

P.O. Box 1646
Castle Rock, Colorado 80104
720-733-0184
Toll Free 1-877-745-3447
info@donatedeggs.com

Donor Number: 0316 (For Agency Use Only)

Today's Date: 9-1-10

Date of Birth: 6-28-1989

How did you hear of An Eggceptional Match? (If website, pls. specify): Program Director

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: Prescott State: AZ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a voicemail message at: (Pls. Circle): Home Work Cell

Are email communications permissible? If so, what is your E-mail Address: _____

I check my email: all day once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? Yes No _____

Are you currently listed with any other clinics or agencies? Yes If yes, whom? (Contacted Director to remove listing)

Have you signed a contract with any other clinic or agency? No If so, please provide a complete copy to me.

Have you ever been denied entry into another egg donor program? NO If yes, please explain in detail:

How soon are you able to begin your donation? Immediately

Who may we contact in case of an emergency? _____

Relationship Fiance Ph: _____

Who may we contact in case your demographics change? _____ Ph: _____

Are you (**Pls. Circle**): Married **Single with relationship** Single without relationship

Are you a U.S. Citizen? **Yes** No

Do you have medical insurance? **Yes** No

If so, provide name of your health plan and identification number: _____

Are you willing to travel for an egg donation? **Yes** No Possibly if: _____

Do you have any lawsuits or other legal claims pending against you? Yes **No**

Have you ever filed bankruptcy? Yes **No** If so, when? _____

Have you ever been convicted of a crime? Yes **No** If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:

PHYSICAL CHARACTERISTICS

Age: 23 Height: 5'4" Weight: 130 **Measurements**: Bust 35 Hips 38 Waist 26

Race: Caucasian (Jewish) (Caucasian, African American, Asian, Hispanic, etc...)

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Eastern European Jewish

Mother's Side: Eastern European Jewish (My Maternal Ancestors are from an area in the country of Lithuania. It is a country that is in between Poland and Russia in Eastern Europe)

Father's Side: Irish

Blood Type: O(+ or -) Place of Birth: New Mexico

What celebrity do people most commonly say you look like? Natalie Portman

***Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process**

PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE

Body Type/Bone Structure: small medium large

Hands: right-handed left-handed ambidextrous

Eyes: *Color brown hazel green blue
 *Set narrow average wide
 *Size small average large
 *Shape round oval almond
 *Shade light medium dark

Hair: *Natural Color blond brown black red other _____
 *Color as child blond brown black red
 *Shade light medium dark
 *Type straight wavy curly
 *Fullness thin medium thick
 *Texture fine medium course

Nose: *Size small medium large
 *Width narrow average wide
 *length short average wide
 *Nostril Flare small average wide

Cheekbones: *Set low average high
 *Prominence slight medium strong

Mouth: *Size small average large
 *Lips thin average full

Chin: *Shape square oval round
 *Prominence slight average strong
 *Cleft none slight medium

Skin: *Tone light med-light medium med-dark dark olive
 *Tan Ability none slight medium easy
 *Condition normal dry oily medium combination
 *Acne none slight medium severe at what age _____

Other Facial

Features: *Moles none one several several numerous
 *Freckles none several moderate numerous
 *Dimples none slight medium deep

Eyesight: *Vision normal far-sighted near-sighted
 *Glasses none single bifocal
 *Astigmatism yes no age diagnosed _____

Dental: *Device none braces retainer other _____
 *Reason cosmetic accident disease other _____
 *Age during use _____ to _____ years of age

REPRODUCTIVE HISTORY

Age at first period? 14 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 30 How long do they last? 5 days

Do you experience cramps? **None** Mild Average Severe

Method of birth control? Currently None If none, in the past? Used Ortho-Tri cyclen lo

Have you ever been pregnant? No If yes, did you have trouble conceiving? _____

Have you ever been treated for infertility? No

Did your mother take DES while she was pregnant with you? No

LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? None

DONATION HISTORY

Have you ever donated your eggs before? ___Yes_____ If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
6/2011	32	20	Yes	anonymous
10/2011	31	20	Yes-Male	Yes
12/12/12	25	10-Sperm quality affected low fert. Rate.	Yes-High initial beta at 2000-Confirmed Singleton	Pending
4/2013	29	24	Pending	Pending

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? Cycle # 2: 4. Cycle # 3: 5.

