UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISON

IN RE: WELDING ROD PRODUCTS LIABILITY LITIGATION	)	Case No. 1:03-CV-1700 (MDL Docket No. 1535)
THIS DOCUMENT RELATES TO ALL CASES	)	JUDGE O'MALLEY

STIPULATED MOTION REGARDING TOLLING AGREEMENT

Plaintiffs' Lead Co-Counsel and Defendants' Liaison Counsel hereby request that the Court approve and adopt the attached Tolling Agreement between the Plaintiffs and the signatory Defendants.

Dated: June 2, 2004

Respectfully submitted,

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DEFENDANTS' LIAISON COUNSEL

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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THIS DOCUMENT RELATES TO ALL CASES	JUDGE O'MALLEY

TOLLING AGREEMENT

WHEREAS, Plaintiffs' Lead Co-Counsel have stated that they and the other plaintiffs' counsel in this proceeding represent numerous individuals who seek to assert claims against defendants that would fall within the subject matter of this MDL proceeding ("claimants"), and

WHEREAS, the defendants have agreed that it would be appropriate at this time to defer litigation of those claims,

THEREFORE, the Plaintiffs' Lead Co-Counsel and counsel for the defendants who are signatories to this Agreement have agreed as follows:

1. Any time periods for filing or pursuing claims and/or notices required to be given under applicable law in order to preserve rights to claims in any matters against defendants involving claims of personal injury, loss of consortium, or any other damages allegedly caused by exposure to manganese in welding fumes shall be tolled for each claimant and each claimant's spouse and/or children from the Effective Date of this Agreement until the Termination Date, subject to the following conditions:

(A) Any claimant who seeks to have his or her claims against defendants tolled pursuant to this Agreement must first provide, to the best of his or her knowledge and ability, Defendants' Liaison Counsel with the information requested on the attached Exhibit A, or a form

substantially similar to Exhibit A, and shall provide a copy thereof to Plaintiffs' Lead Co-Counsel.

(B) The tolling provided by this Agreement will only apply to claims that are brought and pursued in federal court.

(C) This agreement will only apply to claimants if they do not object to the transfer of any suits they bring against defendants to this MDL proceeding.

(D) Defendants likewise agree not to object to the direct filing of any case subject to this agreement in the MDL court or transfer of any such case to the MDL proceeding.

2. The Effective Date of this Agreement as to each claimant shall be the date on which Defendants' Liaison Counsel receives from that claimant all of the information requested in Exhibit A or a form substantially similar to Exhibit A. Within three (3) business days of the date of receipt, Defendants' Liaison Counsel shall notify Plaintiffs' Lead Co-Counsel by fax or by e-mail of the receipt of claimant's submission. Within twenty (20) days of the date of receipt Defendants' Liaison Counsel may notify Plaintiffs' Lead Co-Counsel in writing that the information provided by the claimant is incomplete. Thereupon, Plaintiffs' Lead Co-Counsel shall have twenty (20) days to resubmit complete information, during which time, the Agreement shall remain in effect as to the claimant. Within twenty (20) days of the resubmission of the requested information, Defendants' Liaison Counsel shall either 1) confirm in writing to Plaintiffs' Lead Co-Counsel that the Agreement has become effective as to the claimant, in which case the Effective date shall remain the date of receipt of the original submission, or 2) notify Plaintiffs' Lead Co-Counsel in writing that the Agreement is not effective as to the claimant, in which case the Agreement shall terminate as to that claimant twenty (20) days after the date of such notice.

3. The Termination Date of this Agreement shall be the date 120 days after Plaintiffs' Lead Co-Counsel receive written notice from Defendants' Liaison Counsel that one or more defendants' are terminating the Agreement.

4. The information provided by a claimant pursuant to paragraph 2 shall not be treated as an admission of the claimant and shall not be admissible as evidence against the claimant. However, defendants may use the information for purposes of questioning the claimant or an expert at a deposition or trial.

5. To the extent that his Agreement would not be effective in federal court under an applicable state law, Defendants agree to waive or not file or otherwise advance any argument, defense, exception, motion, or other pleading based upon the untimeliness of a claimant's filing that would have been unavailable had the Agreement otherwise been effective. Additionally, defendants agree to take any affirmative action necessary to make this agreement valid in federal court under any applicable state law.

