

TAB 1

01020014302

Account Holder Name(s): **Quality Services Network, Inc; DBA: Select Services**

Network

Reporting SSN/TIN:

04-3658161

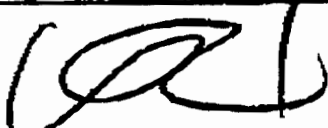
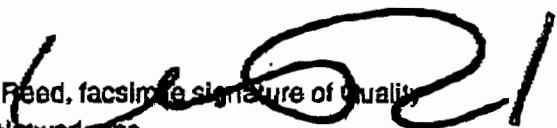
Mailing Address: **4601 W Sahara Ave Ste I, Las Vegas, NV 89102**

Street Location: **4601 W Sahara Ave Ste I, Las Vegas, NV 89102**

Telephone Number: **Work #: (702) 876-2678**

Number of Signatures Required: **1** CIF Number: **Q000021**

Signatures of Authorized Individuals.-This Agreement is subject to all terms below.

<p>X  William S Reed, of Quality Services Network, Inc</p>	<p>X  William S Reed, facsimile signature of Quality Services Network, Inc</p>
<p>XXXXXXXXXXXXXXXXXXXX</p>	<p>XXXXXXXXXXXXXXXXXXXX</p>

(Signatures and printed names of each account signer)

The authorized Agent(s) signing above agree(s), that the Corporation's Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, and the Electronic Funds Transfer Agreement and Disclosure, (if requested below), as amended by the Financial Institution from time to time. The authorized Agent(s) also acknowledge that they have received at least one copy of these deposit account documents.

Account Purpose: **Non Consumer**

EFT Services: **No**

BUSINESS TYPE: **Corporation**

ACCOUNT TYPE **First Business Checking**

ACCOUNT NUMBER **01020014302**

OPENED BY **LM**

Date Opened	Date Revised	Opening Deposit	ATM Card	Verified By	Account Formerly With
05-09-02		\$2,000.00	N	ChexSystems	
Date Closed	Closing Balance	Closed By	Reason For Closing	Statement Disposition	Service Chg Disposition
				Mail	Regular

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. MMN=Mother's Maiden Name

Name: William S Reed	SSN: 501-58-5682
Street: 4616 W Sahara Ave #315, Las Vegas, NV 89102	
Mailing:	
Phone: (H): (702) 596-7031	(W): (702) 876-2678
Job:	
DOB: 06-10-1950	
ID: CO 921904799	MMN: Tang

Name: William S Reed	SSN:
Street:	
Mailing:	
Phone: (H):	(W):
Job:	
DOB:	
ID:	MMN:

TIN/BACKUP WITHHOLDING

Reporting TIN: 04-3658161

Important: Under penalties of perjury, I certify that the number shown above is the Corporation's correct taxpayer identification number, I am a U.S. person (including a U.S. resident alien), and that (check appropriate box):

The Corporation is not subject to backup withholding, because the Corporation is exempt from backup withholding, or because the Corporation has not been notified by the IRS that the Corporation is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Corporation that the Corporation is no longer subject to backup withholding.

The Corporation is subject to backup withholding.

Signature of Authorized Individual: **X** 

QUALITY SERVICES NETWORK, INC.

Business Entity Information			
Status:	Revoked on 5/1/2004	File Date:	4/24/2002
Type:	Domestic Corporation	Corp Number:	C10455-2002
Qualifying State:	NV	List of Officers Due:	4/30/2003
Managed By:		Expiration Date:	

Resident Agent Information			
Name:	APG, INC.	Address 1:	4601 W. SAHARA AVE.
Address 2:	SUITE I	City:	LAS VEGAS
State:	NV	Zip Code:	89102
Phone:		Fax:	
Email:		Mailing Address 1:	
Mailing Address 2:		Mailing City:	
Mailing State:		Mailing Zip Code:	

Financial Information			
No Par Share Count:	75,000.00	Capital Amount:	\$ 0
No stock records found for this company			

Officers <input type="checkbox"/> Include Inactive Officers			
President - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Secretary - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Treasurer - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	

Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C10455-2002-001	# of Pages:	1
File Date:	04/24/2002	Effective Date:	
(No Notes for this action)			
Action Type:	Initial List		
Document Number:	C10455-2002-002	# of Pages:	1
File Date:	04/24/2002	Effective Date:	
List of Officers for 2002 to 2003			

