

NOTICE OF ELECTION TO OPT OUT
LEGAL NOTICE

U.S. District Court – Northern District California

This Information Request form is a supplement to the Notice to Third Party Payors (“TPPs”) and applies only to TPPs who exercise their right to opt out of the class. If you are not opting out, and choose to remain in the class and receive a settlement payment, do not return this Information Request form.

A settlement has been reached in the class action entitled *In re Bextra and Celebrex Marketing, Sales Practices and Products Liability Litigation*, Docket No. M:05-cv-01699-CRB (N.D. Cal.). As stated in the Notice provided to you, you have the right to opt out of the class action. If you exercise the right to opt out in the manner described in the Notice, you will not receive any part of the settlement funds.

In this Proposed Settlement, it is important for the parties to obtain certain information about TPPs who choose to opt out, because that information may affect whether the Proposed Settlement will be completed. For that reason, the Court has authorized the Claims Administrator to request certain information from TPPs that elect to opt out. The Court therefore requests that *if you elect to opt out*, you provide the information on the TPP Opt Out Information Request form and return that information with this notice of election to opt out to the Claims Administrator **postmarked by June 30, 2009**.

You may choose to opt out regardless of whether you provide the information stated below. However, if you choose to opt out but do not provide this information with your election to opt out, ***you may be subject to subpoena to obtain this information.***

FOR MORE INFORMATION:

Call: 1-800- 547-9360

Access: www.BextraCelebrexSettlement.com

Write: Bextra and Celebrex Claims Administrator
c/o Rust Consulting, Inc.
P.O. Box 24675
West Palm Beach, FL 33416

Email: info@BextraCelebrexSettlement.com

Contact class counsel: steve@hbsslaw.com

POSTMARKED NO LATER THAN
JUNE 30, 2009.

TPP OPT OUT INFORMATION REQUEST FORM

FOR OFFICE USE ONLY

Name of entity:

Primary Contact:

Address:

City:

State:

Zip Code:

Area Code – Telephone Number:

Area Code – Fax Number:

Federal Tax ID Number:

Please state below the total net amount, in dollars, which you (including any predecessor entities) paid for Bextra and Celebrex prescriptions during the period stated below (if information for any period is not available, please so indicate):

Bextra (November 16, 2001 through April 7, 2005):

2001 \$

2002 \$

2003 \$

2004 \$

2005 \$

Celebrex (December 31, 1998 through July 29, 2005):

1999 \$

2000 \$

2001 \$

2002 \$

2003 \$

2004 \$

2005 \$

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signature of Authorized Representative:

Dated:

Print Name:

Title:

Mail to: Bextra and Celebrex Claims Administrator
c/o Rust Consulting, Inc.
PO Box 24675
West Palm Beach, FL 33416

Completed forms should be postmarked no later than **June 30, 2009**.