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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

IN RE Phenylpropanolamine (PPA) Products
Liability Litigation,

NO. MDL 1407

STIPULATION AND AGREED ORDER
SUBSTITUTING NEW TENDER OF
PAYMENT FORM FOR EX 2. TO CMO-
16

This document relates to all actions.

STIPULATION

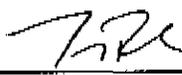
COME NOW defendants, through their undersigned liaison counsel of record and plaintiffs through their undersigned liaison counsel of record, and having learned that the Tender of Payment Form at Ex. 2 attached to CMO-16 improperly identifies the Trustee as Lori White and not Northern Trust Bank FSB, the parties hereby stipulate that the attached Tender of Payment Form should be substituted for Ex. 2 attached to CMO-16 and the parties hereby stipulate to the entry of the subjoined Order without further notice.

STIPULATION AND AGREED ORDER SUBSTITUTING NEW
TENDER OF PAYMENT FORM FOR EX. 2 TO CMO-16 - 1
(MDL 1407)

Williams, Kastner & Gibbs PLLC
Two Union Square, Suite 4100 (98101-2380)
Mail Address: P.O. Box 21926
Seattle, Washington 98111-3926
(206) 628-6600

PRESENTED BY:

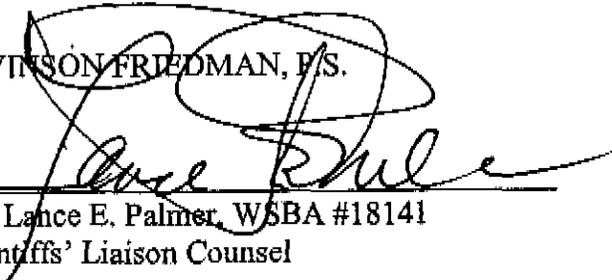
WILLIAMS, KASTNER & GIBBS PLLC

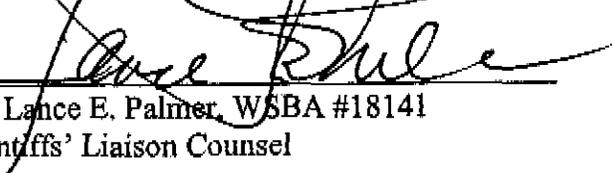
By 

Douglas A. Hofmann, WSBA #06393

Mary Re Knack, WSBA #26945

Defendants' Co-Liaison Counsel


LEVINSON FRIEDMAN, P/S.

By 

Lance E. Palmer, WSBA #18141

Plaintiffs' Liaison Counsel

ORDER

THIS MATTER having come before the Court on the foregoing Stipulation of the parties, and the Court having reviewed the Stipulation, now, therefore, it is hereby

ORDERED that this Court approves the substituting of the Tender of Payment Form attached to this Stipulation and Agreed Order for Ex. 2 attached to CMO-16.

The Clerk of the Court is directed to forward copies of this order to counsel of record.

DATED this 9th day of December, 2003.


Barbara J. Rothstein
UNITED STATES DISTRICT JUDGE

STIPULATION AND AGREED ORDER SUBSTITUTING NEW
TENDER OF PAYMENT FORM FOR EX. 2 TO CMO-16 - 2
(MDL 1407)

Williams, Kastner & Gibbs PLLC
Two Union Square, Suite 4100 (98101-2380)
Mail Address: P.O. Box 21926
Seattle, Washington 98111-3926
(206) 628-6600

1486903.1

TENDER OF PAYMENT
TO THE MDL 1407 FEE AND COST TRUST

FAX FORM TO: NORTHERN TRUST BANK, FSB, TRUSTEE
Attention: Lori White
SECURED FACSIMILE: (206) 381-8353

SECTION I - CASE INFORMATION: (Must be completed in full by remitting counsel)

CASE NAME: _____
CIVIL ACTION NUMBER: _____
VENUE: [] U.S.D.C. [] State

SECTION II - SETTLEMENT INFORMATION: (Must be completed in full by remitting counsel)

