TIME ON JANUARY 18, 2019 (THE “VOTING DEADLINE”) (UNLESS SUCH TIME IS EXTENDED BY THE PROSPECTIVE DEBTORS), AT THE BELOW LISTED CLAIMS, NOTICE AND BALLOTING AGENT ADDRESS BY U.S. MAIL, HAND DELIVERY, OR OVERNIGHT COURIER. THE VOTES TRANSMITTED BY THIS BALLOT WILL NOT BE COUNTED IF THEY ARE NOT RECEIVED BY THE VOTING DEADLINE. ELECTRONIC SUBMISSIONS WILL **NOT** BE COUNTED.

QUESTIONS/CLAIMS, NOTICE AND BALLOTING AGENT If you have any questions regarding this Ballot, the enclosed voting instructions, the procedures for voting, or need to obtain additional Solicitation Materials, please contact the Claims, Notice and

ADDRESS: Balloting Agent at the following address, telephone number, or email address or visit the following website:

**Maremont Corporation Ballot Processing
c/o Donlin, Recano and Company, Inc.
Attn: Voting Department
6201 15th Avenue
Brooklyn, NY 11219**

Telephone: (212) 771-1128

**Email: DRCVote@donlinrecano.com (reference
“Maremont Vote” in the subject line)**

Website: www.donlinrecano.com/maremont

Please note that the Claims, Notice and Balloting Agent cannot provide legal advice or direct you to either accept (vote in favor of) or reject (vote against) the Plan. If an additional Ballot is needed, please do not photocopy this Ballot, but rather, request an additional Ballot from the Claims, Notice and Balloting Agent.

**CLASS 4 CLAIM
HOLDER NOTICE:**

This Ballot is to be used by individual Holders of Class 4 Asbestos Personal Injury Claims or their authorized representatives as of November 30, 2018. Such Holders have the right to execute this Ballot and vote on the Plan.

This Ballot may not be used for any purpose other than for submitting a vote and making certain certifications with respect to the Plan (as described below and in the Disclosure Statement and the Plan). If you believe you have received this Ballot in error, or if you believe that you have received the wrong Ballot, please contact the Claims, Notice and Balloting Agent immediately.

You should carefully read the Disclosure Statement and Plan in their entirety before you vote. You may wish to seek legal advice concerning the proposals related to the Plan.

**RESTRUCTURING
TRANSACTION
BACKGROUND:**

The Prospective Debtors are soliciting votes to accept (vote in favor of) or reject (vote against) the Plan from the Holders of Asbestos Personal Injury Claims. The Prospective Debtors may file Chapter 11 Cases in the Bankruptcy Court and seek to consummate a comprehensive restructuring transaction (the “Restructuring Transaction”) through the chapter 11 bankruptcy process and the Plan. The Prospective Debtors will file the Plan, the related Disclosure Statement and an affidavit summarizing the voting results with the Bankruptcy Court on or shortly after the date of the filing of the Chapter 11 Cases. Once completed and

returned in accordance with the attached instructions, your vote on the Plan will be counted as set forth herein. The Bankruptcy Court may approve the Plan, which contemplates effecting the Restructuring Transaction, and, upon approval by the Bankruptcy Court, the Plan will be binding on you.

If you are represented by an attorney and want your attorney to vote your claim on a Ballot, you should arrange with your attorney to vote on your behalf well in advance of the Voting Deadline, so that your vote may be included on a Master Ballot before the Voting Deadline.

For additional discussion of the treatment of Holders of Asbestos Personal Injury Claims and such Holders' rights under the Plan, please read the Disclosure Statement and Plan.