TAB 2

003 00012 01

PAGE: 1

ACCOUNT: 1020014302

08/31/2006

DOCUMENTS: 3

QUALITY SERVICES NETWORK INC
DBA Select Services Network
2515 HACKER DR
HENDERSON NV 89074

30-0
1
2

=====

WE ARE GIVING YOU THE KEYS TO THE BANK....visit us at:
www.bankofnevada.com

Same Great Service with our New Name - Bank of Nevada.
More convenient locations coming soon.
We look forward to serving your banking needs for many years to come.
Nevada First Bank and Bank of Nevada have merged
with BankWest of Nevada.
Our new name is now Bank of Nevada.

=====

BUSINESS CHECKING ACCOUNT 1020014302

=====

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			07/31/06	102,533.55
CHASE EPAY 000000274848839	10,639.09		08/18/06	91,894.46
R.C. WILLEY HOME PAYMENT 2121831240	800.00		08/21/06	91,094.46
CHASE EPAY 000000276059431	279.90		08/22/06	90,814.56
AMERICAN EXPRESS ELEC REMIT 060822060334442	13,455.01		08/23/06	77,359.55
DEPOSIT		20,000.00	08/24/06	97,359.55
TELEPHONE TRANSFER REQUEST C/S		190,000.00	08/30/06	287,359.55
CHECK # 1046	19,975.00		08/31/06	267,384.55
CHECK # 1047	190,000.00		08/31/06	77,384.55
BALANCE THIS STATEMENT			08/31/06	77,384.55
TOTAL CREDITS (2)		210,000.00		
TOTAL DEBITS (6)		235,149.00		

* * * C O N T I N U E D * * *

003 00012 01 PAGE: 1
 ACCOUNT: 1020014302 09/29/2006
 DOCUMENTS: 3

QUALITY SERVICES NETWORK INC
 DBA Select Services Network 30-0
 2515 HACKER DR 0
 HENDERSON NV 89074 3

=====

WE ARE GIVING YOU THE KEYS TO THE BANK.....visit us at:
www.bankofnevada.com

Same Great Service with our New Name - Bank of Nevada.
 More convenient locations coming soon.
 We look forward to serving your banking needs for many years to come.
 Nevada First Bank and Bank of Nevada have merged
 with BankWest of Nevada.
 Our new name is now Bank of Nevada.

=====

BUSINESS CHECKING ACCOUNT 1020014302

=====

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			08/31/06	77,384.55
CHASE EPAY 000000280938259				
	383.71		09/07/06	77,000.84
CHECK # 1049	10,000.00		09/22/06	67,000.84
PAYPAL VERIFYBANK 105QT222254TEAA		.02	09/25/06	67,000.86
PAYPAL VERIFYBANK 205QT222254TEAA		.15	09/25/06	67,001.01
TELEPHONE TRANSFER REQUEST C/S		5,800.00	09/25/06	72,801.01
WIRE/OUT-200626800631;OUTBOUND DDA WIRE FEE-DOM BR12				
	20.00		09/25/06	72,781.01
WIRE/OUT-200626800631;BNF JONES CROPPER FAMILY TRUST				
	5,800.00		09/25/06	66,981.01
AMERICAN EXPRESS ELEC REMIT 060923063143649				
	2,400.31		09/25/06	64,580.70
CHECK # 1109	500.00		09/25/06	64,080.70
CHECK # 1110	1,000.00		09/25/06	63,080.70
CHASE AUTOPAY 000000287902294				
	175.72		09/29/06	62,904.98
BALANCE THIS STATEMENT			09/29/06	62,904.98
TOTAL CREDITS (3)		5,800.17		
TOTAL DEBITS (8)		20,279.74		

* * * C O N T I N U E D * * *

TAB 3

NAME Midwest Development

ACCOUNT NO. 010-2002-5555

[Signature]

1723

DATE

8/30/06

94-1771224

PAY TO THE ORDER OF

Cash

Seven hundred twenty-five

\$ 725.00

DOLLARS

BANK OF NEVADA
2700 West Sahara - 702-243-4700
Las Vegas, NV 89102

[Signature]

