

AHP Settlement Trust

555 North LN, # 6045, Conshohocken, PA 19428
Telephone: 610-729-0830; Fax: 610-822-0931

<Date>

<Name>

<Address>

<Address>

RE: ADDRESS VERIFICATION

Diet Drug Recipient: <Name>

Claim Number: <Number>

Dear Claimant,

The AHP Settlement Trust (the "Trust") is mailing this letter to you to verify that the above address is correct for the purpose of communicating with you.

On April 8, 2008 in PTO 7763A, the Court determined the final award of counsel fees and expense reimbursement in connection with the Diet Drug Nationwide Class Action Settlement. You were previously paid matrix compensation benefits, which were reduced by 9% for class counsel fees. PTO 7763A includes a determination that the Common Benefit Percentage is 6.3947%. The Trust is developing a plan for partial refunds of amounts previously withheld for class counsel fees.

Please call the Trust as soon as possible, at 1-800-386-2070, to confirm and/or provide more current address information. If we do not hear back from you, there will be no further processing of your Claim with respect to partial refund of fees previously withheld for class counsel fees.

You should always notify the Trust in writing or by phone if your name or address changes; otherwise, you may not receive further information about your Claim and you could lose the opportunity to receive benefits under the Settlement Agreement. For more information about the Settlement Agreement, consult the Trust's website at www.settlementdietdrugs.com.

Sincerely,

Denise Kankowski
Director, Claims

Exhibit 2