

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA**

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|------------------------------------|---|---------------------------|
| In re: | : | Chapter 11 |
| | : | |
| GREATER SOUTHEAST COMMUNITY | : | Jointly Administered |
| HOSPITAL CORP., I, <i>et al.</i> , | : | Case No. 02-2250 |
| | : | Judge S. Martin Teel, Jr. |
| Debtors. | : | |
| | : | |

**ORDER APPROVING THE MOTION OF THE DCHC LIQUIDATING TRUST
SEEKING AN ORDER ESTABLISHING PROCEDURES AND DEADLINES
CONCERNING IRS W-9 FORMS AND REDISTRIBUTION OF FUNDS
FROM NONRESPONDING CREDITORS**

Upon consideration of the Motion of The DCHC Liquidating Trust (the "Trust") Seeking an Order Establishing Procedures and Deadlines Concerning IRS W-9 Forms and Redistribution of Funds from Nonresponding Creditors (the "Motion"),

It is **HEREBY ORDERED THAT:**

1. The relief requested Motion is GRANTED, as modified by the terms of this Order.

2. The Trust is authorized to mail a copy of the letter (in substantially the form attached hereto as Exhibit A) to each holder of an allowed claim anticipated to be entitled to a distribution from the Trust (“Claimholders”). The letter will attach an Internal Revenue Service Form W-9 (“W-9 Form”) and will require that the Claimholder return the completed W-9 Form to the Trust within ninety (90) days or the Claimholder will forfeit its distribution and the Trust will withhold that Claimholder’s distribution and redistribute the remaining funds among the Claimholders who returned a completed W-9 Form pursuant to these procedures.
3. Any creditor who holds an Allowed Claim and/or is expected to receive a distribution will be sent a copy of a letter by the Trust (in substantially the form attached hereto as Exhibit A) and a W-9 Form within thirty (30) days of entry of this Order.
4. Any creditor whose Claim is currently subject to objection or has not otherwise been determined to be allowed, but which is subsequently allowed, and/or becomes expected to receive a distribution will be sent a copy of a letter by the Trust (in substantially the form attached hereto as Exhibit A) and a W-9 Form within thirty (30) days of the determination of allowance and/or entitlement to distribution.
5. The letter sent to the creditors in accordance with paragraphs (2), (3) and (4) of this Order will require the creditors to complete and return the W-9 Form, including their tax identification number (TIN) or claim of exemption, to the Trust by a deadline (a stated date certain) that is at least ninety (90) days from the date of the letter. The letter will state that if a Claimholder does not return a

completed W-9 Form to the Trust by the stated deadline, the Claimholder will not be entitled to receive his or her share, if any, of distributions from the Trust; failure to return a completed W-9 Form by the deadline will be deemed a waiver of the Claimholder's interests, if any, in the Trust; and if a Claimholder's interest is waived, proceeds that would have been distributed to that Claimholder will be distributed ratably to the other Claimholders who returned a completed W-9 Form pursuant to these procedures.

6. During the applicable deadline, the Trust will monitor its receipt of completed W-9 Forms and will send reminder letters to Claimholders who have not returned the forms, so that the Trust will have provided notice on *up to two additional occasions*, if necessary, to each unresponsive Claimholder.
7. In the event that any letter is returned due to an invalid address (and without a forwarding address), the claim will be disallowed consistent with the Plan provision concerning unclaimed funds. *See* Plan at § 5.3(f).
8. In the event that the Trust does not receive a W-9 Form or any other response from a Claimholder in the applicable deadline, such Claimholder will be presumed to have supplied an invalid address, and the claim(s) will be disallowed consistent with the Plan provision concerning unclaimed funds. *See* Plan § 5.3(f).
9. Failure to complete and return a W-9 Form within the applicable deadline will justify the Trust to expunge such Claimholder's claim(s) from the claims registry and redistribute the unclaimed funds to the complying Claimholders.

cc: Sam J. Alberts, Esq.
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Exhibit A

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Washington, DC 20005

Tel + 1 202 626 3600
Fax + 1 202 639 9355
www.whitecase.com

**** Important Tax Document Enclosed ****
**** Immediate Response Requested ****

<Date>

<Bar Code>

<Creditor Name>

<Creditor Address>

<City, State, Zip>

Re: In re Greater Southeast Community Hospital Corporation, et al., Case No. 02-2250 (SMT), United States Bankruptcy Court for the District of Columbia, jointly administering the following cases:

- PACIN Healthcare-Hadley Memorial Hospital Corporation, Case No. 02-2248 (SMT);
- Doctors Community Healthcare Corporation, Case No. 02-2249 (SMT);
- Greater Southeast Community Hospital Corporation I, Case No. 02-2250 (SMT);
- Michael Reese Medical Center Corporation, Case No. 02-2251 (SMT);
- Pine Grove Hospital Corporation, Case No. 02-2252 (SMT); and
- Pacifica of the Valley Corporation, Case No. 02-2253 (SMT) (collectively, the “Cases”):

Request for Tax Identification Number, Social Security Number, or Claim of Exemption

Dear Claimant:

On November 20, 2002, the above-referenced entities filed for chapter 11 protection under title 11 of the United States Code. On April 2, 2004, the United States Bankruptcy Court for the District of Columbia entered an order approving the Debtors’ Second Joint Amended Plan of Reorganization (the “Plan”). On April 5, 2004, the Plan went into effect, the Debtors reorganized, the DCHC Liquidating Trust (the “Trust”) was formed and certain assets, claims and responsibilities were transferred to the Trust. BMC Group has been retained by the Trust to assist in the process of making distributions to holders of Allowed Claims (as defined in the Plan). Our records show that you have filed a proof of claim in the Cases or such a claim was scheduled on your behalf.

We are required by the Internal Revenue Service (“IRS”) to have your tax identification number (“TIN”), Social Security Number (“SSN”), if you are an individual, or your claim of exemption on file and to report any distributions to the IRS if you are not exempt from reporting. Prior to making any distributions, we are therefore requesting that you complete and return the attached IRS Form W-9 so that it is received by the Trust by [DATE]. Please return your completed form in the pre-addressed envelope to: BMC Group, DCHC Disbursing Agent, P.O. Box 903, El Segundo, CA 90245 – 0903. Only originally signed documents will be accepted. No fax or email copies will be accepted. If you have any questions, please contact our Call Center at (888) 909-0100.

If we do not receive your TIN, SSN or claim of exemption by [DATE], you will not be entitled to receive your share, if any, of distributions from the Trust. Failure to return a completed IRS Form W-9 by the deadline will be deemed a waiver of your interests, if any, in the Trust. If your interest is waived, proceeds that would have been distributed to you will be distributed to the other beneficiaries of the Trust ratably. Successful completion and return of an IRS Form W-9 does not necessarily mean that you are eligible to receive a distribution.

Thank you.

Sam J. Alberts