MEMO

⑆ 2240 17781 ⑆ 1020025555 ⑆ 045

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

NOV 1 2006
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

NOV 1 2006
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

Handwritten notes: 02-190-4799

TAB 4

View Back of Document

<< Rotate Rotate >>

Close Window

1049

QUALITY SERVICES NETWORK, INC.
DBA SELECT SERVICES NETWORK

4801 W SAHARA AVENUE, STE 1
LAS VEGAS, NV 89102

PAY TO THE ORDER OF

Executive Services Inc
John Mueshund

<input type="checkbox"/> No Fee	<input type="checkbox"/> No
<input type="checkbox"/> No Fee	<input type="checkbox"/> No
<input type="checkbox"/> No Fee	<input type="checkbox"/> No
<input type="checkbox"/> No Fee	<input type="checkbox"/> No

0906

DATE 9/16/06

94-200/1234

\$ 10,000

DOLLARS

N Nevada
First Bank
777 N. Rainbow Blvd
Las Vegas, NV 89107

FOR

⑆001049⑆ ⑆122402007⑆01020014302⑆

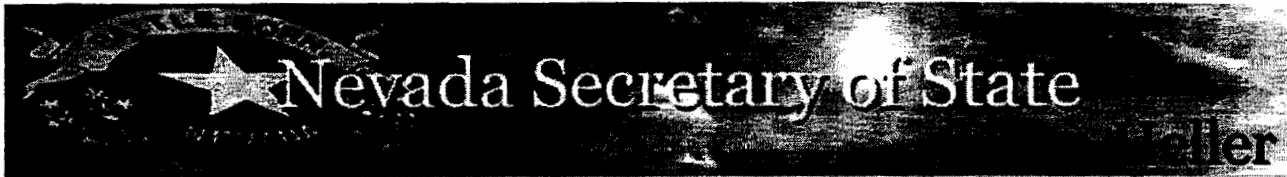
⑆0001000000⑆

10021

⑆02222⑆
122000166 067
ENT-4375 TRC-4375 PK-02

AFTB NA TEMPE AZ 09282006
TR#3176PKT #010
21551-0567-8
6638167285

0225070047



Online Services | Fee Schedule | Login

EXECUTIVE SERVICES, INC.

PRINT

Business Entity Information			
Status:	Active on 5/30/2006	File Date:	4/15/2005 2:13:00 PM
Type:	Domestic Corporation	Corp Number:	E0221992005-3
Qualifying State:	NV	List of Officers Due:	4/30/2007
Managed By:		Expiration Date:	

Resident Agent Information			
Name:	APG, INC.	Address 1:	4601 W. SAHARA AVE.
Address 2:	SUITE I	City:	LAS VEGAS
State:	NV	Zip Code:	89102
Phone:		Fax:	
Email:		Mailing Address 1:	
Mailing Address 2:		Mailing City:	
Mailing State:		Mailing Zip Code:	

[View all business entities under this resident agent](#)

Financial Information			
No Par Share Count:	75,000.00	Capital Amount:	\$ 0
No stock records found for this company			

Officers <input type="checkbox"/> Include Inactive Office			
President - KIMBERLY TOY			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Secretary - KIMBERLY TOY			

Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Treasurer - KIMBERLY TOY			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Director - KIMBERLY TOY			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	

Actions\Amendments

[Click here to view 3 actions\amendments associated with this company](#)

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SOS Contact Information

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TAB 5

Account Agreement

Date: OPENED 08/15/2006

Institution Name & Address:
BANK OF NEVADA
 777 N. RAINBOW BLVD.
 LAS VEGAS, NV 89107

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.
 Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information #1:

Name	WILLIAM S REED	
Relationship to Account (Owner and/or Signer, etc.)	SIGNER/ PRESIDENT/ SECRETARY	
Address	4801 W SAHARA AVE STE 1	NV 89102
Mailing Address (if different)		
Home Phone	702-398-7031	
Work Phone	702-676-2715	
Mobile Phone		
E-Mail		
Birth Date	06/10/1950	
SSN/TIN	501-58-5582	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	Drivers License CO 921904799 I:04/18/2003	E:06/10/2013
Other ID (Description, Details)	Desc: #: I: E	
Employer's Name & Address	Employer: MY HERITAGE Occupation: PRESIDENT	
Previous Financial Inst.	Mothers MN:TANG	

Owner/Signer Information #2:

Name		
Relationship to Account (Owner and/or Signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		
Other ID (Description, Details)	Desc: #: I: E	
Employer's Name & Address	Employer: Occupation:	
Previous Financial Inst.	Mothers MN:	

Internal Use

Account Title & Address:
 MY HERITAGE DBA
 FINANCIAL SERVICES
 4801 W SAHARA AVE STE 1
 LAS VEGAS NV 89102

Ownership of Account:

The specified ownership will remain the same for all accounts.

