

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF MICHIGAN
 SOUTHERN DIVISION



In re: § CASE NO. 00-CV-00005
 § (Settlement Facility Matters)
 DOW CORNING CORPORATION, §
 §
 Reorganized Debtor § Honorable Denise Page Hood
 §

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:

<u>Claimant</u>	<u>Late Claim Request ID¹</u>
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**

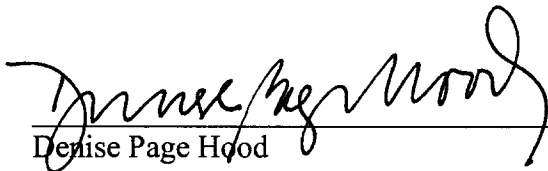
¹This identifier refers to (a) the sequential number assigned to the letter the Court received from the Claimant or her counsel, or (b) the docket number assigned to a motion filed by the Claimant or her counsel.

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.

Dated: MAR 21 2006


Denise 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: /s/ Deborah E. Greenspan
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, 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): _____

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):

<p><input type="checkbox"/> Breast Implant</p> <p><input type="checkbox"/> Raw Materials supplied by Dow Corning and used in Implants made by other companies</p> <p><input type="checkbox"/> TMJ -- Silicone Temporomandibular Joint Corrective Surgery</p> <p><input type="checkbox"/> Chin/Other Facial Implant</p> <p><input type="checkbox"/> Testicular/Penile Implant</p> <p><input type="checkbox"/> Silicone Fluid Injection</p> <p><input type="checkbox"/> Contraceptives implanted in upper arm</p>	<p><input type="checkbox"/> Silicone Small Joint Orthopedic (check all that apply)</p> <p><input type="checkbox"/> Finger <input type="checkbox"/> Toe <input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Other, Specify _____</p> <p>Please indicate Brand Name if known: _____</p> <p><input type="checkbox"/> Metal Large Joint Orthopedic (check all that apply)</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Other, Specify _____</p> <p>Please indicate Brand Name if known _____</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other, Specify _____</p>
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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

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.

18 USC §§ 152, 3571.

¹The 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.