What is the compensation you are asking for your donation? _\$10,000_____ (1st time donors \$5,000)

What is the least amount you would consider? ___\$?

Will you require missed wages from work? _No_____

If yes, what is your hourly wage? _____ How many hours per week do you work? _____

Will you require childcare reimbursement? ___No_____ If yes, what is the hourly rate? _____ X _____ kids

MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date:

1. Wisdom Teeth Removal 12-4-2009 No Complications

Have you had a blood transfusion in the last 12 months? ___No_____

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? ___No_____ If yes, please explain: _____

Have you been exposed to radiation or toxic chemicals in your work or personal life? ___No_____

Have you received a bite from an animal suspect for rabies within the last 6 months? ___No_____

Have you ever had a reaction to anesthesia? ___No_____ If yes, please explain reaction in detail: _____

Highest Level of Education Completed: Grade School _____
Jr. High School _____
Sr. High School **(GPA: 4.0 with honors)**
Currently in College pursuing a degree in: B.S. Dental Hygiene
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: N/A ACT's: N/A College GPA: 3.7
I graduated 1 year early from High School with a 4.0 GPA and was accepted into college right away without having to take any act/sat testing.

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Utah College Dental Hygiene</u>	<u>2009-Current</u>
2. <u>Yavapai College</u>	<u>2008-2009</u>
3. <u>Rio Salado Community College</u>	<u>2007-2008</u>

What was your favorite subject in school? Math/Science You're least favorite? Writing

Dean's List or Honor Roll? Yes

As an adult I am most proud of: **Where I am in life and the family I have to support me.**

Currently I have a career in: **Full Time Dental Hygiene Student Graduating Apr 2011**

I have been in this profession for 2 years

*I have flexibility in my current profession: **Yes** No

Languages: Speak: English
Read: English
Write: English

I consider myself: Athletic **Active** Average Inactive

Physical activities include: Hiking, Biking, Running

Have you excelled in any physical activities? Cross Country Running

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Healthy- Lots of Fruits & Veggies

Do you show artistic or musical ability? Yes If yes please explain: Art- Painting- Photography

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Light brown	5'7 155	Fair	41		
Father	Brown	Brown	5'9" 168	Fair	42		
Brother: 1.	Brown	Brown	5'0" 105	Fair	13		
2.							
3.							
4.							
Sister: 1.	Brown	Brown	5'3''	Fair	23		
2.							
3.							
4.							
Maternal Grandmother	Brown	Brown	5'3'' 110lb	Fair	75		
Maternal Grandfather	Brown	Brown	5'11'' 180lb	Fair	77		
Paternal Grandmother	Lt. Brown	Brown	5'4'' 135lb	Fair		60	Pneumonia
Paternal Grandfather	Lt. Brown	Blue	6'0'' 175lb	Fair	68		
Children: (If Any) 1.							
2.							

Are you adopted? __No____ If yes, do you have access to your biological health history? _____

Twins or multiple births in the family? __Yes____ If yes, how many sets? __2_____

Are there any known genetic diseases that run in your family? __No____ If yes, please identify all such diseases and explain in as much detail as possible:

Has anyone in your family been born with a birth defect? __No__ If yes, please explain in detail:_____

Have you had a brother or sister die in infancy or early childhood? __No__ If yes, please explain the cause of death:_____

Have you ever been tested for:

Cystic Fibrosis (Caucasian) __No__
Sickle Cell (African American) __No__
Thalassemia (Greek/Italian) __No__
Tay-Sach's (Jewish) __No__
Spinal Muscular Atrophy No

If yes to any of the above, were you determined a carrier? N/A

How would you describe your personality and temperament? **I am a very sociable person who loves to smile and have a great time. I am mild tempered and some think I am shy before they get to know me. I am very adventurous and love spending time with the people I love. My favorite things to do are hiking with my fiancé and dog, or cozying up on the couch to watch my favorite movies.**

What is your philosophy of life? **I have always loved the saying "It is impossible to begin to learn that which one thinks one already knows" because I am always learning from the people around me.**

What qualities and characteristics would you hope the recipient parents possess? **My number one quality is that they have a loving family and home where they can grow for a lifetime.**

How does it make you feel at the possibility of their offspring knowing about the donation? **The decision is up to the couple regarding telling them about the donation, but I believe that they created their own family. It is the couple who will be building a life for their child and I hope their offspring will understand that their parents are the ones who chose to bring them into this world, and my donation is simply a gift that they were in need of.**