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation - For Profit
<input type="checkbox"/> Joint with Survivorship (not as tenants in common or community property)	<input type="checkbox"/> Corporation - Nonprofit
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Community Property (no survivorship)	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/>	

Beneficiary Designation:
 (Check appropriate ownership above.)

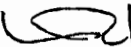
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

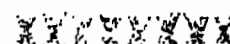
Beneficiary Name(s), Address(es), and SSN(s):
 (Check appropriate beneficiary designation above.)


If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal at: ONE

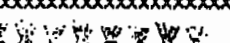
Signature(s):
 The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input checked="" type="checkbox"/> Privacy |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings |
| <input checked="" type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Common Features | <input type="checkbox"/> |

[x ]
 WILLIAM S REED

[x ]
 XXX

[x ]
 XXX

[x ]
 XXX

Authorized Signer (if checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.) (page 1 of 2)

Owner/Signer Information

Name: _____
 Relationship to Account (Owner and/or Signer, etc.): _____
 Address: _____
 Mailing Address (if different): _____
 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 E-Mail: _____
 Birth Date: _____
 SSN/TIN: _____
 Gov't issued Photo ID, Type, Number, State, Issue Date, Exp. Date: _____
 Other ID (Description, Details): Desc: #; I: E
 Employer's Name & Address: _____
 Employer: _____
 Occupation: _____
 Previous Financial Inst: _____
 Mothers MN: _____

Owner/Signer Information

Name: _____
 Relationship to Account (Owner and/or Signer, etc.): _____
 Address: _____
 Mailing Address (if different): _____
 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 E-Mail: _____
 Birth Date: _____
 SSN/TIN: _____
 Gov't issued Photo ID, Type, Number, State, Issue Date, Exp. Date: _____
 Other ID (Description, Details): Desc: #; I: E
 Employer's Name & Address: _____
 Employer: _____
 Occupation: _____
 Previous Financial Inst: _____
 Mothers MN: _____

Backup Withholding Certification

(If not a "U.S. Person," certify foreign status separately.)
 TIN: 20-4569879
 Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.
 Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.
 I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).
 X _____ (Date)
 MY HERITAGE DBA

Non-Individual Owner Information

Name: MY HERITAGE DBA
 EIN: E20-4569879
 Phone: _____
 Mobile Phone: _____
 E-Mail: _____
 Type of Entity: Corporation - Profit
 State/Country & Date of Organization: _____
 Nature of Business: FINANCIAL PLANNING
 Address: 4601 W SAHARA AVE STE LAS VEGAS NV 89102
 Mailing Address (if different): _____
 Authorization/Revision Date: 08/15/2006
 Previous Financial Inst: _____

Amount	Description	Account No.	Initial Deposit Source
	BUSINESS CHECKING	7500081103	\$ 250.00 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> _____
XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested

ATM Debit/Check Cards (No. Requested: _____)
 CheckSystems _____
 QFAC _____

Other Terms/Information

NAICS CODE: 523930
 Port Number: 41394
 Responsibility Code: 887 - 887
 Opened By: - 0
 SUPERCEDES CARD DATED: _____/_____/_____
 ACCOUNT PASSWORD: _____

