

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

BOSTON SAFE DEPOSIT AND TRUST CO. MELON TRUST

\$1,000.00

MELISSA TARASOVICCH  
525 WILLIAM PENN PL.  
SUITE#3148  
PITTSBURGH, PA 15259

\* 9061 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

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PRIMEDEX HEALTH SYSTEMS, INC.**

A.G. EDWARDS & SONS  
PEGGY HUBBS  
2801 CLARK ST.  
ST. LOUIS, MO 63103

\$258,000.00

\*9014\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

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| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

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PO BOX 1023  
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VOTING AND INFORMATION AGENT:

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ADVANTAGE CORRESPONDENT CLEARING \$1,000.00

ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

**\*9024\***

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA U.S. MAIL)

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VOTING AND INFORMATION AGENT:

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PRIMEDEX HEALTH SYSTEMS, INC.**

AMERICAN ENTERPRISE INVESTMENT SERVICES

\$164,000.00

REBECCA STRAND  
2178 AXP FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

\*9015\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
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| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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PRIMEDEX HEALTH SYSTEMS, INC.**

AMERITRADE, INC.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\$245,000.00

\*9013\*

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$23,000.00

BAIRD (ROBERT W.) & CO., INC.  
SARA R. BLANKENHEIM  
777 E. WISCONSIN AVE.  
MILWAUKEE, WI 53202

\*9037\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

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EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

BANK OF AMERICA, NATIONAL ASSOC.

\$9,000.00

ALMA CARROLL  
411 N. AKARD  
5TH. FLOOR  
DALLAS, TX 75201

\* 9062 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
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| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

BANK OF NEW YORK (THE)  
CECILE LAMARCO  
925 PATTERSON PLANK RD.  
SECAUSUS, NJ 7094

\$586,000.00

\*9058\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
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|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

BEAR, STEARNS SECURITIES CORP.  
VINCENT MARZELLA  
ONE METROTECH CENTER NORTH  
4TH. FLOOR  
BROOKLYN, NY

\$66,000.00

\*9026\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

BNY CLEARING SERVICES, LLC  
RICHARD BROWN  
111 E. KILBOURN AVE.  
6TH. FLOOR  
MILWAUKEE, WI 53202

\$21,000.00

\* 9020 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

BROWN & CO. SECURITIES CORP.  
DAWN COBAK  
1 BEACON ST.  
BOSTON, MA 2108

\$19,000.00

\*9055\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$2,000.00

BUTLER, WICK & CO., INC.  
JOANN WILLMITCH  
CITY CENTRE ONE BLDG. SUITE# 700  
P.O. BOX 149  
YOUNGSTOWN, OH 44501

\*9046\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

CHARLES SCHWAB & CO., LLC  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\$765,000.00

\*9012\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
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| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

CIBC WORLD MARKETS CORP.  
DOUGLAS WALLEN  
200 LIBERTY ST.  
6TH. FLOOR  
NEW YORK, NY 10281

\$3,000.00

\*9032\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

---

A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

COMPUTER CLEARING SERVICES, INC.

\$3,000.00

ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\* 9021 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

DAVENPORT & CO., LLC.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\$5,000.00

\*9043\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
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---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

DAVID LERNER ASSOC., INC.  
JOSEPH F. WEST  
477 JERICHO TURNPIKE  
SYOSSET, NY 11791

\$17,000.00

\*9071\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
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EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

DONALDSON, LUFKIN AND JENRETTE SECURITIES, CORP.

\$697,000.00

AL HERNANDEZ  
1 PERSHING PLAZA  
JERSEY CITY, NJ 7399

\*9033\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

---

A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

EDWARD D. JONES & CO.  
HEDY GETZ  
700 MARYVILLE CENTER DRIVE  
ST. LOUIS, MO 63141

\$164,000.00

\* 9006 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

EMMETT A. LARKIN COMPANY, INC.  
ALLAN HAVRON  
100 BUSH ST.  
10TH. FLOOR  
SAN FRANCISCO, CA 94104

\$62,000.00

\*9028\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

ENTRADE CLEARING, LLC.  
DOUG RICHWINE  
10951 WHITE ROCK RD.  
RANCHO CORDOVA, CA 95670

\$139,000.00

\*9030\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

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BANKRUPTCY MANAGEMENT CORPORATION  
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EL SEGUNDO, CA 90245

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ATTN: PRIMEDEX BALLOT TABULATION  
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VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$174,000.00