6. This Agreement may be signed in counterpart.

Dated: April 23, 2004

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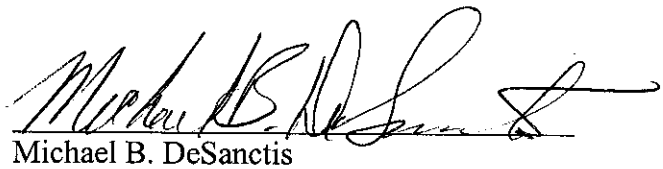

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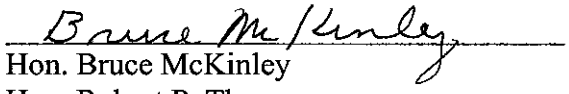

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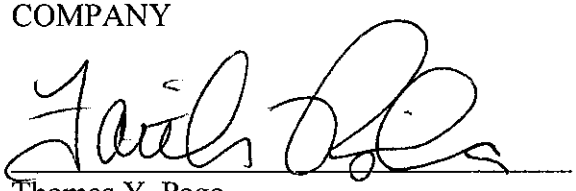

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EXHIBIT A TO MDL TOLLING AGREEMENT

Instructions: This questionnaire is confidential and is for your attorneys to use in connection with your case and for purposes of tolling your claims. Please complete it to the best of your ability.

1. _____
Last Name First Name Middle Initial Sr./Jr.

2. _____
Spouse's Name

3. _____
Street Address

_____
City State Zip Code

4. _____
Social Security Number

5. _____
Date of Birth

6. _____
Telephone Number

7. WORK HISTORY: List the job sites where you have worked at which you welded or were exposed to welding fumes. Give the approximate dates or years you have worked at these sites. If you worked with others during these times, please provide their names. Use the back of this page if necessary. Check here if back of page is used - ___.

SITE (name & location)	YEARS	CO-WORKERS

Have you welded since 1994? _____

When were you first exposed to welding fumes? _____

When were you last exposed to welding fumes? _____

8. Were you ever in the military? If so, please answer the following questions. If not please go to question 9.

What branch of the military? _____

When? _____

Did you work as a welder in the military? _____

9. Which of the following welding processes have you used or in which you worked in close proximity:

A.	Shielded Metal Arc Welding (SMAW, stick)	Yes _____	No _____	Do Not Recall _____
B.	Gas Metal Arc Welding (GMAW, MIG)	Yes _____	No _____	Do Not Recall _____
C.	Gas Tungsten Arc Welding (GTAW, TIG)	Yes _____	No _____	Do Not Recall _____
D.	Flux Cored Arc Welding (FCAW)	Yes _____	No _____	Do Not Recall _____
E.	Plasma Arc Welding (PAC, PAW)	Yes _____	No _____	Do Not Recall _____
F.	Submerged Arc Welding (SAW)	Yes _____	No _____	Do Not Recall _____
G.	Carbon Arc Welding (CAW)	Yes _____	No _____	Do Not Recall _____
H.	Electro Slag Welding (ESW)	Yes _____	No _____	Do Not Recall _____
I.	Electro Gas Welding (EGW)	Yes _____	No _____	Do Not Recall _____
J.	Stand Welding	Yes _____	No _____	Do Not Recall _____
K.	Oxyacetylene Welding	Yes _____	No _____	Do Not Recall _____
L.	Beddon Plate Welding	Yes _____	No _____	Do Not Recall _____
M.	Torch Blazing	Yes _____	No _____	Do Not Recall _____
N.	Oxygen Cutting	Yes _____	No _____	Do Not Recall _____
O.	Air Carbon Arc Cutting	Yes _____	No _____	Do Not Recall _____

10. On average, how many days per week did you weld? _____

11. On average, how many hours per day did you spend welding? _____

12. Was your primary welding exposure due to being around others that welded?

Yes _____ No _____

13. DEPENDENT INFORMATION: Give the names, addresses and birth dates of all your children.

Name	Address	Date of Birth
Name	Address	Date of Birth
Name	Address	Date of Birth
Name	Address	Date of Birth

14.