TAB 6

Asset Protection Group - Accounts Opened After 7/15/06

DDA Account	Name	Branch	Date Opened	Current Balance	Resp Code	Curr MTD # Of Deposit	Curr MTD # Of Checks	Prev MTD # Of Deposit	Prev MTD # Of Checks	Date Last Transaction Activity	Date Last Deposit	Date Last Check
7500081359	A PLUS GROUP INC DBA	12	08/15/2006	127,948.60	887	2	3	3	1	10/18/2006	09/26/2006	10/05/06
7500083653	ALPHA INTERNATIONAL	12	09/19/2006	481.60	887	1	1	0	0	10/18/2006	10/09/2006	10/18/06
7500068301	AVALON GROUP CORP	12	09/05/2006	465.91	887	0	0	1	1	09/18/2006	09/05/2006	09/18/06
7500102161	CHELCOOR	12	10/02/2006	220.00	887	1	0	0	0	10/12/2006	10/02/2006	
7500068050	EAGLEWISE INC	12	09/05/2006	231.60	887	0	0	1	1	09/13/2006	09/05/2006	09/13/06
7500089708	GREAT WESTERN CAPITAL CORP	12	09/22/2006	231.60	887	0	1	1	0	10/04/2006	09/22/2006	10/04/06
7500083602	IGF FINANCIAL	12	08/19/2006	250.00	887	0	0	1	0	09/18/2006	09/19/2006	
7500082509	IGF FINANCIAL	12	10/16/2006	0.00	887	0	0	0	0			
7500092606	IGF FINANCIAL	12	10/16/2006	0.00	887	0	0	0	0			
7500116209	KUDOS MANAGEMENT INC	12	10/09/2006	231.60	887	1	1	0	0	10/18/2006	10/09/2006	10/18/06
7500108753	MINGYIS INC	12	10/04/2006	500.00	887	1	0	0	0	10/04/2006	10/04/2006	
7500081103	MY HERITAGE DBA	12	09/15/2006	196.60	887	0	1	2	2	10/12/2006	09/21/2006	10/11/06
7500108559	PENSTAMIN GROUP	12	10/04/2006	30,441.12	887	1	0	0	0	10/04/2006	10/04/2006	
7500119852	PINEAPPLE COVE INC	12	10/11/2006	-44.00	887	1	0	0	0	10/19/2006	10/11/2006	
7500120451	RIVER EQUITIES INC	12	10/11/2006	250.00	887	1	0	0	0	10/11/2006	10/11/2006	
7500115903	ROYAL CROWN BUSINESS SERVICES	12	10/09/2006	481.60	887	1	1	0	0	10/18/2006	10/09/2006	10/18/06
7500087852	STOLI INC	12	09/05/2006	251.80	887	0	0	2	2	09/12/2006	09/05/2006	
7500120354	TEAMPLUS INC	12	10/11/2006	200,226.00	887	2	0	0	0	10/19/2006	10/11/2006	

TAB 7

A PLUS GROUP, INC.

Business Entity Information			
Status:	Default on 10/1/2006	File Date:	9/19/2005 4:17:28 PM
Type:	Domestic Corporation	Corp Number:	E0629012005-9
Qualifying State:	NV	List of Officers Due:	9/30/2006
Managed By:		Expiration Date:	

Resident Agent Information			
Name:	APG, INC.	Address 1:	4601 WEST SAHARA AVE.
Address 2:	SUITE I	City:	LAS VEGAS
State:	NV	Zip Code:	89102
Phone:		Fax:	
Email:		Mailing Address 1:	
Mailing Address 2:		Mailing City:	
Mailing State:		Mailing Zip Code:	

Financial Information			
No Par Share Count:	75,000.00	Capital Amount:	\$ 0
No stock records found for this company			

Officers		<input type="checkbox"/> Include Inactive Officers	
President - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Secretary - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Treasurer - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	
Director - WILLIAM S REED			
Address 1:	4601 WEST SAHARA AVE.	Address 2:	SUITE I
City:	LAS VEGAS	State:	NV
Zip Code:	89102	Country:	
Status:	Active	Email:	

Actions\Amendments			
Action Type:	Articles of Incorporation	# of Pages:	1
Document Number:	20050415812-38	Effective Date:	
File Date:	09/19/2005		
Initial Stock Value: No Par Value Shares: 75,000 ----- Total Authorized Capital: \$ 0.00			
Action Type:	Initial List		

Document Number:	20050415813-49	# of Pages:	1
File Date:	09/19/2005	Effective Date:	
(No Notes for this action)			

**DEPOSIT ACCOUNT
CIP DOCUMENTATION CHECKLIST**
Scan with Signature Card

DATE: 09/18/06 OFFICER: BILL PARADIES ACCOUNT # 7500081359

CUSTOMER NAME(S) A PLUS GROUP INC DBA TRANSWORLD CREDIT
 NEW CUSTOMER EXISTING CUSTOMER*

EXISTING CUSTOMER VERIFICATION (Required information)

Existing Account/Loan No. N/A Date existing Account/Loan opened. _____
 One-year rule met? YES NO (if NO cannot use existing customer guidelines)

