

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

In re:

WEST CONTRA COSTA HEALTHCARE
DISTRICT,

Debtor.

Tax ID: 94-6003145

Case No. 16-42917 – RLE

Chapter 9

**CLASS 2 BALLOT FOR ACCEPTING OR
REJECTING FIRST AMENDED PLAN FOR
THE ADJUSTMENT OF DEBTS DATED
JULY 21, 2017**

The West Contra Costa Healthcare District, a California Local Health Care District (the “District”), the debtor in the above-captioned Chapter 9 case, filed its First Amended Plan For The Adjustment Of Debts Dated July 21, 2017 (the “Plan”). The Court has approved a disclosure statement with respect to the Plan (the “Disclosure Statement”). The Disclosure Statement provides information to assist you in deciding how to vote your ballot. If you do not have a Disclosure Statement, you may obtain a copy from counsel to the District, Gary W. Marsh, Esq., 303 Peachtree Street, Suite 5300, Atlanta, GA 30308, phone: 404-527-4150, email: gary.marsh@dentons.com. Court approval of the Disclosure Statement does not indicate approval of the Plan by the Court.

You should review the Disclosure Statement and the Plan before you vote. You may wish to seek legal advice concerning the Plan and your classification and treatment under the Plan. Your claim has been placed in Class 2 under the Plan. If you hold claims in more than one class, you will receive a ballot for each class in which you are entitled to vote. If you believe you are entitled to submit a vote in another class, but you have not received a ballot in such class, contact District’s counsel at the contact information set forth above.

The voting deadline is September 18, 2017. If your ballot is not actually received by Gary W. Marsh, Dentons US LLP, 303 Peachtree Street, Suite 5300, Atlanta, GA 30308 by September 18, 2017 (by no later than 5:00 p.m. prevailing Eastern Time), and such deadline is not extended, your vote will not count as either an acceptance or rejection of the Plan.

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

ACCEPTANCE OR REJECTION OF THE PLAN

The undersigned, the holder of a Class 2 claim against the District in the unpaid amount of \$ _____:

(Check one box only)

☐ **Accepts the Plan**

☐ **Rejects the Plan**

[SIGNATURE BELOW]

Dated: _____

Print or type name: _____

Signature: _____ Title (if corporation or partnership) _____

Address: _____

RETURN THIS BALLOT TO:

GARY W. MARSH
DENTONS US LLP
303 Peachtree Street, Suite 5300
Atlanta, GA 30308