EXHIBIT

Q



0.0 Box 52428 Houston, Texas 77052

(Date)

Telephone 713.874.609 865.874,609

NAME STREET CITY, STATE ZIP CODE COUNTRY SID.

Disease Claim Review: Notification of Status Letter - Class 7 Name: [claimant name]

We have performed an initial review of your disease claim and as previously communicated; your claim must be approved for (Disease) at compensation Level ______ to receive a disease payment. Because additional documentation was not submitted to cure the problems with your claim, no additional reviews can be performed. Your claim is not eligible for a Class 7 Disease payment and is now permanently closed due to the following reasons:

- 1. You did not submit additional documentation to cure the deficiencies in your claim.
- 2. The cure deadline date expired on _____
- Your claim could not be approved for the compensation level required to receive a Disease payment.

Sincerely,

Settlement Facility - Dow Coming Trust

DS-OL-5241

For assistance or questions call the Claims Assistance Program at 1.866.874,6099 (toll free), through electronic mail at inturbiskict.com, or go to www.dcsettlemont.com on the internet.