

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL NO. 1968

**NOTICE OF INTENT TO OPT OUT FORM**

THIS FORM APPLIES TO ALL PLAINTIFFS WHO HAVE SUITS PENDING IN MDL 1968 OR  
PERSONS HOLDING TOLLED CLAIMS.

IF YOU DO **NOT** WISH TO PARTICIPATE IN THE *IN RE DIGITEK® PRODUCT LIABILITY LITIGATION* SETTLEMENT PROGRAM (the “Program”), YOU **MUST** SUBMIT THIS FORM TO THE FOLLOWING PERSONS VIA EMAIL, DELIVERY AND READ RECEIPT REQUESTED, ON OR BEFORE **11:59 p.m. on OCTOBER 15, 2010**, OR BY UNITED STATES MAIL OR OTHER CARRIER, RETURN RECEIPT REQUESTED, POSTMARKED ON OR BEFORE **OCTOBER 15, 2010**:

<u>Special Master:</u>	<u>Actavis Defendants’ Counsel:</u>	<u>Negotiating Plaintiffs’ Counsel:</u>
Special Master Digitek Claims Smith, Cochran & Hicks, P.L.L.C. Post Office Box 2553 Charleston, West Virginia 25329	Jaclyn A. Bryk, Esq. Tucker Ellis & West, LLP 925 Euclid Avenue 1150 Huntington Building Cleveland, Ohio 44115	Meghan Johnson Carter, Esq. Motley Rice 28 Bridgeside Boulevard Mt. Pleasant, South Carolina 29464
Email: <a href="mailto:Specialmaster@digitekclaims.net">Specialmaster@digitekclaims.net</a>	Email: <a href="mailto:Digitekclaims@tuckerellis.com">Digitekclaims@tuckerellis.com</a>	Email: <a href="mailto:Digitekclaims@motleyrice.com">Digitekclaims@motleyrice.com</a>

By timely submitting this form, you acknowledge and agree that you will not be entitled to seek an award under the Program. Failure to timely submit this form means that you will automatically be enrolled in the Program, although you will not be eligible for an award unless you timely submit a Claim Package pursuant to the Program. By checking the box below and executing this form, you acknowledge that you have been fully advised of your rights under the Settlement Agreement and elect to opt-out of the Program.

I elect to opt-out of the In Re Digitek® Product Liability Litigation Settlement Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Case No. (if applicable)

\_\_\_\_\_  
Attorney’s Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Attorney’s Address

\_\_\_\_\_  
Attorney’s Email and Telephone Number