| Attorney Name, Address, Telephone and FAX   |                     | File with U.S. TRUSTEE Only |
|---|---------------------|-----------------------------|
|   |                     |                             |
|   |                     |                             |
| UNITED STATES BANKRUPTCY COURT<br>CENTRAL DISTRICT OF CALIFORNIA  |                     |                             |
| In re:  |                     | Chapter 11 Case Number      |
|   | Debtor(s)           |                             |
| NOTICE OF SETTING/INCREASING I  | NSIDER COMPENSATION |                             |
|   |                     |                             |
| 1. Name of Insider:   |                     |                             |
| 2. Relationship to Debtor (i.e. owner, partner, officer, director, shareholder).                                  |                     |                             |
| 3. Date when relationship with Debtor commenced:  |                     |                             |
| 4. Position title:  |                     |                             |
| 5. Position Description:  |                     |                             |
| 6. Assigned Duties:   |                     |                             |
| 7. Date employed in current position:   |                     |                             |
| 8. If previously employed by Debtor within past two years in a different position, state position(s) and date(s). |                     |                             |
| 9. Number of hours worked per week:   |                     |                             |
| 10. Total amount of compensation and payment interval:  |                     |                             |
|   |                     |                             |

| 11. Breakdown of compensation (specify amount and payment interval.  |   |
|--|---|
| Salary:  |   |
| Perquisites (total, detail below):   |   |
| Car Allowance:   |   |
| Medical Insurance:   |   |
| Life Insurance:  |   |
| Business Expenses:   |   |
| Other (Specify):   |   |
| 12. Identify the source of the funds to be used to pay compensations specified in No. 10:  |   |
| 13. Date and amount of last increase in compensation:  |   |
| 14. Identify any creditor who asserts a security interest (whether or not Debtor disputes the validity thereof) in the receipts generated by the operation of the Debtor's business and the amount of its claim:   |   |
| 15. Specify all compensation, perquisites, loans, benefits etc. received by insider from the Debtor during the twelve month period immediately preceding the filing of the Chapter 11 Petition (Attach W-2, 1099, Individual Payroll Cards and other related forms): |   |
| Compensation:  |   |
| Loans:   |   |
| Perquisites (Specify):   |   |
| I declare under penalty of perjury that the answers  | contained in the foregoing Notice are true and correct. |
| Dated:   |   |
| Print Name and Title of Authorized Agent for De  | btor Signature of Authorized Agent for Debtor           |
|  |   |

Attach proof of service on Creditors' Committee or the Twenty Largest Creditors if no committee has been formed, and to any secured creditors that claim an interest in cash collateral.

If this notice pertains to setting compensation, it must be filed and served fifteen days before any pay out of compensation, although compensation may be accrued during this period.

If this notice pertains to an increase in compensation, it must be filed and served thirty days before the date when the proposed increase takes effect.