

NOTICE OF SETTLEMENT

If You Purchased Drugs From Able Laboratories You Could Obtain Compensation From A Proposed Class Action Settlement

A proposed settlement has been reached in a class action, *Elnora Kirtley and Hempel (USA) Inc., on behalf of themselves and all others similarly situated, vs. Dhananjay Wadekar, et al.*, United States District Court for the District of New Jersey Case No. 05-5383 (the "Action") about drugs sold by Able Laboratories. The Court has decided that this Proposed Settlement should be on behalf of a "Class," or group of people, that could include you. This Notice is a summary of the Proposed Settlement and your rights and options. You can obtain a copy of the Settlement Agreement free of charge by calling 1-866-405-2131 or from the claims administrator's website www.gardencitygroup.com

If you purchased pharmaceutical products manufactured by Able Laboratories from October 1, 1999 through May 18, 2005 you may be eligible to recover for the purchase price of those drugs as part of the settlement of a class action lawsuit. The claims in the lawsuit are that Able Laboratories sold generic drugs without performing FDA required tests to confirm that the drugs were the bio-equivalent of their brand name counterparts. Defendants deny any wrongdoing but have agreed to this Proposed Settlement to avoid the risks and expense of litigation.

1) The Settlement

Approved claims will be paid from a Settlement Fund of Nine Million One Hundred And Fifty Thousand Dollars (\$9,150,000.00) as full and complete payment of all sums due under the settlement (the "Settlement Payment"). The Settlement Fund will be shared between the Class in this case, and the class in the case of *Lodish v. Able Laboratories, Inc.*, United States District Court District of New Jersey Case No. 2:05-CV-02681. In the event that the claims made exceed the amount available to pay them, claims will be paid on a pro rata basis.

2) Your Options

a) You can remain in the Class. To remain in the Class you do not have to do anything. If you remain in the Class you will not be able to sue Defendants for any claims arising out of or relating to allegations in the lawsuit. If you wish to obtain benefits under the settlement you must file a claim by June 30, 2010. A copy of the claim form is attached to this notice. You can obtain more details on how to file a claim by calling 1-866-405-2131 or the claims administrator's website www.gardencitygroup.com.

b) You can exclude yourself or "opt out" of the Class if you do not wish to participate in the Proposed Settlement. This means you cannot file a claim but will keep the right to sue the Defendants in the future. To exclude yourself, you must file a written request for exclusion that includes (1) a statement requesting exclusion from the Proposed Settlement; (2) your name and address; and (3) your original signature. Your request must be postmarked by no later than May 19, 2010 and addressed to Able Laboratories Consumer Litigation, c/o The Garden City Group, Inc., P.O. Box 9584, Dublin, OH 43017-4884.

c) You can comment on or object to all or part of the Proposed Settlement if you do not exclude yourself from the Class. Your objection must be in writing personally signed by you, including the specific reason(s) for the objection. Your objection must be filed with the Court by no later than May 19, 2010 and mailed to each of the following:

Taras Kick, Esquire THE KICK LAW FIRM, APC 900 Wilshire Blvd. Suite 230 Los Angeles, CA 90017	Stuart M. Glass, Esquire GOODWIN PROCTER LLP Exchange Place 53 State Street Boston, MA 02109	Roderick L. Thomas, Esquire WILEY REIN LLP 1776 K Street, N.W. Washington, DC 20006	Daniel K. Winters, Esquire REED SMITH LLP 599 Lexington Avenue New York, NY 10022
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The objections and/or briefs filed by the objecting Class member must contain a statement of his, her or its objection, as well as the specific reasons, if any, for each objection, including the legal support the Class member wishes to bring to the Court's attention and any evidence the Class member wishes to introduce in support of his, her or its objection.

3) Attorneys for the Class

The Court has appointed Taras Kick, Esq. of The Kick Law Firm, APC to represent you in this Class Action. Class Counsel will request a fee from the \$9,150,000.00 Settlement Fund not to exceed \$600,000, plus expenses, to be approved by the Court, and an incentive award for the two class representatives.

4) The Hearing

The Court will hold a Fairness Hearing to consider whether to approve the Proposed Settlement. The hearing will be held on June 16, 2010 before the Chief Judge Garrett E. Brown, Courtroom 4E of the Clarkson S. Fisher United States Courthouse, located at 402 East State Street, Trenton, New Jersey 08608. You do not need to attend the hearing. Lawyers have been appointed to represent you at the hearing. You can attend the hearing, either personally, or through an attorney retained by you, at your own expense, and ask to be heard by the Court on your comments.

Must be Postmarked
No Later Than
June 30, 2010

Able Laboratories Consumer Litigation
c/o The Garden City Group, Inc.
P.O. Box 9584
Dublin, OH 43017- 4884
Toll-Free: 1 (866) 405- 2131

ABL-C



PROOF OF CLAIM

PART I: CLAIMANT IDENTIFICATION:

Claim Number: ABL1000871 Control Number: 0047981004



WRITE ANY NAME AND ADDRESS CORRECTIONS
BELOW OR IF THERE IS NO PREPRINTED DATA TO
THE LEFT, YOU MUST PROVIDE YOUR FULL NAME
AND ADDRESS HERE:

Name:
Address:
City:
State/Country:
Zip Code:

IF THE ABOVE AREA IS BLANK, YOU MUST ENTER YOUR
FULL NAME AND ADDRESS HERE: 

Daytime Telephone Number: () - -

Evening Telephone Number: () - -

E-mail Address: _____

Name of and amount paid by you for any Able Labs Drugs purchased by you at any time from October 1, 1999 through May 18, 2005:

(attach separate sheets if necessary)

Please list at which locations and on what approximate dates the above purchases were made:

(attach separate sheets if necessary)

Have you previously received a refund for any of your purchases of Able Labs Drugs? Yes or No.

If yes, what was the amount of the refund and who paid you the refund? US\$ _____
from _____

If you are a third party-payor or your claim totals more than \$250.00, you must enclose receipts or other documentation evidencing your purchases.

I declare that the above information is true and correct to the best of my knowledge and recollection.

Your signature

DATE: _____

Print Name and Title

(If you are a third-party payor, please print the title and name of the person signing on your behalf.)