IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	Chapter 11
MALLINCKRODT PLC., *et al.*,	Case No. 20-12522 (JTD)
Debtors.[1]	(Jointly Administered)

NOTICE BY THE TRUSTEES OF THE OPIOID MASTER DISBURSEMENT TRUST II ESTABLISHING DEADLINE FOR FILING PROOFS OF CLASS (9)(H) OTHER OPIOID CLAIMS AND RELATED PROCEDURES

TO ALL HOLDERS OF POTENTIAL CLASS 9(H) OTHER OPIOID CLAIMS AGAINST THE DEBTORS (AS LISTED IN SCHEDULE A)

YOU ARE RECEIVING THIS NOTICE BECAUSE YOU MAY HAVE A CLASS 9(H) OTHER OPIOID CLAIM AGAINST THE DEBTORS IN THE ABOVE-CAPTIONED CHAPTER 11 CASES. THEREFORE, YOU SHOULD READ THIS NOTICE CAREFULLY AND CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS, INCLUDING WHETHER YOU SHOULD FILE A CLAIM FORM WITH THE OPIOID MASTER DISBURSEMENT TRUST II

1. THE DEADLINE TO FILE OTHER OPIOID CLAIMS

Please take notice that on October 12, 2020 (the "**Petition Date**"), the debtors and debtors in possession in the above-captioned cases (together, the "**Debtors**") filed voluntary petitions for relief under Chapter 11 of the Bankruptcy Code with the United States Bankruptcy Court for the District of Delaware (the "**Court**").

On March 2, 2022, the Court entered an Order (as revised, the "**Confirmation Order**") [Docket No. 6660] confirming the *Fourth Amended Joint Plan of Reorganization (With Technical Modifications) of Mallinckrodt PLC and Its Debtor Affiliates Under Chapter 11 of the Bankruptcy Code* [Docket No. 7670] (as may be further revised or amended, the "**Plan**"). The Plan became effective on June 16, 2022 [Docket No. 7652] (the "**Effective Date**").

Upon the Effective Date, the Opioid Master Disbursement Trust II (the "**Opioid MDT II**") was established for the purpose of, among other things, resolving all asserted Opioid Claims

[1] A complete list of the Debtors in these Chapter 11 Cases may be obtained on the website of the Debtors' claims and noticing agent at http://restructuring.primeclerk.com/Mallinckrodt. The Debtors' mailing address is 675 McDonnell Blvd., Hazelwood, Missouri 63042.

channeled to the Opioid MDT Trust II in accordance with the Plan, Trust Documents, and the Confirmation Order. With respect to Other Opioid Claims, which were classified as Class 9(h) Claims under the Plan,[2] the Plan provides as follows:

> **As of the Effective Date, all Other Opioid Claims shall automatically, and without further act, deed, or court order, be channeled exclusively to, and all of Mallinckrodt's liability for Other Opioid Claims shall be assumed by, the Opioid MDT II**. Each Other Opioid Claim shall be resolved solely in accordance with the terms, provisions, and procedures of the Opioid MDT II Documents and shall receive a recovery, if any, solely in the amount of its respective Other Opioid Claimant Pro Rata Share. The sole recourse of any Other Opioid Claimant on account of its Other Opioid Claim shall be to its Other Opioid Claimant Pro Rata Share, and each such Other Opioid Claimant shall have no right whatsoever at any time to assert its Other Opioid Claim against any Protected Party, shall be enjoined from filing against any Protected Party any future litigation, Claims or Causes of Action arising out of or related to such Other Opioid Claims, and may not proceed in any manner against any Protected Party on account of such Other Opioid Claims in any forum whatsoever, including any state, federal, or non-U.S. court or administrative or arbitral forum.

Plan at Art. III, ¶ (B)(9)(h) (emphasis added). Moreover, pursuant to the Plan, as incorporated in the Confirmation Order, **November 18, 2022, at 5:00 p.m. (Prevailing Eastern Time)**[3] shall be the deadline to file a proof of claim (each, a "**Proof of Claim**") in respect of an Other Opioid Claim you may hold against any of the Debtors (the "**Other Opioid Claims Bar Date**").

