

[FORM OF NOTICE OF REFUND AMOUNT LETTER TO PRO SE CLAIMANT]

May ____, 2008

[Pro Se Claimant]
[Address]

Re: Payment of Matrix Benefits Withheld Under the Settlement Agreement
Diet Drug Recipient: _____
Claim Number: _____

Dear Claimant:

On April 9, 2008, the United States District Court for the Eastern District of Pennsylvania ordered that certain funds be distributed pursuant to the provisions of Sections VIII.E.1.b and VIII.E.1.c of the Diet Drug Nationwide Class Action Settlement Agreement (the "Order"). You are entitled to receive a portion of those funds subject to the terms and conditions set forth in this letter (your "Payment"). Your Payment represents a portion of the amount properly withheld from Matrix Benefits previously awarded and paid to you (or the Diet Drug Recipient referenced above) by the AHP Settlement Trust (the "Trust").

The gross amount of your Payment is \$ _____. Your Payment may be subject to certain subrogation liens or claims. To receive your Payment, you must mail a completed and executed copy of the enclosed Subrogation Form to the Trust at the following address:

AHP Settlement Trust
Fund B Payment
555 North Lane
Suite #6045
Conshohocken, PA 19428

[If you receive benefits from Medicare, the Trust is required to notify Medicare of your Payment in accordance with Court Approval Procedure #10, unless you execute and submit to the Trust at the address listed above, within 30 days of the date of this letter, a certification, under penalty of perjury and in the form enclosed, that Medicare has never paid for any medical services furnished to the Claimant relating to the medical condition that serves as the basis for your claim or that Medicare has been previously reimbursed for all such expenses.]

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Neither you nor anyone with a subrogation lien or claim will receive payment of all or any portion of your Payment until the Trust has received your completed Subrogation Form [and evidence satisfactory to the Trust that Medicare is not entitled to any reimbursement from your Payment]. The Trust may require additional information from you based on your completed Subrogation Form. The Trust is not obligated to remit your Payment to you until the Trust has received your completed Subrogation Form and any other documentation, which it may require to ensure that your Payment is made in accordance with the terms of the Settlement Agreement and applicable law.

The Trust may at times be permitted or required to change or add to the procedures that it applies in processing, paying and evaluating claims. Therefore, you should be aware that the Trust may seek additional information relating to your claim or call for additional steps with regard to your claim, even if these procedures or information are not called for in this or other communications you have received from the Trust and are not anticipated at this time.

If you have any questions regarding this matter, call 1-800-386-2070 and refer to the Claim Number above.. Copies of the Order and the Trust's Plan for fulfilling its obligations under the Order are posted the Trust's web site at www.settlementtrust.com Remember to notify the Trust in writing of your name or address changes; otherwise, you may not receive future information about benefits under the Settlement Agreement.

Sincerely,

AHP Settlement Trust

Exhibit 3 (page 2 of (2))