

CLASS 4 BALLOT

PLEASE COMPLETE THE FOLLOWING:

Item 1. Amount of Class 4 Claims. Please note that each Claim in Class 4 has been allowed in the amount of \$1.00 for voting purposes only, and not for purposes of ultimate "Allowance" of a Claim, distribution of value under the Plan or for any other purpose. For the avoidance of doubt, the \$1.00 amount at which a Claim has been allowed for voting purposes does not impact the payment that a Holder of a Class 4 Claim may receive.

Claims Amount: \$1.00

Item 2. Vote on the Plan. The undersigned Holder of Class 4 Claims hereby votes to (*check only one box*):

- ☐ **ACCEPT (I.E., VOTE IN FAVOR OF)** the Plan
- ☐ **REJECT (I.E., VOTE AGAINST)** the Plan

Item 3. Acknowledgments and Certification. By signing this Ballot, the undersigned certifies and/or acknowledges that:

- (a) either the undersigned is: (i) the Holder of the Class 4 Claims being voted; or (ii) an authorized signatory for a person or entity that is a Holder of the Class 4 Claims being voted, and, in either case, has the full power and authority to vote to accept or reject the Plan with respect to the Claims identified in Item 1 above;
- (b) the undersigned has been provided with a copy of the Disclosure Statement, including the Plan and all other exhibits thereto, the Disclosure Statement & Solicitation Procedures Order without exhibits and a Confirmation Hearing Notice;
- (c) the solicitation of votes is subject to all terms and conditions set forth in the Plan, Disclosure Statement & Solicitation Procedures Order and the procedures for the solicitation of votes to accept or reject the Plan contained therein;
- (d) the undersigned has cast the same vote with respect to all of its Class 4 Claims; and
- (e) no other Ballots with respect to the amount of the Class 4 Claims identified in Item 1 above have been cast or, if any other Ballots have been cast with respect to such Claims, then any such earlier Ballots are hereby revoked.



Name of Claimant: Town of Sanger, Texas

Signature: _____

Name of Signatory
(if different than Claimant): _____

If authorized by Agent, Title of Agent: _____

Street Address: _____

Street Address:
(continued) _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Date Completed: _____