2. PERSONS OR ENTITIES WHO MUST FILE A PROOF OF CLAIM AGAINST THE OPIOID MDT II

As stated above, the Opioid MDT II assumed all liability and responsibility in administering and resolving all Other Opioid Claims you may have against the Debtors. Your sole recourse to assert and receive any compensation therewith is against the Opioid MDT II. The Plan defines "Other Opioid Claims" as:

---

[2] The Plan defines "*Other Opioid Claims*" as any Opioid Claim that is not a Governmental Opioid Claim, Third-Party Payor Opioid Claim, Hospital Opioid Claim, Ratepayer Opioid Claim, a NAS Monitoring Opioid Claim, an Emergency Room Physicians Opioid Claim, a Public School Opioid Claim, or PI/NAS Opioid Claim, but including, for the avoidance of doubt, Co-Defendant Claims (other than Co-Defendant Claims held by Released Co-Defendants) and any No Recovery Opioid Claims that are Allowed after the Effective Date under section 502(j) of the Bankruptcy Code.

[3] The Plan requires the deadline to be set sixty (60) days from the date of the filing of this Notice. Plan at Art. I, ¶ A(315) ("'Other Opioid Claims Bar Date' means a date that is 60 days after the service of a notice to be filed with the Bankruptcy Court by the Opioid MDT II Administrator, in accordance with Article IV.Y of the Plan, stating that all Other Opioid Claimants must submit to the Opioid MDT II Administrator a proof of claim form (in a form substantially similar to Official Bankruptcy Form No. 410) within 60 days of the service of such notice. A sample proof of claim form shall be attached to the notice of the Other Opioid Claims Bar Date.").

> any Opioid Claim that is **not** a Governmental Opioid Claim, Third-Party Payor Opioid Claim, Hospital Opioid Claim, Ratepayer Opioid Claim, a NAS Monitoring Opioid Claim, an Emergency Room Physicians Opioid Claim, a Public School Opioid Claim, or PI/NAS Opioid Claim, but including, for the avoidance of doubt, Co-Defendant Claims (other than Co-Defendant Claims held by Released Co-Defendants) and any No Recovery Opioid Claims that are Allowed after the Effective Date under section 502(j) of the Bankruptcy Code.

Plan at Art. I, ¶ A(314). Any person or entity that has or seeks to assert an Other Opioid Claim against the Debtors which arose, or is deemed to have arisen, prior to the Petition Date, **MUST FILE A PROOF OF CLAIM WITH THE OPIOID MDT II ON OR BEFORE THE OTHER OPIOID CLAIMS BAR DATE**.

THE FACT THAT YOU HAVE RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE A CLAIM OR THAT THE DEBTORS OR THE OPIOID MDT II BELIEVE THAT YOU HAVE A CLAIM. A CLAIMANT SHOULD CONSULT AN ATTORNEY IF THE CLAIMANT HAS ANY QUESTIONS, INCLUDING WHETHER SUCH CLAIMANT SHOULD FILE A PROOF OF CLAIM.

3. WHEN AND WHERE TO FILE

The following procedures with respect to preparing and filing Proofs of Claim of any Other Opioid Claim will apply:

Proofs of Claim must substantially conform to the attached Proof of Claim Form (attached hereto as **Exhibit 1**) or Official Bankruptcy Form No. 410;

Proofs of Claim must (i) be written in the English language; (ii) be denominated in lawful currency of the United States as of the Petition Date (using the exchange rate, if applicable, as of the Petition Date); (iii) specify by name and case number the Debtor against which the claim is filed; (iv) set forth with specificity the legal and factual basis for the alleged claim; (v) include supporting documentation for the claim or an explanation as to why such documentation is not available; and (vi) be signed by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant under penalty of perjury.

If a claimant asserts a claim against more than one Debtor or has claims against different Debtors, the claimant must file a separate Proof of Claim, as applicable, against each Debtor.

Proofs of Claim must be filed (i) electronically through the website of the Opioid MDT II's claims and noticing agent, Stretto, using the interface available on such **website located at https://cases.stretto.com/OpioidMDT2** under the link entitled "File a Claim" (the "Electronic Filing System") or (ii) by delivering the original Proof of Claim form by hand, or mailing the original Proof of Claim form so as to be received on or before Other Opioid Claims Bar Date as follows:

If by first class mail:

MDT II 9(h) Claims Processing
c/o Stretto
410 Exchange, Suite 100
Irvine, CA 92602

If by hand delivery or overnight mail:

MDT II 9(h) Claims Processing
c/o Stretto
410 Exchange, Suite 100
Irvine, CA 92602

Proofs of Claim sent by facsimile, telecopy, or electronic mail transmission (other than Proofs of Claim filed electronically through the Electronic Filing System) **will not** be accepted.

