**R.I. Local Form 3018-1.2**

**(Rev. 4/1/1999)**

UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF RHODE ISLAND

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In re: :

: BK No.

Debtor(s) Chapter

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -\*

# BALLOT FOR ACCEPTING OR REJECTING PLAN OF REORGANIZATION DATED

This Ballot relates to the Debtor’s Plan of Reorganization dated , which can be **CONFIRMED** by the Court and thereby made binding on you if it is:

# ACCEPTED BY THE HOLDER OF TWO-THIRDS IN AMOUNT AND MORE THAN ONE- HALF OF CLAIMS IN EACH CLASS, AND THE HOLDERS OF TWO-THIRDS IN AMOUNT OF EQUITY SECURITY INTEREST IN EACH CLASS VOTING ON THE PLAN.

You should review the Disclosure Statement and the Plan before you vote. You may wish to seek legal advice concerning the Plan and your classification and treatment under the Plan. Your [claim] / [equity interest] has been placed in class [ ] under the Plan. If you hold claims or equity interests in more than one class, you will receive a ballot for each class in which you are entitled to vote.

If the Plan is confirmed by the Bankruptcy Court it will be binding on you whether or not you vote.

In the event the requisite acceptances are not obtained, the Court may nevertheless confirm the plan if it finds that the plan accords fair and equitable treatment to the class rejecting it.

To have your vote count, the office designated below **MUST RECEIVE YOUR COMPLETED BALLOT ON OR BEFORE .**

THE UNDERSIGNED CREDITOR OF THE ABOVE NAMED DEBTOR:

(CHECK ONE BOX) **ACCEPTS**

**REJECTS**

the Reorganization Plan dated of the above-named Debtor.

# \*\*\* PLEASE PRINT \*\*\*

Name of Creditor:

Authorized Officer:

Title:

Address:

Signature:

# PLEASE RETURN THIS BALLOT TO: