

[FORM OF LETTER TO PRIMARY COUNSEL]

May ____, 2008

[Primary Counsel]
[Address]

**Re: Payment of Attorneys' Fees Withheld Under the Settlement Agreement
Diet Drug Recipient ("DDR"): _____
Claim Number: _____**

Dear Counsel:

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 partial refund of amounts properly withheld from attorneys' fees previously awarded and paid to you by the AHP Settlement Trust (the "Trust") in connection with your representation of the Diet Drug Recipient ("DDR") referenced above.

The gross amount of your Payment is \$ _____. You are receiving this Payment as primary counsel of record for the above-referenced DDR and claim. You will be responsible for any obligation you may have to a third party with respect to the Payment, including, without limitation, any obligation under a fee agreement with another attorney. The Trust will not be responsible for splitting this Payment according to any fee agreement, even if such agreement was previously submitted to the Trust.

To receive your Payment, you must mail a completed and executed copy of the enclosed Counsel Certification Form ("Certification") and a Form W-9 to the Trust at the following address:

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

You will not receive payment of all or any portion of your Payment until the Trust has received your completed Certification. The Trust may require additional information from you based on information supplied in your completed Certification. The Trust is not obligated to remit your Payment to you until the Trust has received your completed Certification 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 this matter or call for additional steps with regard to this matter, 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.

Sincerely,

AHP Settlement Trust

Exhibit 5(page 2 of (2))