**SOLICITATION
PACKAGE:**

You should have received the following documents prior to or included with this Ballot (collectively, the "Solicitation Package"). **Please note that some of the following documents may be included on a USB drive included as part of your Solicitation Package.**

- Solicitation Cover Letter
- Disclosure Statement (with all Exhibits, including the Plan attached as Exhibit A and the exhibits to the Plan to be filed with the Bankruptcy Court) as of the date of Solicitation
- A letter from the Asbestos Claimants Committee and Future Claimants' Representative urging Holders of Asbestos Personal Injury Claims to vote to accept (vote in favor of) the Plan

If you have questions about this Ballot, or if you did not receive a copy of the Plan or any related materials, please contact the Claims, Notice and Balloting Agent at (212) 771-1128 or at DRCVote@donlinrecano.com. **Information may also be obtained at www.donlinrecano.com/maremont.**

Any admission of claims for purposes of confirming the Plan is not an admission of liability on the part of the Prospective Debtors or any other party for payment purposes.

VOTING—COMPLETE THIS SECTION

**ITEM 1:
HOLDER’S NAME
AND ADDRESS**

Please fill in the address information requested below. If you are a Holder of Asbestos Personal Injury Claims in the United States, you should include street address, city, state, zip code, telephone number and the last four digits of your social security number. If you are a Holder from outside the United States, you should include all relevant information in the space provided other than a social security number.

Name:	_____
Street Address:	_____
City, State and Zip Code:	_____
Telephone Number:	_____
Email Address:	_____
Date:	_____
Last Four Digits of Social Security Number (U.S. Holders Only):	_____

**ITEM 2:
VOTE TO ACCEPT
OR REJECT THE
PLAN**

You may vote to accept (vote in favor of) or reject (vote against) the Plan. You must check one of the boxes below in order to have your vote counted.

The Holder (or the representative of a Holder) of the Class 4 Asbestos Personal Injury Claim set forth on Item 1 above votes to (*please check one box below*):

<input type="checkbox"/>	<u>ACCEPT</u> (VOTE FOR) THE PLAN
<input type="checkbox"/>	<u>REJECT</u> (VOTE AGAINST) THE PLAN

Please note you must vote the full amount of your Class 4 Asbestos Personal Injury Claim either to accept (vote in favor of) or to reject (vote against) the Plan and you may not split your vote. Accordingly, if you attempt to partially reject (vote against) and partially accept (vote in favor of) the Plan, your vote will not be counted either as a vote to accept or reject the Plan. If this Ballot is signed and timely received by the Claims, Notice and Balloting Agent, but does not designate either acceptance or rejection of the

Plan, or indicates both an acceptance and rejection of the Plan, the Ballot will not be counted either as a vote to accept (vote in favor of) or reject (vote against) the Plan.

Further, if you cast more than one Ballot and vote more than once on account of the same Asbestos Personal Injury Claim, the latest-dated, properly completed and executed Ballot received before the Voting Deadline will be deemed to reflect your intent and shall supersede any prior Ballots with respect to your Asbestos Personal Injury Claim.

The Plan, though proposed jointly, constitutes a separate Plan proposed by each Prospective Debtor. Accordingly, your vote cast above will be applied in the same manner and in the same amount in Class 4 against each applicable Prospective Debtor.

The Claims, Notice and Balloting Agent is authorized, in its sole and absolute discretion, to contact you to cure any defects in the Ballot; provided, however, that the Claims, Notice and Balloting Agent has no obligation to contact you regarding any such defects. Only those Ballots actually received by the Voting Deadline will be tabulated.

ITEM 3:
DISEASE LEVEL

Disease Level² (mark ONE only): Solely for purposes of voting to accept or reject the Plan, please designate only one of the following Disease Levels as the basis for your Asbestos Personal Injury Claim. If you believe you are the Holder of an Asbestos Personal Injury Claim as defined in the Plan, but do not meet the criteria for any of the Disease Levels, your Asbestos Personal Injury Claim will be allowed for voting purposes only in the amount of \$5,000 and you are not required to select a Disease Level below.

