

OFFICE OF THE UNITED STATES TRUSTEE
REGION 6-NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION
1100 Commerce St., Room 976
Dallas, TX 75242
(214) 767-8967; FAX (214) 767-8971

CREDITORS' COMMITTEE ACCEPTANCE FORM

Hereford Biofuels, Ltd, et al.,
Bankruptcy Case No. 09-30453-HDH-11 (jointly administered)
United States Bankruptcy Court for the Northern District of Texas

Please type or print neatly and clearly. You may also attach a signed written statement explaining any of your responses.

The undersigned creditor is willing to serve on a committee of unsecured creditors of Emergency Centers of Texas, Ltd., and its affiliated debtors in possession (collectively, the "Debtors"):

_____ YES _____ NO

A. UNSECURED CREDITOR'S NAME, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and REPRESENTATIVE'S E-MAIL:

Name: _____ Contact Person: _____
Address: _____ Phone: _____
_____ Fax: _____
_____ E-Mail: _____

B. NAME OF COUNSEL (if any) FOR CREDITOR, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and E-MAIL:

Name: _____ Law Firm: _____
Address: _____ Phone: _____
_____ Fax: _____
_____ E-Mail: _____

C. NATURE OF CLAIM:

(1) DO YOU HAVE AN UNSECURED CLAIM AGAINST ANY OF THE DEBTORS?

_____ YES _____ NO

(2) PLEASE IDENTIFY THE DEBTOR(S) AGAINST WHICH YOU HAVE A *DIRECT* UNSECURED CLAIM.

___ EMERGENCY CENTERS OF TEXAS, LTD, Case No. 08-46011

___ EMERGENCY CARE USA, LLC, Case No. 08-46012

___ COPPELL ER CARE FACILITY, LP, Case No. 08-46013

___ COPPELL MINOR EMERGENCY CENTER, P.A., Case No. 08-46014

___ I don't know

(3) AMOUNT OF DIRECT UNSECURED CLAIM: \$ _____

(4) PLEASE IDENTIFY THE DEBTOR(S) AGAINST WHICH YOU HAVE AN *INDIRECT* UNSECURED CLAIM, AND THE NATURE OF YOUR INDIRECT UNSECURED CLAIM (e.g., guarantee).

(5) AMOUNT OF INDIRECT UNSECURED CLAIM: \$ _____

(6) ARE YOU THE HOLDER OF A SECURED CLAIM (EVEN IF PARTLY SECURED) AGAINST ANY OF THE DEBTORS?

___ YES ___ NO

(6)(a) IF YES, STATE THE AMOUNT OF YOUR SECURED CLAIM

\$ _____

(6)(b) IF YES, ALSO IDENTIFY THE DEBTOR(S) AGAINST WHICH YOU HAVE A SECURED CLAIM.

(7) ARE YOU A CUSTOMER OF THE DEBTOR(S)?

___ YES ___ NO

(8) ARE YOU AN EMPLOYEE OF THE DEBTOR(S)?

___ YES ___ NO

(8)(a) IF YES, ALSO IDENTIFY THE DEBTOR(S) YOU ARE EMPLOYED BY:

D. DESCRIBE THE NATURE OF YOUR UNSECURED CLAIM.
(Please check one of the following, or attach a written description.)

___ GOODS PROVIDED (Please identify the goods.)

___ SERVICES PROVIDED. (Describe the type of services provided.)

___ REBATE CLAIM. (Please describe the rebate claim.)

___ OTHER. Please describe.

E. SET-OFF, RECOUPMENT, RECLAMATION & SUPPLY OF GOODS. Respond, as applicable.

(1) IS ANY PORTION OF YOUR CLAIM SUBJECT TO SETOFF?

___ YES. ___ NO.

(1)(a) IF SO, PLEASE DESCRIBE HOW MUCH OF YOUR CLAIM IS SUBJECT TO SETOFF, THE DEBTOR(S) AGAINST WHICH SETOFF MAY BE ASSERTED, AND WHETHER YOU INTEND TO ASSERT YOUR SETOFF RIGHTS.

