



**HOW TO VOTE**

1. COMPLETE ITEM 1 AND ITEM 2.
2. REVIEW THE CERTIFICATIONS CONTAINED IN ITEM 3.
3. **SIGN THE BALLOT.**
4. RETURN THE BALLOT IN THE PRE-ADDRESSED POSTAGE-PAID ENVELOPE (SO THAT IT IS RECEIVED BEFORE THE VOTING DEADLINE).
5. YOU MUST VOTE THE FULL AMOUNT OF YOUR CONVENIENCE CLAIM REPRESENTED BY THIS BALLOT *EITHER* TO ACCEPT *OR* TO REJECT THE PLAN AND MAY NOT SPLIT YOUR VOTE.
6. ANY EXECUTED BALLOT RECEIVED THAT (A) DOES NOT INDICATE EITHER AN ACCEPTANCE OR REJECTION OF THE PLAN, OR (B) THAT INDICATES BOTH AN ACCEPTANCE AND A REJECTION OF THE PLAN, WILL NOT BE COUNTED.

**Item 1. Amount of Convenience Claim Voted.** The undersigned certifies that as of May [\_\_\_], 2003, the undersigned held a Convenience Claim against a Debtor in the following aggregate unpaid amount, which arose prior to the Debtor's Commencement Date (insert amount in the box below):

\$

**Item 2. Vote.** The holder of the Convenience Claim identified in Item 1 votes as follows (check one box only—if you do not check a box your vote will not be counted; if you check both boxes your vote will not be counted):

to **Accept** the Plan.                      OR                       to **Reject** the Plan.

**Item 3. Certification.** By returning this Ballot, the holder of the Convenience Claim identified in Item 1 certifies that (a) this Ballot is the only Ballot submitted for such Convenience Claim, (b) it has full power and authority to vote to accept or reject the Plan with respect to the Convenience Claim listed in Item 1, (c) it was the holder of the Convenience Claim described in Item 1 as of May [\_\_\_], 2003, and (d) it has received a copy of the Disclosure Statement (including the exhibits thereto) and understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement.

Name of Creditor : \_\_\_\_\_  
(Print or Type)

Social Security or Federal Tax ID. No.: \_\_\_\_\_  
(Optional)

Signature: \_\_\_\_\_

Print Name : \_\_\_\_\_

Title: \_\_\_\_\_  
(If Appropriate)

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Date Completed: \_\_\_\_\_

This Ballot shall not constitute or be deemed a proof of claim or equity interest, an assertion of a claim or equity interest, or the allowance of a claim or equity interest.

**YOUR VOTE MUST BE FORWARDED IN AMPLE TIME FOR YOUR VOTE TO BE RECEIVED BY THE VOTING AGENT, INNISFREE M&A INCORPORATED, BY 4:00 P. M., EASTERN TIME, ON [\_\_\_\_\_], 2003, OR YOUR VOTE WILL NOT BE COUNTED.**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS BALLOT OR THE VOTING PROCEDURES, OR IF YOU NEED A BALLOT OR ADDITIONAL COPIES OF THE DISCLOSURE STATEMENT OR OTHER ENCLOSED**

**MATERIALS, PLEASE CALL THE VOTING AGENT, INNISFREE M&A INCORPORATED, AT [\_\_\_\_\_] (TOLL FREE).**