A. IF LUMP SUM SETTLEMENT, please complete	B. IF INSTALLMENT SETTLEMENT, please complete
SETTLEMENT AMOUNT \$ _____	SETTLEMENT AMOUNT \$ _____ (Based in Present Value)
PERCENTAGE ALLOCATED [] 3% (State) PER SETTLEMENT AGREEMENT [] 4% (Federal) NO ASSESSMENT DUE [] 0%	PERCENTAGE ALLOCATED [] 3% (State) PER SETTLEMENT AGREEMENT [] 4% (Federal) NO ASSESSMENT DUE [] 0%
REMITTANCE AMOUNT \$ _____	REMITTANCE AMOUNT \$ _____

SECTION III - COUNSEL INFORMATION:

REMITTING (DEFENSE) COUNSEL—To be completed by Defense Counsel	OPPOSING (PLAINTIFF'S) COUNSEL OR CLAIMANT—To be completed by Plaintiff's Counsel or Claimant
NAME: _____	NAME: _____
FIRM: _____	FIRM: _____
ADDRESS: _____	ADDRESS: _____
PHONE NO.: _____	PHONE NO.: _____
FACSIMILE NO.: _____	FACSIMILE NO.: _____
REPRESENTING: _____	REPRESENTING: _____

CONFIDENTIAL

OPPOSING (PLAINTIFF'S) COUNSEL OR CLAIMANT	OPPOSING (PLAINTIFF'S) COUNSEL OR CLAIMANT
NAME: _____	NAME: _____
FIRM: _____	FIRM: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
PHONE NO.: _____	PHONE NO.: _____
FACSIMILE NO.: _____	FACSIMILE NO.: _____
REPRESENTING: _____	REPRESENTING: _____

(Attach additional sheets if necessary)

SECTION IV - PAYMENT INSTRUCTIONS: (Part B to be completed by remitting counsel, if applicable)

A. IF BY CHECK. PLEASE NOTE CIVIL ACTION NUMBER ON YOUR CASHIER'S CHECK AND FORWARD THE REMITTANCE AMOUNT SPECIFIED IN SECTION II AS FOLLOWS:	B. IF BY WIRE TRANSFER. PLEASE COMPLETE THE FOLLOWING INFORMATION AND FORWARD THE REMITTANCE AMOUNT SPECIFIED IN SECTION II TO THE ACCOUNT NOTED BELOW:
<i>MAKE CASHIER'S CHECK PAYABLE TO:</i> "MDL 1407 FEE AND COST ACCOUNT" <i>MAKE CHECK AND THIS FORM TO:</i> MDL 1407 FEE AND COST TRUST ACCOUNT NO. 02-60309 ABA NO. 071000152 Northern Trust Bank 1414 Fourth Avenue SEATTLE, WA 98101	<i>WIRE FROM:</i> BANK NAME: _____ ADDRESS: _____ _____ ACCOUNT NO.: _____ ABA NO.: _____ <i>WIRE TO MDL 1407 FEE AND COST TRUST</i> ABA NO. 071000152 NORTHERN TRUST CHICAGO ACCOUNT 5186011000 For Further Credit to MDL 1407 TRUST Account No. 02-60309

SECTION V – SIGNATURES: (Remitting counsel is responsible for obtaining authorized signature for both counsel)

A. FOR REMITTING (DEFENSE) COUNSEL'S USE ONLY	B. FOR LEAD OPPOSING COUNSEL'S/CLAIMANT'S USE ONLY
I hereby certify that the information provided above is true and correct to the best of my information, knowledge and belief.	I hereby certify that the information provided below is true and correct to the best of my information, knowledge and belief.
AUTHORIZED SIGNATURE: _____	AUTHORIZED SIGNATURE: _____
DATE: _____	DATE: _____

*****CONFIDENTIAL*****
*****FOR TRUSTEE'S USE ONLY*****

AUTHORIZATION TO FORWARD REMITTANCE AMOUNT VIA WIRE TRANSFER	CONFIRMATION OF RECEIVING REMITTANCE AMOUNT
TRUSTEE'S SIGNATURE: _____	TRUSTEE'S SIGNATURE: _____
DATE OF AUTHORIZATION: _____	DATE OF CONFIRMATION: _____
AMOUNT TO BE FORWARDED: \$ _____	AMOUNT RECEIVED: \$ _____