FAHNESTOCK & CO., INC.  
JOE CALDER  
125 BROAD ST.  
15TH. FLOOR  
NEW YORK, NY 10004

\*9038\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

FERRIS, BAKER WATTS, INC.  
GEORGE E. ANTHONY  
8403 COLESVILLE ROAD  
SUITE # 900  
SILVER SPRINGS, MD 20910

\$31,000.00

\* 9003 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

---

A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

FIRST CLEARING CORPORATION  
CHARITA THOMPSON  
10700 WHEAT FIRST DRIVE  
GLEN ALLEN, VA 23060

\$3,516,000.00

\*9010\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$540,000.00

FISERV SECURITIES, INC.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\*9039\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$237,000.00

FIST TRUST CORP.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\*9070\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
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| 5.  |   |        |
| 6.  |   |        |
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| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$557,000.00

FLEET SECURITIES, INC.  
KATHY GUILLOU  
26 BROADWAY  
12TH. FLOOR  
NEW YORK, NY 10004

\*9011\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$93,000.00

H&R BLOCK FINANCIAL ADVISORS, INC.

BRIAN NEWCOMBE  
751 GRISWOLD ST.  
DETROIT, MI 48226

\* 9051 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

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FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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BANKRUPTCY MANAGEMENT CORPORATION  
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EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

HUNTLEIGH SECURITIES CORP.  
KAREN THOMAS  
8000 MARYLAND AVE.  
ST. LOUIS, MO 63105

\$1,000.00

\*9049\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$64,000.00

J.J..B HILLIARD, W.L. LYONS, INC.

KEVIN MEDICO

ADP PROXY SERVICES

51 MERCEDES WAY

EDGEWOOD, NY 11717

\* 9052 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
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| 1.  |   |        |
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| 4.  |   |        |
| 5.  |   |        |
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| 8.  |   |        |
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| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

JANNEY MONTGOMERY SCOTT, INC.  
REGINA LUTZ  
1801 MARKET ST.  
5TH. FLOOR  
PHILADELPHIA, PA 19103

\$30,000.00

\* 9029 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$3,000.00

JB OXFORD & CO.  
CECILLIA DE CLARA  
9665 WILSHIRE BLVD.  
SUITE#300  
BEVERLY HILLS, CA 90212

\*9073\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

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VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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PRIMEDEX HEALTH SYSTEMS, INC.**

\$15,000.00

JPMORGAN CHASE BANK  
PAULA J. DABNER  
PROXY/CLASS ACTIONS/BANKRUPTCY  
14201 DALLAS PKWY.  
DALLAS, TX 75254

\* 9059 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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| 1.  |   |        |
| 2.  |   |        |
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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA U.S. MAIL)

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EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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PRIMEDEX HEALTH SYSTEMS, INC.**

\$12,000.00

KING FINANCIAL SERVICES, INC.  
PHYLLIS FEIGE SHECHET  
1405 ROUTE 18 OLD BRIDGE  
NEW JERSEY, NJ 8857

\*9074\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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| 1.  |   |        |
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| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
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| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

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ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$102,000.00

LEGG MASON WOOD WALKER, INC.  
JOHN BARRY  
100 LIGHT STREET  
P.O. BOX 1476  
BALTIMORE, MD 21202

\*9048\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

LEHMAN BROTHERS, INC.  
JAMES GARDINER  
101 HUDSON ST.  
30TH. FLOOR  
JERSEY CITY, NJ 7302

\$12,000.00

\* 9007 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
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BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

LINSCO/PRIVATE LEDGER CORP.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\$27,000.00

\* 9008 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$73,000.00

MCDONALD INVESTMENTS, INC.  
JOE WALLACE  
4900 TIEDEMAN  
MAIL CODE OH-01-49-0230  
BROOKLYN, OH 44114

\* 9057 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
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| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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ATTN: PRIMEDEX BALLOT TABULATION  
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**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

MERRILL LYNCH, PIERCE FENNER & SMITH

\$700,000.00

VERONIC E. O'NEILL  
4 CORPORATE PLACE  
PISCATAWAY, NJ 8854

\*9072\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

MERRIMACK VALLEY INVESTMENT, INC.