4. CONSEQUENCES OF FAILURE TO TIMELY FILE A PROOF OF CLAIM BY THE OTHER OPIOID CLAIMS BAR DATE

PURSUANT TO THE PLAN, AS CONFIRMED, "ANY OTHER OPIOID CLAIM FOR WHICH NO TIMELY PROOF OF CLAIM FORM IS SUBMITTED **SHALL BE DEEMED DISALLOWED**, SUBJECT TO BANKRUPTCY RULE 9006." Plan at Art. IV, ¶ Y(1) (emphasis added).

5. RESERVATION OF RIGHTS

Nothing contained in this Notice is intended to or should be construed as a waiver of the Opioid MDT II's right to dispute, or assert offsets or defenses against, any filed Other Opioid Claim as to the nature, amount, liability, or classification thereof.

If you require additional information regarding the filing of a proof of claim you may contact the Opioid MDT II's claims and noticing agent directly at:
Toll-Free: (855) 465-8951
International: (949) 317-0656
Email: TeamMDT@stretto.com

Dated: September 16, 2022

Respectfully submitted,

COLE SCHOTZ P.C.

/s/ Justin R. Alberto

Justin R. Alberto (No. 5126)
500 Delaware Avenue, Suite 1410
Wilmington, DE 19801
Telephone: (302) 652-3131
Facsimile: (302) 652-3117
jalberto@coleschotz.com

Seth Van Aalten, Esq.
Anthony De Leo, Esq.
1325 Avenue of the Americas
19th Floor
New York, NY 10019
Telephone: (212) 752-8000
Facsimile: (212) 752-8393
svanaalten@coleschotz.com
adeleo@coleschotz.com

-and-

BROWN RUDNICK LLP
David J. Molton, Esq.
Gerard T. Cicero, Esq.
Seven Times Square
New York, NY 10036
Telephone: (212) 209-4800
Facsimile: (212) 209-4801
dmolton@brownrudnick.com
gcicero@brownrudnick.com

Steven D. Pohl, Esq.
One Financial Center
Boston, MA 02110
Telephone: (617) 856-8200
Facsimile: (617) 856-8201
spohl@brownrudnick.com

Co-Counsel to the Opioid Master Disbursement Trust II

SCHEDULE A

List of Debtors

TO ALL PERSONS AND ENTITIES WITH OTHER OPIOID CLASS (9)(H) CLAIMS AGAINST THE DEBTORS SET FORTH BELOW:

Name of Debtor	**Case Number**	**Tax Identification Number**
Mallinckrodt LLC	20-12521	43-1479062
Mallinckrodt plc	20-12522	98-1088325
Mallinckrodt Equinox Finance LLC	20-12523	32-0542730
Acthar IP Unlimited Company	20-12524	98-1219747
MCCH LLC	20-12525	32-0541022
IMC Exploration Company	20-12526	74-1856768
Mallinckrodt Group S.a.r.l.	20-12527	98-1094611
Infacare Pharmaceutical Corporation	20-12528	31-1807488
MEH, Inc.	20-12529	65-0952696
INO Therapeutics LLC	20-12530	47-0931456
Mallinckrodt Holdings GmbH	20-12531	98-1162957
MHP Finance LLC	20-12532	47-5176059
Ludlow LLC	20-12533	04-2614539
Mallinckrodt Hospital Products Inc.	20-12534	41-2142317
MKG Medical UK Ltd	20-12535	98-1241288
MAK LLC	20-12536	82-3297479
Mallinckrodt APAP LLC	20-12537	47-2085115
Mallinckrodt Hospital Products IP Unlimited Company	20-12538	98-1273300
MNK 2011 LLC	20-12539	80-0739865
Mallinckrodt International Finance SA	20-12540	98-1094609
Mallinckrodt ARD Finance LLC	20-12541	82-3638933
MUSHI UK Holdings Limited	20-12542	98-1190248
Mallinckrodt ARD Holdings Inc.	20-12543	47-2402827
Mallinckrodt International Holdings S.a.r.l.	20-12544	98-1272203
Ocera Therapeutics, Inc.	20-12545	63-1192270
Mallinckrodt ARD Holdings Limited	20-12546	98-1190042
Petten Holdings Inc.	20-12547	83-3441641
Mallinckrodt IP Unlimited Company	20-12548	98-1190770
Mallinckrodt ARD IP Unlimited Company	20-12549	98-1273238
SpecGx Holdings LLC	20-12550	84-3594520
Mallinckrodt ARD LLC	20-12551	33-0476164
SpecGx LLC	20-12552	81-4463153
Mallinckrodt Lux IP S.a.r.l.	20-12553	98-1190722
Mallinckrodt Brand Pharmaceuticals LLC	20-12554	90-0136080
ST Operations LLC	20-12555	84-4597158
Mallinckrodt Manufacturing LLC	20-12556	47-5172075
ST Shared Services LLC	20-12557	84-3727053
Mallinckrodt Buckingham Unlimited Company	20-12558	(U.K.) 7891923224
Mallinckrodt Pharma IP Trading Unlimited Company	20-12559	98-1272335
ST US Holdings LLC	20-12560	20-5950462
Mallinckrodt Canada ULC	20-12561	98-1065149
Mallinckrodt Pharmaceuticals Ireland Limited	20-12562	98-1217693
ST US Pool LLC	20-12563	84-4591199
Mallinckrodt CB LLC	20-12564	83-1878651
Mallinckrodt Pharmaceuticals Limited	20-12565	98-1274182
Stratatech Corporation	20-12566	39-2025292
Mallinckrodt Critical Care Finance LLC	20-12567	47-5172425