	Have you ever used this company's welding consumables? (check if yes)	How often did you use their consumables?		Dates of use	Please list product type, product name and product model number for products you worked with.
		Frequently	Occasionally		
Air Products	_____	_____	_____	_____	_____
Airco	_____	_____	_____	_____	_____
Arcos	_____	_____	_____	_____	_____
Alloy Rods	_____	_____	_____	_____	_____
Amsco	_____	_____	_____	_____	_____
Atom Arc	_____	_____	_____	_____	_____
Coast Metals	_____	_____	_____	_____	_____
Dual Shield	_____	_____	_____	_____	_____
Enterprise	_____	_____	_____	_____	_____
ESAB	_____	_____	_____	_____	_____
Eutectic	_____	_____	_____	_____	_____
Gulf Wire Corp.	_____	_____	_____	_____	_____
Haynes Stellite	_____	_____	_____	_____	_____
Hobart	_____	_____	_____	_____	_____
Lincoln Electric	_____	_____	_____	_____	_____
Linde	_____	_____	_____	_____	_____
Marquette	_____	_____	_____	_____	_____

McKay Co. or McKay-Teledyne	_____	_____	_____	_____	_____
Mid States	_____	_____	_____	_____	_____
Murex	_____	_____	_____	_____	_____
National Standard	_____	_____	_____	_____	_____
Page	_____	_____	_____	_____	_____
Rankin	_____	_____	_____	_____	_____
Reid-Avery Co.	_____	_____	_____	_____	_____
Rexanc	_____	_____	_____	_____	_____
Select Arc	_____	_____	_____	_____	_____
Shield Bright	_____	_____	_____	_____	_____
Spool Arc	_____	_____	_____	_____	_____
Stoody	_____	_____	_____	_____	_____
Tri-Mark	_____	_____	_____	_____	_____
Unibraze	_____	_____	_____	_____	_____
Vitta	_____	_____	_____	_____	_____
Wall Colmonoy	_____	_____	_____	_____	_____
Westinghouse	_____	_____	_____	_____	_____

Other: (please specify name of manufacturer(s): _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. List the names of individual distributors of welding consumables that you recall using:

_____

_____

16. Smoking/alcohol usage:

A. Have you ever smoked? Yes _____ no _____

B. If yes, what year did you start smoking? _____

C. If yes, what did you smoke?

Cigarettes _____ Brand Name _____

Cigars _____ How Many _____

Pipes _____ How Many Bowls_____

D. How old were you when you started smoking? _____

E. How many packs did you smoke per day? _____

F. Did you stop smoking? Yes _____ No _____

If yes, how old were you when you stopped? _____

G. On average, how much alcohol do you/did you drink?

Did not drink: ___
0-3 drinks per week: ___
3-6 drinks per week: ___
6-12 drinks per week: ___
12 or more drinks per week: _____

17.	Do you experience a feeling of weakness in your legs?	Yes	_____	No	_____
18.	Do you have difficulty walking downhill?	Yes	_____	No	_____
19.	Do you sometimes lose your balance?	Yes	_____	No	_____
20.	Do your fingers or hands shake?	Yes	_____	No	_____
21.	Does performing heavy work make you feel weak?	Yes	_____	No	_____
22.	Have you noticed any changes in the way you speak?	Yes	_____	No	_____

23. Please circle any of the symptoms listed below that you have experienced:

Cramps in arms or legs
Increased tiredness
Feelings of aggressiveness
Insomnia
Mental Confusion
Impotence
Loss of desire to talk
Irritability
Excessive sweating
Excessive salivation
Muscle rigidity or tenseness
Increased and abnormal reflexes
Irregular handwriting
Poor memory
Impaired hearing
Double vision
Restlessness
Visual Hallucinations
Headaches

24. Has a doctor ever diagnosed you with any of the following:

Check yes or no; if "yes" provide the date of diagnosis, and doctor or hospital information.

Disorder or Disease	Yes	No	Date Diagnosed	Name and address of Doctor and/or Hospital who diagnosed you
Parkinson's Disease				
Parkinsonism				
Manganism				
Neuropathy				
Pneumonitis				
Asthma				
Emphysema				
Asbestosis				
Silicosis				
Heart Disease				
Hypertension or High Blood Pressure				
Osteoporosis				
Anemia				
Malaria				
Avitaminosis				
Liver Dysfunction				

25. Have any family members ever been diagnosed with Parkinson's Disease, Parkinson's Syndrome or Parkinsonism? Yes _____ No _____ Do Not Know _____

If yes, please list that person's name, age at diagnosis, occupation and relationship to you.

Name: _____

Age at Diagnosis: _____

Occupation: _____

Relationship: _____

26. Have you ever filed bankruptcy? _____ If yes when? _____

Date: Signed:_____

Name:

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