\$5,000.00

DAN SULLIVAN  
109 MERRIMUCK ST.  
HAVERHILL, MA 1830

\*9034\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
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|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

MESIROW FINANCIAL, INC.  
GAIL CORTESE  
350 N. CLARK ST.  
2ND. FLOOR  
CHICAGO, IL 60610

\$1,000.00

\*9045\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

MORGAN STANLEY DW, INC.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\$671,000.00

\* 9001 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

MORGAN, KEEGAN & CO., INC.  
CAROL ANTLEY  
50 NORTH FRONT ST.  
MEMPHIS, TN 38103

\$15,000.00

\*9054\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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| 4.  |   |        |
| 5.  |   |        |
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| 8.  |   |        |
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| 10.   |   |        |
| TOTALS:   |   |        |

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By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

MURPHY & DURIEU  
JAMES GOLDIN  
120 BROADWAY  
NEW YORK, NY 10271

\$44,000.00

\* 9004 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

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(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

NATIONAL CITY BANK  
HALLE STASKEY  
4100 WEST 150TH. STREET  
CLEVELAND, OH 44135

\$1,000.00

\*9065\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
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1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

NATIONAL FINANCIAL SERVICES, LLC

\$928,000.00

MOLLY CARTER  
200 LIBERTY ST.  
NEW YORK, NY 10281

\*9017\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

NATIONAL INVESTOR SERVICES CORP.

\$215,000.00

ANTHONY DEMARIO  
55 WATER STREET  
32ND. FLOOR  
NEW YORK, NY 10041

\* 9005 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

NORTHERN TRUST  
JAMIE KUMER  
801 S. CANAL STREET C1 NORTH  
CHICAGO, IL 60607

\$74,000.00

\*9069\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

---

A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

PARKER/HUNTER INC.  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\$2,000.00

\*9035\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

PENSON FINANCIAL SERVICES, INC.  
HENRY ETIER  
1700 PACIFIC AVE.  
SUITE# 1400  
DALLAS, TX 75201

\$33,000.00

\*9018\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$10,000.00

PNC BANK, NATIONAL ASSOC.  
GLENN METZGER  
1600 MARKET STREET  
29TH. FLOOR  
PHILADELPHIA, PA 19103

\* 9067 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT**  
**FOR ACCEPTING OR REJECTING THE**  
**PREPACKAGED PLAN OF REORGANIZATION OF**  
**PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS**  
**10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003**  
**CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.

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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

PRIMEVEST FINANCIAL SERVICES, INC.

\$18,000.00

OPERATIONS MANAGER  
400 1ST. STREET SOUTH  
ST. CLOUD, MN 56301

\* 9040 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT**  
**FOR ACCEPTING OR REJECTING THE**  
**PREPACKAGED PLAN OF REORGANIZATION OF**  
**PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS**  
**10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003**  
**CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$206,000.00

PRUDENTIAL SECURITIES INC CLASS ACTION AND BANKRUPTCY

GEN SIMMS  
111 8TH AVE  
4TH FLOOR  
NEW YORK, NY 10011

\* 9002 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$102,000.00

RAYMOND, JAMES & ASSOCIATES, INC.

DEE BRYD  
800 CARILION PARKWAY  
P.O. BOX 12749  
ST. PETERSBURG, FL 33716

\*9044\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$195,000.00

RBC DAIN RAUSCHER, INC.  
STEVE SCHAFFER SR.  
510 MARQUETTE AVE. SOUTH  
MINNEAPOLIS, MN 55402

\*9019\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
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| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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EL SEGUNDO, CA 90245-1023

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BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

SALOMON SMITH BARNEY, INC.  
PAT HALLER  
333 W. 34TH. ST.  
NEW YORK, NY 10001

\$451,000.00

\*9031\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$67,000.00

SCOTT & STRINGFELLOW, INC.  
LINDA MILLER  
7401 BEAUFONT SPRINGS DR.  
SUITE#401  
RICHMOND, VA 23225

\* 9041 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
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PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

SCOTTRADE, INC.  
TERRI LOSCHE  
12855 FLUSHING MEADOWS DR.  
ST. LOUIS, MO 63131

\$36,000.00

\*9042\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

SEI TRUST CO.  
STEPHEN NATUR  
1 FREEDOM VALLEY DR.  
OAKS, PA 19456

\$1,000.00

\*9063\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

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- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

SG COWEN SECURITIES CORP.  
ANTHONY BERGAMASCHI  
560 LEXINGTON AVE.  
NEW YORK, NY 10022

\$100.00

\*9023\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
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| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

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EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

SPEAR, LEEDS & KELLOGG  
CONNIE KANELLOPOULOS  
120 BROADWAT  
NEW YORK, NY 10271

\$3,000.00

\*9036\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

---

A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
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VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$47,000.00

STERNE, AGEE & LEACH, INC.  
CAREY THOMSON  
813 SHADES CREEK PARKWAY  
SUITE#100-B  
BIRMINGHAM, AL 35209

\* 9050 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

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ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$31,000.00

STIFEL, NICOLAUS & CO., INC.  
CHRIS WIEGAND  
501 N. BROADWAY  
7TH. FLOOR STOCK RECORD DEPT.  
ST. LOUIS, MO 63102

\* 9056 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$104,000.00

SWS SECURITIES, INC.  
FELISHA HOWARD  
1201 ELM ST.  
SUITE# 3500  
DALLAS, TX 75270

\*9022\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

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|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$1,000.00

TEXAS TREASURY SAFEKEEPING TRUST CO.

JANIE DOMINGUEZ  
208 E. 10TH. ST.  
RM. 410  
AUSTIN, TX 78701

\*9068\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

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**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

UBS PAINWEBBER, INC.  
JANE FLOOD  
1000 HARBOR BLVD.  
WEEKHANKEN, NJ 7087

\$1,078,000.00

\*9016\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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**Item 3. Certification**

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(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
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ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

UMB BANK, NATIONAL ASSOC.  
LAURIE BOX  
928 GRAND BLVD.  
KANSAS CITY, MO 64106

\$15,000.00

\*9066\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
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1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

US BANCORP PIPER JAFFRAY, INC. INSTITUTIONAL FINA

\$18,000.00

TIA LEE  
MPFP 1920  
601 SECOND AVE. SOUTH  
MINNEAPOLIS, MN 55402

\*9025\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
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BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

USAA INVESTMENT MANAGEMENT CO.  
TWILA TELCHIK  
9800 FREDERICKBURG RD.  
BSB BUILDING A035  
SAN ANTONIO, TX 78288

\$40,000.00

\*9027\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
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- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

WACHOVIA BANK N.A.  
JOE SALGADO  
1525 WEST W.T. HARRIS BLVD.  
CHARLOTTE, NC

\$5,000.00

\* 9060 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

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|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
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| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

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(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

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(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

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EL SEGUNDO, CA 90245

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ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

WACHOVIA BANK N.A. - PHILA. MAIN  
COURTNEY BURTON  
530 WALNUT ST.  
1ST. FLOOR  
PHILADELPHIA, PA 19101

\$5,900.00

\* 9064 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

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(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$27,000.00

WEDBUSH MORGAN SECURITIES, INC.

ALICIA GONZALES  
1000 WILSHIRE BLVD.  
LOS ANGELES, CA 90017

\* 9009 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

---

This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

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|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

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ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071



**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$2,000.00

WELLS FARGO INVESTMENTS, LLC.  
COLLEEN GRUDNTNER  
608 2ND. AVE. SOUTH  
MAC N9303-084  
MINNEAPOLIS, MN 55402

\* 9047 \*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
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**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
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By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

**MASTER BALLOTS MUST BE RETURNED TO:**

(VIA HAND DELIVERY, OVERNIGHT COURIER)

(VIA U.S. MAIL)

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
1330 E. FRANKLIN AVE.  
EL SEGUNDO, CA 90245

BANKRUPTCY MANAGEMENT CORPORATION  
ATTN: PRIMEDEX BALLOT TABULATION  
PO BOX 1023  
EL SEGUNDO, CA 90245-1023

VOTING AND INFORMATION AGENT:

BANKRUPTCY MANAGEMENT CORPORATION PHONE: (888) 909-0100 FACSIMILE: (310) 640-8071

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

\$12,000.00

WILLIAM BLAIR & CO., LLC.  
STEVE DEBERNARDO  
ADP PROXY SERVICES  
51 MERCEDES WAY  
EDGEWOOD, NY 11717

\*9053\*

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (the "Subordinated Debentures")**

**PRIMEDEX HEALTH SYSTEMS, INC.**

**MASTER BALLOT  
FOR ACCEPTING OR REJECTING THE  
PREPACKAGED PLAN OF REORGANIZATION OF  
PRIMEDEX HEALTH SYSTEMS, INC.**

**CLASS 6: SUBORDINATED DEBENTURE CLAIMS  
10% SERIES A CONVERTIBLE SUBORDINATED DEBENTURES DUE JUNE 30, 2003  
CUSIP 74157AAA1 (THE "SUBORDINATED DEBENTURES")**

**PLEASE READ AND FOLLOW THE ATTACHED  
VOTING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS MASTER BALLOT.**

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A COMPLETED MASTER BALLOT MUST BE RECEIVED BY BANKRUPTCY MANAGEMENT CORPORATION (THE "INFORMATION AND VOTING AGENT") BY 5:00 P.M. PACIFIC TIME ON OR BEFORE AUGUST 29, 2003 (THE "VOTING DEADLINE"), UNLESS THE BANKRUPTCY COURT, IN ITS SOLE DISCRETION, SUBSEQUENTLY EXTENDS OR WAIVES THE PERIOD DURING WHICH VOTES WILL BE ACCEPTED BY THE DEBTOR, IN WHICH CASE THE TERM "VOTING DEADLINE" FOR SUCH SOLICITATION SHALL MEAN THE LAST TIME AND DATE TO WHICH SUCH SOLICITATION IS EXTENDED.

