

Must be
Postmarked by
February 19, 2007

In re Pharmaceutical Industry Average Wholesale Price Litigation
Docket No. 01-CV-12257-PBS

For Official Use Only

EXCLUSION FORM

**Only Complete this Form if You Do NOT Want to be Included
in One or More of the Classes**

**By Completing This Form You Are Excluding Yourself From One or More of
The Classes and Nothing That Happens in the Class(es) You Check Below
Will Affect You. That Means You Will Not Be Able To Participate in Any
Benefits Obtained By The Class(es), and It Also Means You Will Not Be
Bound By The Outcome Of Any Trials.**

Please check the box(es) indicating whether you are a:

Medicare Part B beneficiary Legal Heir to Medicare Part B beneficiary

Please check the box(es) indicating which of the Classes you wish to exclude yourself from:

- All Classes: (All Drugs)
- AstraZeneca Class: Zoladex (goserelin acetate)
- Bristol-Myers Squibb Class: Blenoxane (bleomycin sulfate), Cytosan (cyclophosphamide), Etopophos (etoposide phosphate), Paraplatin (carboplatin), Rubex (doxorubicin hcl), Taxol (paclitaxel), VePesid (etoposide)
- Johnson & Johnson Class: Remicade (infliximab), Procrit (epoetin alfa)

I would like to be excluded from the Class(es) indicated above. I understand that by doing so I am excluding myself from one or more of the Classes and nothing that happens in the Classes will affect me. I understand that I will not be able to participate in any benefits obtained by the Classes and that I will not be bound by the outcome of any trials.

Signature

Print Name

Date

Street Address

City

State

Zip code

Mail To:

AWP Litigation Administrator
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