Mallinckrodt Enterprises Holdings, Inc.	20-12568	94-3160456
Mallinckrodt Quincy S.a.r.l.	20-12569	98-1191395
Sucampo Holdings Inc.	20-12570	85-2745451
Sucampo Pharma Americas LLC	20-12571	13-3929237
Mallinckrodt Enterprises LLC	20-12572	36-4679061
Mallinckrodt UK Finance LLP	20-12573	98-1274193
Mallinckrodt Enterprises UK Limited	20-12574	98-1190911
Sucampo Pharmaceuticals, Inc.	20-12575	30-0520478
Mallinckrodt UK Ltd	20-12576	98-1240542
Therakos, Inc.	20-12577	22-2575957
Mallinckrodt US Holdings LLC	20-12578	32-0408865
Vtesse LLC	20-12579	47-1075596
Mallinckrodt US Pool LLC	20-12580	90-0937192
WebsterGx Holdco LLC	20-12581	85-0505835
Mallinckrodt Veterinary, Inc.	20-12582	36-3480465
Mallinckrodt Windsor Ireland Finance Unlimited Company	20-12583	(Ireland) 3347922OH
Mallinckrodt Windsor S.a.r.l.	20-12584	98-1286736

EXHIBIT 1

Other Opioid Proof of Claim Form

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

   _____
   Name of the current creditor (the person or entity to be paid for this claim)

   Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?**

   ❑ No
   ❑ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
_____ Name	_____ Name
_____ Number Street	_____ Number Street
_____ City State ZIP Code	_____ City State ZIP Code
Contact phone _____	Contact phone _____
Contact email _____	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

__ __

4. **Does this claim amend one already filed?**

   ❑ No
   ❑ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

   ❑ No
   ❑ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**
- ❑ No
- ❑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ ____ ____ ____

7. **How much is the claim?** $_____. **Does this amount include interest or other charges?**
- ❑ No
- ❑ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

_____

9. **Is all or part of the claim secured?**
- ❑ No
- ❑ Yes. The claim is secured by a lien on property.

Nature of property:
- ❑ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*
- ❑ Motor vehicle
- ❑ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $_____

Amount of the claim that is secured: $_____

Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $_____

Annual Interest Rate (when case was filed)_____%
- ❑ Fixed
- ❑ Variable

10. **Is this claim based on a lease?**
- ❑ No
- ❑ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**
- ❑ No
- ❑ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- ❑ No
- ❑ Yes. *Check one:*

	Amount entitled to priority
❑ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
❑ Up to $3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
❑ Wages, salaries, or commissions (up to $15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
❑ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
❑ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
❑ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ❑ I am the creditor.
- ❑ I am the creditor's attorney or authorized agent.
- ❑ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ❑ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

_____
Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

_____
City State ZIP Code

Contact phone _____ Email _____