UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION



In re: \$ CASE NO. 00-CV-00005
\$ (Settlement Facility Matters)

DOW CORNING CORPORATION, \$ Honorable Denise Page Hood

Reorganized Debtor \$

AGREED ORDER AUTHORIZING AND DIRECTING FILING OF PROOFS OF CLAIM TO BE DEEMED TIMELY FILED

Pursuant to the Procedures for Determining Status of Late Claimants and Late Claim Requests (the "Procedures"), annexed as Exhibit A to the Court's Order Establishing Procedures to Determine Status of Late Claimants (dkt. #298), and the agreement of the Debtor's Representatives and the Claimants' Advisory Committee, it is hereby ORDERED as follows:

1. The Late Claim Requests, as defined in the Procedures, of the following persons (the "Claimants") are hereby GRANTED:

Claimant	Late Claim Request ID'		
Kay Coggin	A-239		
Lori Johnson	A-267		
Leslie A. Gibbons	A-281 & Motion (dkt. 218)		
Debora E. Bridges-Henderson	C-47		

2. The foregoing Claimants are hereby AUTHORIZED AND DIRECTED to complete and file an Implant Proof of Claim, in the form attached hereto as Exhibit A, with the Bankruptcy Clerk, 111 First Street, Bay City, Michigan, 48708, and (b) mail a copy of her completed Implant Proof of Claim to: David Austern, SF-DCT, P.O. Box 52429, Houston, Texas 77052-2429. Each Claimant's Implant Proof of Claim will be deemed timely for all purposes if it is received by the Bankruptcy Clerk within forty-five (45) days after the date of this Order. If the Bankruptcy Clerk does not receive a Claimant's Implant Proof of Claim

¹This identifier refers to (a) the sequential number assigned to the letter the Court received from the Claimant or her counsel, or (b) the docket number assigned to a motion filed by the Claimant or her counsel.

within forty-five (45) days after the date of this Order, the Claimant's request to participate in the Settlement Facility-Dow Corning Trust ("SF-DCT") shall be denied with prejudice (that is, permanently) without further order of the Court.

- 3. Upon filing an Implant Proof of Claim as directed in the preceding paragraph, each Claimant shall be a Settling Personal Injury Claimant and shall be eligible to participate in the SF-DCT.
- 4. Within five (5) days after the date of this Order, the Debtor's Representatives shall serve a copy of this Order upon (a) each of the Claimants and (if known to the Debtor's Representatives) the Claimants' counsel and (b) the Claims Administrator of the SF-DCT. Within ten (10) days after the Claims Administrator receives of a copy of each Claimant's Implant Proof of Claim, as directed in paragraph 2 above, the SF-DCT shall send each Claimant and (if known to the SF-DCT) her counsel a notice that such Implant Proof of Claim will be deemed timely and eligible for processing according to the procedures applicable to all other timely Implant Proofs of Claim under the Plan, the Plan Documents, and all relevant Court orders.

MAR 2 1 2006

Dated:

Derise Page Hood

United States District Judge

AGREED:

NELIGAN FOLEY LLP

By: /s/ David Ellerbe
David Ellerbe
1700 Pacific Avenue, Suite 2600
Dallas, Texas 75201

ATTORNEYS FOR DOW CORNING CORPORATION

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP

By: <u>/s/ Deborah E. Greenspan</u>
Deborah E. Greenspan
2101 L Street, N.W.
Washington, DC 20037-1526

DEBTOR'S REPRESENTATIVE AND COUNSEL FOR DOW CORNING CORPORATION

CLAIMANTS' ADVISORY COMMITTEE

By: /s/ Dianna L. Pendleton-Dominguez

Dianna L. Pendleton-Dominguez

P.O. Box 665

St. Marys, Ohio 45885

EXHIBIT A

IMPLANT PROOF OF CLAIM FORM

United States Bankruptcy Court, Eastern District of Michigan, Northern Division In re: Dow Corning Corporation, Debtor. Case No.: 95-20512-11-AJS

FOR COURT USE ONLY

THIS FORM MUST BE <u>RECEIVED</u> ON OR BEFORE JANUARY 15, 1997¹, or you will be forever barred from asserting or receiving payment for your present or future claim(s) against Dow Corning Corporation, including Dow Corning Wright Corporation (collectively, "Dow Corning").

Limited Confidentiality: The information in this Implant Proof of Claim Form will not become public unless the Court determines that the class of Implant claimants may be entitled to receive payment on their claims, or otherwise modifies its confidentiality order. In such event, the information will become public without further notice to you. Also, during the bankruptcy, the Debtor and its professionals, the official committees representing various creditor groups and their professionals, the docketing agent, and other parties in the bankruptcy who receive permission from the court will be allowed to use this information on a confidential basis for proceedings in the bankruptcy case.

Please print clearly and use black or blue ink.

					IE (BAR I OF CLA USE ALT	DATE) FOR IM AND TERNATIVE
				Check here if this claim repl a previously filed claim, dated		
1A.	Your Name:			Your current mailing add address printed above).	ress (if differe	ent from the
	Last	First	Mi	Address (line 1)		
1B.	1B. List all of the legal names that you have used other than the legal name listed in 1A. ²		Address (line 2)			
	Last	First	MI	City	State	Zip Code
				Indicate Country if other than t	J.S.A.:	
	Last	First	M1			
2.	Telephone No.:			4. Birth Date (Mo./Day/Yr.):		
3.	Social Security No.:	•	<u></u>	5. Sex:	·	
6A.	Your Attorney, if any: (You do not need an attorney to	file this form).		6D. Attorney's Mailing Addres	s:	
				Address (line 1)		
	Last	First	Mi	Address (line 2)		
6B.	Law Firm Name:			City	State	Zip Code
6C. Check if you want all future notices to be sent solely to your attorney.			Indicate Country if other than U.S.A.:			
				l elebitoria ido		

(continue on other side)

Implant Proof of Claim Form, Page 2

7.	. I have a claim against Dow Corning because (check all that apply):					
	A. 🛘 I believe I have been injured or harmed by my use of a Dow Corning Implant or Raw Material.					
	B. Although I am not currently aware of any injury or harm, I want to file now because I want to keep the ability to seek payment if I have a future injury or harm due to my use of a Dow Corning Implant or Raw Material.					
	C. I have a 🗆 current or 🗆 future claim arising out of another person's use of a Dow Corning Implant or Raw Material.					
8.	If you checked answer 7C, state:					
	A. The name of the Implant recipient:					
	B. The Social Security Number of the Implant recipient: C. Your relationship to the Implant recipient (i.e., spouse or child):					
	C. Your relationship to the Implant recipient (i.e., spouse or child): D. Describe the present or future injury to you arising from the Implant recipient's use of a Dow Corning Implant or Raw					
	Material:					
NOTICE: If the Implant recipient is making a claim on this form and the spouse or children believe they have a claim against Dow Corning, the spouse and/or children or their guardian MUST fill out, sign and return the accompanying Supplement.						
9.	Who manufactured the implant(s)?2 (check all that apply)					
	☐ Dow Corning ☐ Don't Know ☐ Other, Specify:					
10.	My claim is based on the following type of Implant(s):					
	☐ Breast Implant	☐ Silicone Small Joint Orthopedic (check all that apply)				
	☐ Raw Materials supplied by Dow Corning and used in Implants made by other companies	☐ Finger ☐ Toe ☐ Wrist ☐ Other, Specify				
	☐ TMJ Silicone Temporomandibular Joint Corrective Surgery	Please indicate Brand Name if known:				
	☐ Chin/Other Facial Implant	☐ Metal Large Joint Orthopedic (check all that apply)				
	☐ Testicular/Penile Implant	☐ Hip ☐ Knee				
	□ Silicone Fluid Injection	Other, Specify				
	☐ Contraceptives implanted in upper arm	Please indicate Brand Name if known				
		Unknown				
		☐ Other, Specify				
11.	Implantation date(s): ² (Mo./Day/Yr.):					
12.	Removal date(s) (if applicable): ² (Mo./Day/Yr.):					
13. Have you received payment from any source on account of your Implant Claim against Dow Corning, such as through settlement or judgment? ²						
<u> </u>	☐ Yes ☐ No If yes, name the source:					
Certification						
I declare under penalty of perjury that the above statements are true, correct and not misleading.						
Date Signed: (Mo./Day/Yr.)/						
Signature: Printed Name:						
If signed by a representative or guardian, print name below (attach power of attorney, if applicable): Printed Name:						
The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment for up to 5 years, or both.						

^{&#}x27;The deadline for the receipt of Proof of Claim Forms from "Foreign Implant Claimants" is February 14, 1997. Please see the accompanying NOTICE OF DEADLINE (Bar Date) for the definition of "Foreign Implant Claimant".

²Attach additional sheets if you have more information than fits in the space provided.