

**Must be Postmarked
No Later Than
June 8, 2010**

**In re Collins & Aikman Corporation Securities
Litigation Settlement (Case No. 2:06-13555)
c/o The Garden City Group, Inc.
Claims Administrator
P.O. Box 9403
Dublin, OH 43017-4503
1-800-391-7473**

CEA



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

IF YOU PURCHASED OR ACQUIRED THE SECURITIES OF COLLINS & AIKMAN CORPORATION ("C&A" OR "COLLINS & AIKMAN") DURING THE PERIOD FROM AUGUST 6, 2002 THROUGH MAY 17, 2005, INCLUSIVE (THE "CLASS PERIOD"), AND SUFFERED DAMAGES, YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN **JUNE 8, 2010** TO THE FOLLOWING ADDRESS:

**In re Collins & Aikman Corporation Securities
Litigation Settlement (Case No. 2:06-13555)
c/o The Garden City Group, Inc.
Claims Administrator
P.O. Box 9403
Dublin, OH 43017-4503**

YOUR FAILURE TO SUBMIT YOUR CLAIM BY **JUNE 8, 2010** WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.



SECTION A - CLAIMANT INFORMATION

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Street Address:

City:

Account Number: (not required)

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number: () -

Evening Telephone Number: () -

Email Address:

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at www.gardencitygroup.com or you may e-mail the Claims Administrator at eClaim@gardencitygroup.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

NOTE: Separate Proofs of Claim should be submitted for each separate legal entity (for example, a claim from Joint Owners should not include separate transactions of just one of the Joint Owners, an Individual should not combine his or her IRA transactions with transactions made solely in the Individual's name). Conversely, a single Proof of Claim should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (for example, an individual or corporation with multiple brokerage accounts should include all transactions made in C&A securities during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in.)



SECTION B - SCHEDULE OF TRANSACTIONS IN C&A COMMON STOCK

1. **BEGINNING HOLDINGS:** Number of shares of C&A common stock held at the close of trading on **August 5, 2002** (If none, write "zero" or "0") (If other than zero, must be documented)
2. **PURCHASES/ACQUISITIONS:** List your purchases or acquisitions of C&A common stock between **August 6, 2002** and **May 17, 2005**, inclusive (must be documented):

Date(s) of Purchase/Acquisition (List Chronologically) Month/Day/Year	Number of Shares of Common Stock Purchase/Acquisition	Purchase/Acquisition Price Per Share of Common Stock	Total Purchase Price (excluding commissions, taxes, and fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

3. **PURCHASES/ACQUISITIONS:** Number of shares of C&A common stock purchased/acquired between **May 18, 2005** and **August 15, 2005** (If none, write "zero" or "0").
4. **SALES:** List your sales of C&A common stock between **August 6, 2002** and **August 15, 2005**, inclusive (If none, write "zero" or "0") (If other than zero, must be documented):

Date(s) of Sale (List Chronologically) Month/Day/Year	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Total Sale Price (excluding commissions, taxes, and fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

5. **UNSOLD HOLDINGS:** Number of shares of C&A common stock held at the close of trading on **August 15, 2005** (If none, write "zero" or "0") (If other than zero, must be documented)

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



SECTION C - SCHEDULE OF TRANSACTIONS IN 10.75% NOTES

1. **BEGINNING POSITION:** Please provide the face amount of 10.75% Notes that you held at the close of trading on **August 5, 2002** (If none, write "zero" or "0") (If other than zero, must be documented).

2. **PURCHASES/ACQUISITIONS:** List purchases or acquisitions of 10.75% Notes between **August 6, 2002** and **May 17, 2005**. (Must be documented):

Date(s) of Purchase/Acquisition (List Chronologically) Month/Day/Year	Face Amount of Notes Purchase/Acquired	Purchase/Acquisition Price Per \$1000 Face Amount	Total Purchase Price (excluding commissions, taxes, and fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

3. **PURCHASES/ACQUISITIONS:** Face amount of 10.75% Notes purchased/acquired between **May 18, 2005** and **August 15, 2005** (If none, write "zero" or "0").

4. **SALES:** Sales of 10.75% Notes sold from **August 6, 2002** and **August 15, 2005**. (Must be documented):

Date(s) of Sale (List Chronologically) Month/Day/Year	Face Amount of Notes Sold	Sale Price Per \$1000 Face Amount	Total Sale Price (excluding commissions, taxes, and fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

5. **ENDING POSITION:** Please provide the face amount of 10.75% Notes that you held at the close of trading on **August 15, 2005** (If none, write "zero" or "0") (If other than zero, must be documented).

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
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SECTION D - SCHEDULE OF TRANSACTIONS IN 12.875% NOTES

1. **BEGINNING POSITION:** Please provide the face amount of 12.875% Notes that you held at the close of trading on **August 5, 2002** (If none, write "zero" or "0") (If other than zero, must be documented).

2. **PURCHASES/ACQUISITIONS:** List purchases or acquisitions of 12.875% Notes between **August 6, 2002** and **May 17, 2005**. (Must be documented):

Date(s) of Purchase/Acquisition (List Chronologically) Month/Day/Year	Face Amount of Notes Purchase/Acquired	Purchase/Acquisition Price Per \$1000 Face Amount		Total Purchase Price (excluding commissions, taxes, and fees)
/ /		\$.	\$
/ /		\$.	\$
/ /		\$.	\$
/ /		\$.	\$

3. **PURCHASES/ACQUISITIONS:** Face amount of 12.875% Notes purchased/acquired between **May 18, 2005** and **August 15, 2005** (If none, write "zero" or "0").

4. **SALES:** Sales of 12.875% Notes sold from **August 6, 2002** and **August 15, 2005**. (Must be documented):

Date(s) of Sale (List Chronologically) Month/Day/Year	Face Amount of Notes Sold	Sale Price Per \$1000 Face Amount		Total Sale Price (excluding commissions, taxes, and fees)
/ /		\$.	\$
/ /		\$.	\$
/ /		\$.	\$
/ /		\$.	\$

5. **ENDING POSITION:** Please provide the face amount of 12.875% Notes that you held at the close of trading on **August 15, 2005** (If none, write "zero" or "0") (If other than zero, must be documented).

Please contact the claims administrator if you have transactions in securities other than those identified in Sections B - D.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX
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SECTION E - CERTIFICATION AND SIGNATURE

CLAIMANT'S STATEMENT

1. I affirm that I purchased the securities between August 6, 2002 and May 17, 2005, inclusive. (Do not submit this Proof of Claim if you did not purchase C&A securities during this period).
2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice, or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.
4. I have set forth where requested above all relevant information with respect to each purchase of C&A securities during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other C&A securities) to the Claims Administrator to support this claim if requested to do so.
5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of C&A securities listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)
7. I hereby acknowledge that, upon the occurrence of the Effective Date, by operation of law, I on behalf of myself and on behalf of my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, I on behalf of it, him, her or them and on behalf of its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) shall fully and completely release, remise and discharge each of the "Released Parties" of all "Released Claims," as defined in the Notice.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

(Signature)

(Signature)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Date:

**ACCURATE CLAIM PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign the Certification Section of the Proof of Claim and Release form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at **1-800-391-7473**.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Proof of Claim and Release form or supporting documentation.**

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