(2) IS ANY PORTION OF YOUR CLAIM SUBJECT TO RECOUPMENT?

___ YES. ___ NO.

(2)(a) IF SO, PLEASE DESCRIBE HOW MUCH OF YOUR CLAIM IS SUBJECT TO RECOUPMENT, THE DEBTOR(S) AGAINST WHICH RECOUPMENT MAY BE ASSERTED, AND WHETHER YOU INTEND TO ASSERT YOUR RECOUPMENT RIGHTS.

(3) DO YOU HAVE A RECLAMATION CLAIM AGAINST ANY OF THE DEBTORS?

___ YES. ___ NO.

(3)(a) IF SO, PLEASE DESCRIBE HOW MUCH OF YOUR CLAIM IS SUBJECT TO A RECLAMATION DEMAND, THE DEBTOR(S) AGAINST WHICH A RECLAMATION CLAIM MAY BE ASSERTED, AND WHETHER YOU INTEND TO ASSERT YOUR RECLAMATION RIGHTS.

(4) IF YOU SOLD GOODS TO THE DEBTORS AND THE DEBTORS RECEIVED THE GOODS WITHIN 20 DAYS OF THE COMMENCEMENT OF THE BANKRUPTCY CASES, DO YOU INTEND TO ASSERT AN ADMINISTRATIVE EXPENSE CLAIM FOR THE VALUE OF THOSE GOODS UNDER 11 U.S.C. § 503(b)(9)?

___ YES. ___ NO.

(4)(a) WHAT IS THE VALUE OF THE GOODS FOR WHICH YOU INTEND TO ASSERT AN ADMINISTRATIVE EXPENSE CLAIM?

\$ _____

F. HAVE YOU OR YOUR ATTORNEY ENTERED INTO A SETTLEMENT AGREEMENT WITH THE BANKRUPTCY DEBTORS REGARDING RESOLUTION OF YOUR CLAIM?

___ YES. ___ NO.

G. ARE YOU AN OFFICER OR DIRECTOR OF THE DEBTORS, A PERSON IN CONTROL OF THE DEBTORS, OR RELATED TO AN OFFICER, DIRECTOR OR PERSON IN CONTROL?

___ YES. ___ NO. IF YES, PLEASE DESCRIBE THE RELATIONSHIP:

H. DO YOU HOLD A CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF ANY OF THE DEBTOR(S)?

___ YES. ___ NO. ___ N.A.

(1) IF YES, INDICATE THE POSITION: _____

(2) IF YES, STATE THE DOLLAR AMOUNT OF THE CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF ANY OF THE DEBTOR(S)

\$ _____

I. ARE YOU OR AN ENTITY WITH WHICH YOU ARE AFFILIATED A SHARE-HOLDER OF THE DEBTORS, OR RELATED TO A SHAREHOLDER OF THE DEBTORS?

___ YES. ___ NO. IF YES, STATE THE NUMBER OF SHARES

_____.

J. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER PARTIES IN THE BANKRUPTCY CASE?

___ YES. ___ NO. ___ DON'T KNOW.

K. PLEASE INDICATE WHETHER YOU HAVE GIVEN A POWER OF ATTORNEY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM. ___ YES. ___ NO.

(If you have given a power of attorney to your attorney, please use the official bankruptcy form, Form B11, and provide a photocopy of the power of attorney to the United States Trustee along with this creditor committee acceptance form on or before the organizational meeting.)

SIGNATURE: _____

DATE: _____

NAME (in print): _____

TITLE: (in print): _____

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.

- YOU MAY ATTACH A SIGNED WRITTEN STATEMENT EXPLAINING YOUR RESPONSES.
- **PLEASE RETURN TO THE UNITED STATES TRUSTEE BY FAX (214) 767-8971 ATTN: GEORGE MCELREATH, TRIAL ATTORNEY, BY 9:00 A.M. (CENTRAL STANDARD TIME) ON FEBRUARY 4, 2009 OR BY EMAIL TO GEORGE.F.MCELREATH@USDOJ.GOV.**
- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.