How would you describe your childhood? **A very strong family with a close bond, I always just remember spending great times and creating great memories with all of them.**

What is the earliest memory you hold as a child? **I remember my mom used to sing me to sleep when I was a child, I can still remember her tucking me in every night with all of my stuffed animals around and the sound of her voice singing my favorite Disney Princess songs.**

What was it like growing up in your family? **Constant laughing, my entire family has always had the best sense of humor; we loved going on family trips and spending quality time together. We still get together now that we are grown and just laugh at some of the memorable moments we have shared.**

What religion did you belong to as a child? **Jewish**

When I Was A Child:

My favorite thing to do was: **Read to my stuffed animals, Play outside with my older sister.**

At home I was expected to: **Keep my room clean, help my mom around the house.**

My parents were strict about: **Respecting others, they always wanted me to have manners and respect others.**

My parents taught me to value: **My family, we have such a strong bond that they have created.**

What I loved most about my father was: **His sense of humor, he was always making us laugh.**

What I loved most about my mother was: **Our Bond that we have, I have always been able to talk to her about everything.**

My favorite relatives were: **My siblings, we have always been so close and inseparable growing up.**

I loved to visit: **The Park for a picnic and a game of soccer.**

In comparison to others I was: **Super smiley, constantly laughing and a true mommy's little girl.**

Your Teenage Years:

Describe yourself as a teenager: **I was a surprisingly happy teenager. My mom always thanks me for not giving her too hard of a time. I was active in school including cheer/dance/cross country and the photojournalism committee.**

Describe your achievements: **I graduated 1 year early from high school because of my academic record. This gave me the opportunity to start college a year early, which I am thankful for everyday.**

Did you do poorly at anything? **Nothing that I can remember particularly, but I'm sure there were things that I didn't do so well in.**

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? **None, I can't say that I probably didn't stress my parents out with normal teenager behavior but nothing was serious. I always did great in school and was social with my family and friends. I was lucky enough not to have any health complications.**

What do you hope to achieve by volunteering in an egg donor program? **I hope to help give a couple the opportunity to complete their family that they are longing for. I want to be able to give them a gift that will bring them joy for a lifetime.**

What message would you like passed on to the recipient of your eggs/their offspring? **I would want to tell them to cherish every minute they have together and that I'm so glad that I could give them a gift that helped them complete their family.**

What helped you decide to become an egg donor? **I heard about egg donations online and found a success story of a couple who was able to conceive through a program like this. It was so touching that I decided I wanted to be able to help someone in a special way.**

Do you consider yourself a reliable person? **Absolutely, I am extremely responsible.**

Do you consider yourself a punctual person? **Yes**

Would you describe yourself as a religious or spiritual person? **Yes**

Do you have any ethical, moral or religious reservations about being an egg donor? **No**

What are your personal goals? Have you achieved any of these goals? **My goals are to be happy in whatever I choose in life. I graduate in early spring of 2011 and hopefully begin my life journey. I am very happy with the career I have chosen hope that I can touch people's lives in a special way.**

What do you see yourself doing in the next 5-10 years? **Hopefully becoming a Pediatric Dentist and starting a family of my own. It is too early to say, but as long as I'm happy and healthy.**

What would you like your recipient couple to know about you that has not already been asked? **I want them to know that I am a caring and kind person who is looking for the chance to help them. I can't imagine the struggle they have been through and only hope that I can help them find what they are looking for in a donor.**

What is your favorite color? **Green**

Favorite type of food? **My mom's Italian cooking and homemade knishes.**

Favorite movie? **The Graduate (I love Dustin Hoffman!)**

Favorite type of music? **Early 60's & 70's Classic Rock**

Favorite Book? **The Giver**

Would you be willing to donate to gay or single prospective parents? **Yes** Please specify: _____

Would you be willing to meet a child conceived as the result of your donation? **Unsure** Please elaborate: **I want the family I donate to, to grow on their own. I want them to be able to create their own miracle and give them the love that they have to offer. I would not want to interfere in their family bond.**

Would you be interested in possibly meeting the prospective parents? **Yes, I understand that this is an extremely important decision and if they would like to meet me, I would be more than happy to help them feel more comfortable about their decision in choosing me as an egg donor.**