- | |
|--|
| <input type="checkbox"/> MESOTHELIOMA 2 (DISEASE LEVEL V) (SHADE TREE MECHANIC CLAIMS ONLY)
<input type="checkbox"/> MESOTHELIOMA (DISEASE LEVEL IV) (OCCUPATIONALLY EXPOSED CLAIMS ONLY)
<input type="checkbox"/> LUNG CANCER (DISEASE LEVEL III) (OCCUPATIONALLY EXPOSED CLAIMS ONLY)
<input type="checkbox"/> OTHER CANCER (DISEASE LEVEL II) (OCCUPATIONALLY EXPOSED CLAIMS ONLY)
<input type="checkbox"/> SEVERE ASBESTOSIS (DISEASE LEVEL I) (OCCUPATIONALLY EXPOSED CLAIMS ONLY) |
|--|

² Certain terms that follow are defined in the Asbestos Personal Injury Trust Distribution Procedures, which is attached to the Plan as Exhibit D.

Please read the instructions that accompany this Ballot before completing. Print clearly.

ITEM 4:
CERTIFICATIONS

By signing and returning this Ballot, the undersigned certifies, on information and belief, that:

1. I received a copy of the Solicitation Materials, including the Disclosure Statement, the Plan, and a letter from the Asbestos Claimants Committee and the Future Claimants' Representative urging Holders of Asbestos Personal Injury Claims to vote to accept and vote in favor of the Plan.
2. I am the Holder of an Asbestos Personal Injury Claim (as defined in the Plan), or I have authority under applicable law to submit this Ballot on behalf of an individual, estate or other such Entity that is the Holder of an Asbestos Personal Injury Claim.
3. If a Disease Level is selected in Item 3 above, I or the injured party on whose behalf this Ballot is submitted has/had the Disease Level indicated above based on medical records or similar documentation in the possession of the Holder, his or her personal representative or attorney, or a medical practitioner.
4. The undersigned, in such capacity as the Holder of, or on behalf of the Holder of, the Asbestos Personal Injury Claim listed on Item 1 to this Ballot, as of the Voting Deadline: (a) has an Asbestos Personal Injury Claim (as defined in the Plan); and (b) has (in the case of an authorized agent) authorized the undersigned to represent the Holder's Asbestos Personal Injury Claim and Disease Level.

Signature of Holder or Authorized Agent:	<hr/>
Name of Holder or Authorized Agent (and Title/Relationship to Holder):	<hr/>
Date:	<hr/>

IF THIS BALLOT IS NOT COMPLETED, EXECUTED AND DELIVERED TO THE CLAIMS, NOTICE AND BALLOTING AGENT SO THAT IT IS ACTUALLY

RECEIVED BY THE VOTING DEADLINE AT 4:00 P.M. (PREVAILING EASTERN TIME) ON JANUARY 18, 2019, IT WILL NOT BE COUNTED.

DO NOT INCLUDE MEDICAL RECORDS WITH THIS BALLOT. MEDICAL RECORDS CANNOT BE RETURNED BY THE CLAIMS, NOTICE AND BALLOTING AGENT.

INSTRUCTIONS FOR COMPLETING THIS BALLOT

1. **PLEASE READ THE PLAN AND THE DISCLOSURE STATEMENT CAREFULLY BEFORE COMPLETING THE BALLOT. You may wish to seek legal advice concerning the Plan and the classification and treatment of your Asbestos Personal Injury Claim under the Plan.**
2. This Ballot is to be used by individual Holders of a Class 4 Asbestos Personal Injury Claim or such Holder’s authorized representative who is authorized to vote to accept (vote in favor of) or reject (vote against) the Plan. You may be required to provide evidence of authorization to vote to accept or reject the Plan on behalf of a Holder of an Asbestos Personal Injury Claim. This Ballot may not be used for any purpose other than to transmit a vote on the Plan.
3. This Ballot will not constitute or be deemed a proof of claim or equity interest, an assertion of a claim or equity interest, or the allowance of a claim or equity interest. None of the information set forth in this Ballot shall constitute an admission by the Prospective Debtors as to the extent, validity, or priority of the claim voted herein, nor shall anything contained herein be binding upon the Prospective Debtors, the Holder or the Asbestos Personal Injury Trust in any subsequent claims resolution process.
4. In order for the vote reflected on the Ballot to count, the Ballot must be completed, signed, and returned so that it is actually received by the Claims, Notice and Balloting Agent, Donlin, Recano and Company, Inc., by the Voting Deadline, which is **no later than 4:00 p.m. prevailing Eastern Time on January 18, 2019**, unless such time is extended by the Prospective Debtors. Your completed Ballot should be sent in the pre-addressed, postage-paid envelope provided to you, to:

