



U.S. Department of Justice

Office of the United States Trustee

Region 2 - New York, Connecticut, Vermont

LIMITED WAIVER

Re: _____

I am the attorney for the above-referenced chapter 11 debtor-in-possession. I consent to one or more contacts with my client, or my client's officers, directors and employees, if applicable, by a **paralegal, bankruptcy analyst or other non-attorney employee** in the Office of the United States Trustee concerning the administrative and ministerial requirements of this chapter 11 case, including but not limited to, compliance with the United States Trustee's Operating Guidelines and Reporting Requirements, the proper completion of monthly operating reports, the maintenance of appropriate insurance, banking arrangements, approved banking depositories and the payment and calculation of the United States Trustee quarterly fees.

Dated: _____

Attorney for the Debtor-in-Possession

Name: _____

Firm: _____