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)? **I believe that it is the parent's choice. They know what their family can/cannot handle and make the best decision they can with what they are given. I don't judge anyone's decision on what they choose to do with their family.**

How do you feel about the possibility of any remaining embryos being donated to another infertile couple that cannot afford the cost of infertility treatment? Will you sign a consent permitting such donation? **Absolutely, I would hate for money to be the only concern that is holding a couple back from having a family.**

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research or destruction of such remaining embryos? **Absolutely, I would sign the consent because hopefully this research will be able to help future couples conceive easier.**

Some clinics have their Prospective Parents sign away rights to any leftover embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision? **I am fine with this, I trust that the clinic and Prospective Parents will make a good judgment on what they believe should be done with the remaining embryos.**

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor? **I am fine with this; I understand that there are many obstacles that the couple may face and I'm supportive in what means they need to pursue to create their family.**

Is there a message you would like to leave for your prospective parents?

Dear Recipient Couple,

I look forward to helping you down this road and hope that I can help bring a joy into your life that you are looking for. I can't imagine the hard struggles you have faced and I hope this donation can ease some of that pain. I can't wait to work with you and I hope that I can be that special donor you are looking for.

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the only information that your intended parents have to make a healthy and intuitive choice for their offspring.

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma				X			Sister had childhood asthma but grew out of it
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia					X		Paternal Grandmother
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones							
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
MENTAL HEALTH							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
MUSCLE/BONE/JOINTS							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
SIGHT/SOUND/SMELL							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

RISK FACTORS	Yes	No	Comment
Have you ever been sexually active with a male who was gay or bisexual?	Yes	<u>No</u>	
Have you ever injected drugs or had a sexual partner who did so?	Yes	<u>No</u>	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	<u>No</u>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	<u>No</u>	
Have you ever had sex in exchange for money or drugs?	Yes	<u>No</u>	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	<u>No</u>	
Have you ever been sexually active with a person Who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	<u>No</u>	
Have you been exposed to body fluids, open wounds, Non-intact skin or mucus membranes of any person known or suspected to have HIV, hepatitis B and/or C?	Yes	<u>No</u>	
Have you had an accidental needle stick within the Past 12 months?	Yes	<u>No</u>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	Yes	<u>No</u>	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	Yes	<u>No</u>	

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	<u>No</u>	
<hr/>			
Have you ever been diagnosed with hepatitis?	Yes	<u>No</u>	
<hr/>			
Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?	Yes	<u>No</u>	
<hr/>			
Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	<u>No</u>	if so, when?
<hr/>			
Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?	Yes	<u>No</u>	if so, when?
<hr/>			
Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease?	Yes	<u>No</u>	if so, who?
<hr/>			
Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	<u>No</u>	
<hr/>			
Do you have a history of changes in cognition, speech or gait?	Yes	<u>No</u>	
<hr/>			
Have you ever received a blood transfusion?	Yes	<u>No</u>	if so, where?
<hr/>			
Have you visited or lived in the United Kingdom for Three months or more between 1980-1996 Including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands?	Yes	<u>No</u>	
<hr/>			

(Cont'd)

Were you a member of the US military, civilian military, employee or a dependent of a member of the military Stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?	Yes	<u>No</u>	
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From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	Yes	<u>No</u>	if so, where?
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Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?	Yes	<u>No</u>	If so, when?
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If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?	Yes	<u>No</u>	
--	-----	-----------	--

Have you ever had sexual contact with anyone who was born or lived in any Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	Yes	<u>No</u>	
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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	Yes	<u>No</u>	if so, when?
--	-----	-----------	--------------

Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves being exposed to live cells, tissues or organs from an animal?	Yes	<u>No</u>	if so, who?
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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	<u>No</u>	
--	-----	-----------	--

Have you ever received a human organ, tissue transplant or human extract?	Yes	<u>No</u>	
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(Cont'd)

Have you ever been excluded as a blood donor?	Yes	<u>No</u>	if so, why?
<hr/>			
Have you been diagnosed or suspected to have Chagas' disease?	Yes	<u>No</u>	
<hr/>			
Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	Yes	<u>No</u>	
<hr/>			
Have you received a bite from an animal suspected for rabies within the last six months?	Yes	<u>No</u>	
<hr/>			

CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: _____

Donor's Signature: _____

Date: ____9-1-10_____

I ____ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: _____

Date: ____9-1-10_____

Witness to Signatures above: _____

Date: _____