Via First Class Mail, Overnight Courier, or Hand Delivery:
Maremont Corporation Ballot Processing

<u>If by First Class Mail:</u>	<u>If by Hand Delivery or Overnight Mail:</u>
Donlin, Recano & Company, Inc. Re: Maremont Corporation, et al. Attn: Voting Department PO Box 192016 Blythebourne Station Brooklyn, NY 11219	Donlin, Recano & Company, Inc. Re: Maremont Corporation, et al. Attn: Voting Department 6201 15th Ave Brooklyn, NY 11219

5. Ballots will not be accepted by telecopy, facsimile or other electronic means, including email. Ballots delivered to the Bankruptcy Court, the Prospective Debtors, or any party other than the Claims, Notice and Balloting Agent will not be counted.
6. Please note that with respect to your Asbestos Personal Injury Claim, you must vote your entire claim to accept or reject the Plan and may not split your vote. Accordingly, with respect to any Holder of an Asbestos Personal Injury Claim that attempts to partially

reject and partially accept the Plan, such Holder's vote will not be counted as a vote to accept or reject the Plan. With respect to a Holder of an Asbestos Personal Injury Claim that has authorized you to vote his or her Asbestos Personal Injury Claim on the Ballot, you must clearly designate either acceptance or rejection of the Plan. If this Ballot is signed and timely received by the Claims, Notice and Balloting Agent, but does not designate either acceptance or rejection of the Plan for any particular claim, or indicates both an acceptance and rejection of the Plan, it will not be counted as a vote to accept or reject the Plan. The Claims, Notice and Balloting Agent is authorized, in its sole and absolute discretion, to contact you to cure any defects in the Ballot; provided, however, that the Claims, Notice and Balloting Agent has no obligation to contact you regarding any such defects. Only those Ballots actually received by the Voting Deadline will be counted.

7. To properly complete the Ballot, you must follow the procedures described below:
- a. Review and complete each line on Item 1.
 - b. Cast one vote to accept or reject the Plan by checking the appropriate box in Item 2.
 - c. Review and complete Item 3 after reviewing the explanation of requirements for Disease Levels and claim amounts for purposes of confirming the Plan, which is listed below. Item 3 must assign a Disease Level for the Asbestos Personal Injury Claim listed on Item 1. If multiple Disease Levels are indicated, the highest specified level shall be used for the purposes of calculating voting amounts. If no Disease Level is indicated, \$5,000 shall be used for the purpose of calculating voting amounts. The Disease Levels, along with their corresponding amounts and medical criteria for voting purposes only, are as follows:

MESOTHELIOMA 2 (DISEASE LEVEL V):

- Diagnosis of mesothelioma by a qualified physician, and
- Injured party's exposure was the result of being a Shade Tree Mechanic.³

Claim amount for voting purposes only: \$12,100.

MESOTHELIOMA (DISEASE LEVEL IV):

- Diagnosis of mesothelioma by a qualified physician, and
- Injured party's⁴ exposure was the result of working as a professional auto mechanic.

³ "Shade Tree Mechanic" means an individual auto enthusiast who worked on maintenance and upgrades to automobiles at home.

⁴ For Secondary Exposure Claims (as defined in the Asbestos Personal Injury Trust Distribution Procedures), the occupationally exposed person must have been working as a professional auto mechanic.

Claim amount for voting purposes only: \$111,500.

LUNG CANCER (DISEASE LEVEL III):

- Diagnosis of a primary lung cancer,
- Evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease (as defined below),
- Injured party's⁵ exposure was the result of working as a professional auto mechanic, and
- Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question in causing the lung cancer in question.

Claim amount for voting purposes only: \$25,400.

