

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION  
Kenneth S. Gardner, Bankruptcy Clerk**

**CLASS                      BALLOT FOR ACCEPTING OR REJECTING  
                                         PLAN OF REORGANIZATION**

\_\_\_\_\_ filed a plan of reorganization dated \_\_\_\_\_ (The "Plan") for the Debtor in this case. The Court has \_\_\_\_\_ approved a disclosure statement with respect to the Plan (the "Disclosure Statement"). The Disclosure Statement provides information to assist you in deciding how to vote your ballot. If you do not have a Disclosure Statement, you may obtain a copy from

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Court approval of the disclosure statement does not indicate approval of the Plan by the Court.

**You should review the Disclosure Statement and the Plan before you vote. You may wish to seek legal advice concerning the Plan and your classification and treatment under the Plan. Your**

**has been placed in class \_\_\_\_\_ under the Plan. If you hold claims or equity interests in more than one class, you will receive a ballot for each class in which you are entitled to vote.**

**If your ballot is not received by \_\_\_\_\_  
on or before \_\_\_\_\_, and such deadline is not extended, your vote will not count as  
either an acceptance or rejection of the Plan.**

**If the Plan is confirmed by the Bankruptcy Court it will be binding on you whether or not you vote.**

**ACCEPTANCE OR REJECTION OF THE PLAN**

The undersigned, the holder of a Class \_\_\_\_\_ claim against the Debtor in the unpaid amount of Dollars (\$ \_\_\_\_\_ )

The undersigned, the holder of a Class \_\_\_\_\_ claim against the Debtor, consisting of Dollars (\$ \_\_\_\_\_ )  
principal amount of \_\_\_\_\_

of the Debtor (For purposes of this Ballot, it is not necessary and you should not adjust the principal amount for any accrued or unmatured interest.)

The undersigned, the holder of Class \_\_\_\_\_ equity interest in the Debtor, consisting of \_\_\_\_\_ shares or  
other interests of \_\_\_\_\_ in the Debtor.

(Check one box only)

ACCEPTS THE PLAN

REJECTS THE PLAN

Dated:

Print or type name:

Signature:

Title (if corporation or partnership)

Address:

RETURN THIS BALLOT TO: