

United States Bankruptcy Court
DISTRICT OF DELAWARE

CHAPTER 11 CASE NO. 00-4471 (RJN)
(Jointly Administered)

In re
ARMSTRONG WORLD INDUSTRIES,
INC., *et al.*,
Debtors.

CLASS 3
CONVENIENCE
CLAIMS

BALLOT FOR ACCEPTING OR REJECTING ARMSTRONG WORLD INDUSTRIES,
INC.'S PLAN OF REORGANIZATION DATED NOVEMBER 4, 2002

IF THIS BALLOT IS NOT RECEIVED BY
TRUMBULL SERVICES, LLC BY 5:00 P.M.
WILMINGTON, DELAWARE
TIME, ON [____], 2003 YOUR
VOTE WILL NOT BE COUNTED.

PLEASE READ BOTH SIDES OF THIS BALLOT BEFORE COMPLETING THIS BALLOT.

The undersigned, a holder of a Convenience Claim against AWI, votes (check one box only):

<input type="checkbox"/> to ACCEPT the Plan	<input type="checkbox"/> to REJECT the Plan
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By signing this Ballot, the undersigned makes the certifications set forth on the reverse side of this Ballot.

Amount of Your Claim for Voting Purposes Only:

Street Address: _____

City, State, and Zip Code _____

Telephone Number: (____) _____

Social Security or Federal Tax I.D. No. _____

Date Completed: _____

Name of Claimant: _____
(Print or Type)

By: _____
(Signature of Claimant or Authorized Agent)

Print Name of Signatory: _____

Title: _____

(If Appropriate)

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RLF1-2562559-1

PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR BALLOT

Please complete, sign, and date this Ballot. Return this Ballot to Trumbull Services LLC, Attn: Armstrong World Industries, Inc. (by mail: P.O. Box 1117, Windsor, Connecticut 06095; by hand delivery or overnight courier: 4 Griffin Road North, Windsor, Connecticut 06095). If your Ballot is not RECEIVED by 5:00 p.m., Wilmington, Delaware time on [____], 2003, it will not be counted.

On [____], 2003, the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") signed an order, which establishes certain procedures (the "Voting Procedures") for the solicitation and tabulation of votes to accept or reject the Plan. The Voting Procedures are annexed as Exhibit "D" to the Disclosure Statement, dated December 20, 2002 (the "Disclosure Statement"), which accompanies this Ballot.

By signing this Ballot, you make the following certifications:

- "I have been provided with a copy of the Disclosure Statement and the exhibits thereto."
- "I have the full power and authority to vote to accept or reject the Plan on behalf of the claimant listed on the reverse side."

The Plan can be confirmed by the Bankruptcy Court and thereby made binding on you if it is accepted by the holders of two-thirds in amount and more than one-half in number of claims in each class and the holders of two-thirds in amount of equity security interests in each class voting on the Plan. In the event the requisite acceptances are not obtained, the Bankruptcy Court may nevertheless confirm the Plan if the Bankruptcy Court finds that the Plan accords fair and equitable treatment to the class or classes rejecting it and otherwise satisfies the requirements of § 1129(b) of the Code. To have your vote count you must complete and return this Ballot by 5:00 p.m., Wilmington, Delaware time on [____], 2003.

This Ballot is for voting purposes only and does not constitute and shall not be deemed a proof of claim or interest or an admission by AWI of the validity of a claim or interest.

**PLEASE CALL INNISFREE M&A INCORPORATED TOLL-FREE AT
(877) 750-2689 IF YOU HAVE ANY QUESTIONS ABOUT
THIS BALLOT, THE VOTING PROCEDURES, OR THE PLAN**

United States Bankruptcy Court

DISTRICT OF DELAWARE

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INC., *et al.*,
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INC.'S PLAN OF REORGANIZATION DATED NOVEMBER 4, 2002

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WILMINGTON, DELAWARE
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CLASS 4
ASBESTOS
PROPERTY
DAMAGE
CLAIMS

PLEASE READ BOTH SIDES OF THIS BALLOT BEFORE COMPLETING THIS BALLOT.

The undersigned, a holder of an Asbestos Property Damage Claim against AWI, votes (check one box only):

<input type="checkbox"/> to ACCEPT the Plan	<input type="checkbox"/> to REJECT the Plan
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By signing this Ballot, the undersigned makes the certifications set forth on the reverse side of this Ballot.

Amount of Your Claim for Voting Purposes Only: \$100.00

Name of Claimant: _____
(Print or Type)

Street Address: _____
City, State, and Zip Code

By: _____
(Signature of Claimant or Authorized Agent)

Telephone Number: () _____

Print Name of Signatory: _____
Social Security or Federal Tax I.D. No. _____

Title: _____
Date Completed: _____

(If Appropriate)

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