

Exhibit B

(Appendix B-1 to Settlement Agreement)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

IN RE: YASMIN AND YAZ (DROSPIRENONE))	3:09-md-02100-DRH-PMF
MARKETING, SALES PRACTICES AND PRODUCTS)	
LIABILITY LITIGATION)	MDL No. 2100
)	

NOTICE OF INTENT TO OPT OUT FORM

ALL MDL PLAINTIFFS WITH PERSONAL INJURY CLAIMS ALLEGING GALLBLADDER DISEASE AND/OR GALLBLADDER INJURIES, EITHER ALONE OR IN COMBINATION WITH ANOTHER INJURY, FILED AND SERVED ON OR BEFORE MARCH 25, 2013 ARE AUTOMATICALLY ENROLLED IN THE MDL GALLBLADDER RESOLUTION PROGRAM (the "Program") UNLESS: (1) THE CASE ALLEGES A GALLBLADDER INJURY AND A VENOUS THROMBOEMBOLISM (INCLUDING, BUT NOT LIMITED TO, DEEP VEIN THROMBOSIS OR PULMONARY EMBOLISM) OR ARTERIAL THROMBOEMBOLISM (INCLUDING, BUT NOT LIMITED TO, HEART ATTACK OR ARTERIAL THROMBOEMBOLIC STROKE) INJURY, PENDING IN MDL DOCKET NO. 2100; OR (2) THE PLAINTIFF SUBMITS THIS FORM OPTING OUT OF THE PROGRAM.

IF YOU DO NOT WISH TO PARTICIPATE IN THE GALLBLADDER RESOLUTION PROGRAM, YOU MUST SUBMIT THIS FORM ON OR BEFORE 11:59 p.m. C.T. ON APRIL 29, 2013 (UNLESS EXTENDED TO A LATER DATE PURSUANT TO THE TERMS OF THE SETTLEMENT AGREEMENT) AS FOLLOWS:

- (1) **Preferred option for submission:** Online at www.yazofficialsettlement.com, in accordance with instructions provided therein by the Claims Administrator.

-OR-

- (2) By email **to all of the following:**
 - (a) OptInOptOutNotice@yazofficialsettlement.com (Claims Administrator)
 - (b) OptInOptOutNotice@shb.com (BHCP's counsel)
 - (c) YazGBClaimNotice@uselaws.com (NPC);

-OR-

- (3) By United States Mail or other carrier, return receipt requested, **to all of the following:**

<u>Claims Administrator:</u>	<u>BHCP's counsel:</u>	<u>NPC:</u>
Yaz Settlement Claims Administrator BrownGreer PLC P.O. Box 85006 Richmond, VA 23285-5006	Jeff Fields Shook, Hardy & Bacon L.L.P. 2555 Grand Blvd. Kansas City, MO 64108-2613	Roger C. Denton Schlichter, Bogard & Denton, LLP 100 South Fourth St., Ste 900 St. Louis, MO 63102

By timely submitting this form, you acknowledge and agree that you will not be entitled to seek an award under the Gallbladder Resolution Program. Failure to timely submit this form means that you will automatically be enrolled in the Program (unless your case alleges a gallbladder injury and a venous thromboembolism or arterial thromboembolism injury), although you will not be eligible for an award unless you also timely submit a completed Claim Package pursuant to the Program. By checking the box below and executing this form, you acknowledge that you have been fully advised of your rights under the Settlement Agreement and elect to opt out of the Program.

I elect to opt out of the Gallbladder Resolution Program.

Print Name: _____
Date: _____
Signature: _____
Case No.: _____
Attorney's Name: _____
Firm Name: _____
Attorney's Address: _____
Attorney's Email: _____
Attorney's Telephone Number: _____