

B. Objection to Proposed Priority Classification:

I object to the proposed classification of my claim. The basis and nature of my objection is as follows:

(attach a detailed statement where necessary)

For this objection to be considered, I have attached **copies** of all documents that the Court should consider in ruling on the merits of this objection (including any relevant documents previously provided to the Receiver).

C. Other Objection:

I otherwise object to the proposed treatment of my claim. The basis and nature of my objection is as follows:

(attach a detailed statement where necessary)

For this objection to be considered, I have attached **copies** of all documents that the Court should consider in ruling on the merits of this objection (including any relevant documents previously provided to the Receiver).

SUBMISSION TO THE RECEIVER:

If you want the Court to consider the views in this objection, then on or before January 18, 2009, you must:

- Sign and date this form below;
- Submit the original of this form (with copies of supporting documents) to the Receiver at: DuretteBradshaw PLC, Post Office Box 2187, Richmond, Virginia 23218; and
- Retain a copy of this form (with the original supporting documents) for your own records.

If you want to receive confirmation that your objection and supporting documents were received by the Receiver, you must send a self-addressed stamped envelope to the Receiver. If you do not receive the written confirmation from the Receiver within 10 business days, you should contact the Receiver.

CERTIFICATION

The undersigned certifies under penalty of perjury that information contained in this Objection to Receiver’s Claim Determination, including any attachment(s), is correct and that the undersigned is authorized to make this objection. The undersigned agrees to supplement this form if any information given later becomes inaccurate or incomplete.

Date	Sign and print the name and title, if any, of the Claimant(s) or other person authorized to file this claim (attach copy of power of attorney, if any)
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