OTHER CANCER (DISEASE LEVEL II):

- Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer,
- Evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease (as defined below),
- Injured party's⁶ exposure was the result of working as a professional auto mechanic, and
- Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.

Claim amount for voting purposes only: \$5,400.

SEVERE ASBESTOSIS (DISEASE LEVEL I):

- Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) total lung capacity ("TVC") less than 65%,⁷ or (b) forced vitality capacity ("FVC") less than 65% and forced expiratory volume in one second ("FEV1")/FVC ratio greater than 65%,
- Injured party's⁸ exposure was the result of working as a professional auto mechanic, and

⁵ For Secondary Exposure Claims, the occupationally exposed person must have been working as a professional auto mechanic.

⁶ For Secondary Exposure Claims, the occupationally exposed person must have been working as a professional auto mechanic.

⁷ Actual measured value as opposed to the percentage of predicted.

⁸ For Secondary Exposure Claims, the occupationally exposed person must have been working as a professional auto mechanic.

- Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Claim amount for voting purposes only: \$25,400.

As used in this Section, *Bilateral Asbestos-Related Nonmalignant Disease* means: the claimant has or had either (i) a chest X ray read by a qualified B reader of 1/0 or higher on the ILO scale or (ii)(x) a chest X ray read by a qualified B reader or other Qualified Physician, (y) a CT scan read by a Qualified Physician, or (z) pathology, in each case showing either bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification. Evidence submitted to demonstrate (i) or (ii) above must be in the form of a written report stating the results (*e.g.*, an ILO report, a written radiology report or a pathology report). Solely for asbestos claims filed against a Debtor or another defendant in the tort system prior to the Petition Date, if an ILO reading is not available, either (i) a chest X ray or a CT scan read by a Qualified Physician, or (ii) pathology, in each case showing bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification consistent with or compatible with a diagnosis of asbestos-related disease, shall be evidence of a Bilateral Asbestos-Related Nonmalignant Disease.

- d. Review the certifications contained on Item 4 and complete Item 4. **Sign and date the Ballot.** If you are completing the Ballot on behalf of another person or Entity, indicate your relationship to such person or Entity and the capacity in which you are signing, and submit satisfactory evidence of your authority to act (*e.g.*, a power of attorney).
8. The Plan will be found to have been accepted by Class 4 if it is accepted by at least two-thirds (2/3) in amount and seventy-five percent (75%) in number of the Holders of Asbestos Personal Injury Claims in Class 4 actually voting on the Plan. If an order confirming the Plan is issued by the Bankruptcy Court and affirmed by the District Court, or issued by the District Court, all Holders of Equity Interests in, and any and all Holders of Claims, including Asbestos Personal Injury Claims, against the Prospective Debtors (including those who reject the Plan, abstain from voting on the Plan, or are not entitled to vote on the Plan) will be bound by the confirmed Plan and the transactions contemplated thereby.
9. For detailed information concerning the asbestos-related business of the Prospective Debtors and their asbestos claims history, please consult Article III of the Disclosure Statement.
10. Solely for the purpose of voting to accept or reject the Plan, each Asbestos Personal Injury Claim has been temporarily allowed in the amount set forth above that corresponds to the Disease Level for each such Claim. The temporary allowance of Asbestos Personal Injury Claims in the applicable amounts is solely for the purpose of voting, does not constitute an allowance of such Claims for the purpose of distribution under the Asbestos Personal Injury Trust, and is without prejudice to the rights of the Holders of

Asbestos Personal Injury Claims, the Plan Proponents, or the Asbestos Personal Injury Trust in any other context.

PLEASE DELIVER YOUR BALLOT PROMPTLY!

IF YOU HAVE ANY QUESTIONS REGARDING THIS BALLOT OR THE VOTING PROCEDURES, PLEASE CONTACT THE CLAIMS, NOTICE AND BALLOTING AGENT BY EMAILING DRCVOTE@DONLINRECANO.COM AND REFERENCE “MAREMONT VOTE” IN THE SUBJECT LINE, OR BY CALLING (212) 771-1128 AND ASKING FOR THE SOLICITATION TEAM.