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This Master Ballot may not be used for any purpose other than for casting votes to accept or reject the Plan described in and attached as Exhibit A to the Disclosure Statement and certifying as to actions taken with respect thereto. All capitalized terms used in this Master Ballot but not otherwise defined herein shall have the meaning ascribed to them in the Disclosure Statement and the Plan.

**Item 1. Certification of Authority to Vote.** The undersigned certifies that as of \_\_\_\_\_, the undersigned (please check appropriate box):

- is a broker, bank or other nominee for the Beneficial Holders of the aggregate number of Subordinated Debentures listed in Item 2 below, and is the registered holder of such securities; or
- is acting under a power of attorney and/or agency (a copy of which will be provided to the Debtor upon request) granted by a broker, bank or other nominee that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below; or
- has been granted a proxy (an original of which is attached hereto) from a broker, bank or other nominee, or a Beneficial Holder, that is the registered holder of the aggregate number of Subordinated Debentures listed in Item 2 below;

and accordingly, has full power and authority to vote to accept or reject the Plan on behalf of the Beneficial Holders of the Subordinated Debentures described in Item 2.

**Item 2. Vote.** The undersigned transmits the following votes of Beneficial Holders in respect of their Subordinated Debentures, and certifies that the following Beneficial Holders of the Subordinated Debentures, as identified by their respective customer account numbers set forth below, are Beneficial Holders of such securities as of July 25, 2003 and have delivered to the undersigned, as Nominee, Ballots casting such votes. Indicate in the appropriate column the aggregate principal amount voted for each account, or attach such information to this Master Ballot in the form of the following table. Please note that each Beneficial Holder must vote all of his/her or its Class 6 Claims to accept or to reject the Plan and may *not* split such vote.

| Customer Account Number for Each Beneficial Holder of Subordinated Debentures | Number of Subordinated Debentures to ACCEPT or REJECT the Plan* |        |
|---|---|--------|
|   | ACCEPT  | REJECT |
| 1.  |   |        |
| 2.  |   |        |
| 3.  |   |        |
| 4.  |   |        |
| 5.  |   |        |
| 6.  |   |        |
| 7.  |   |        |
| 8.  |   |        |
| 9.  |   |        |
| 10.   |   |        |
| TOTALS:   |   |        |

\*Any Ballot which is executed by the Beneficial Holder which does not indicate an acceptance or rejection of the Plan or which indicates both an acceptance and a rejection of the Plan shall not be counted.

**Item 3. Certification**

By signing this Master Ballot, the undersigned certifies that it:

(i) (a) has received a copy of the Disclosure Statement, Ballot and other Solicitation Materials and has delivered the same to the Beneficial Holders listed herein, (b) has received a completed and signed Ballot from each such Beneficial Holder listed herein, and (c) has been authorized by each such Beneficial Holder to vote on the Plan;

(ii) has properly disclosed (a) the number of such Beneficial Holders, (b) the respective amounts of the Subordinated Debentures owned by each such Beneficial Holder, (c) each Beneficial Holder's respective vote concerning the Plan, and (d) the customer account or other identification number for each such Beneficial Holder; and

(iii) will maintain Ballots returned by Beneficial Holders (whether properly completed or defective) for disclosure to the Bankruptcy Court or Debtor if so ordered for one year from the Voting Deadline (or such other date as is set by subsequent Bankruptcy Court order).

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print or Type)

I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Title: \_\_\_\_\_  
(If Appropriate)

Telephone: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND DATE THIS MASTER BALLOT AND RETURN IT PROMPTLY**

**THIS MASTER BALLOT MUST BE RECEIVED BY THE VOTING AND INFORMATION AGENT BY 5:00 P.M. PACIFIC TIME ON THE VOTING DEADLINE (AUGUST 29, 2003), OR THESE VOTES WILL NOT BE COUNTED UNLESS SUCH VOTING DEADLINE IS EXTENDED OR WAIVED BY THE BANKRUPTCY COURT.**

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