CIP CUSTOMER RISK RATING (Refer to CIP Risk Assessment) HIGH RISK MEDIUM RISK LOW RISK

REASON FOR RISK RATING (Ex: high-risk industry, located in HFCA non-resident, existing customer, etc.) EXISTING CUSTOMER RELATIONSHIP

Estimated monthly cash deposits? N/A Check cashing services? Yes No
 Direct Deposits? Describe _____ No Yes
 Wire Transfers? Describe _____ No Yes

***If determined it is a Money Service Business, obtain required documentation listed on Money Service Business Checklist (OP-099)

TYPE OF BUSINESS: FINANCIAL PLANNING... NAICS CODE 523930
 IS BUSINESS ENTITY CONSIDERED HIGH-RISK? (Refer to High Risk Entity List, form OP-128) Yes No

For High-Risk Accounts based on Industry Code, answer the following questions:

If a large commercial account and the Bank feels it is warranted, were financial statements obtained? Yes No
 Has the Bank documented whether its business operations is retail or wholesale? Retail Wholesale
 If a large commercial account and the Bank feels it is warranted, has the bank obtained a list of major suppliers and customers? Yes No
 Has a bank officer visited the customer's place of business? Yes No

The following items are required for CIP:

<p>Sole Proprietorship</p> <ul style="list-style-type: none"> <input type="checkbox"/> CIP information for owner and authorized signers <input type="checkbox"/> Verification of Fictitious Business Name filing with Clark County Clerk's office (if business name is not identical to owner's name) www.3cc63clarkcounty.com <input type="checkbox"/> Business license (MED or HIGH risk only) <p>Corporation</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified copy (HIGH risk only) or verification of filed Articles of Incorporation (LOW or MED risk only) <input type="checkbox"/> Verification of Fictitious Business Name filing with Clark County Clerk's office (if applicable) <input checked="" type="checkbox"/> List of officers/ Good Standing status from Secretary of State <input checked="" type="checkbox"/> Corporate resolution <input type="checkbox"/> Certificate of Good Standing/ Certificate of Organization (if corporation is organized under the laws of another state) <p>Limited Liability Company</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certified copy (HIGH risk only) or verification of Filed Articles of Organization (LOW or MED risk only) <input type="checkbox"/> LLC Authorization/Resolution <input type="checkbox"/> Verification of Fictitious Business Name Filing with Clark County Clerk's office (if applicable) <input type="checkbox"/> CIP information for signatories (MED or HIGH risk only) <input type="checkbox"/> List of officers/ Good Standing status from Secretary of State <p>General Partnership</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Partnership Agreement <input type="checkbox"/> Verification of Fictitious Business Name Filing with Clark County Clerk's office (if applicable) <input type="checkbox"/> Partnership Resolution of Authority <input type="checkbox"/> CIP information for signatories (MED or HIGH risk only) 	<p>Limited Partnership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Partnership Resolution of Authority <input type="checkbox"/> Verification of (LOW or MED risk only) or copy of (HIGH risk only) Certificate of Limited Partnership from Secretary of State <input type="checkbox"/> CIP information for signatories (MED or HIGH risk only) <input type="checkbox"/> Verification of Fictitious Business Name Filing with Clark County Clerk's office (if applicable) <p>Limited Liability Partnership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Partnership Resolution of Authority <input type="checkbox"/> Verification of (LOW or MED risk only) or copy of (HIGH risk only) Certificate of Limited Partnership from Secretary of State <input type="checkbox"/> CIP information for signatories (MED or HIGH risk only) <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Verification of Fictitious Business Name Filing with Clark County Clerk's office (if applicable) <p>Joint Venture</p> <ul style="list-style-type: none"> <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Good Standing status from Secretary of State <input type="checkbox"/> CIP information for signatories (MED or HIGH risk only) <input type="checkbox"/> Verification of Fictitious Business Name Filing with Clark County Clerk's office (if applicable) <p>Family Trust</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of amendments (if applicable) <input type="checkbox"/> Trusting Certification or copy of trust: title page, trustee page, beneficiary page and signature page <input type="checkbox"/> CIP information for trustees (refer to CIP Customer Matrix for names for individual customer) <p>Individual</p> <ul style="list-style-type: none"> <input type="checkbox"/> Address (physical and mailing, if different) <input type="checkbox"/> Date of birth <input type="checkbox"/> Identification Number (SSN for US persons; for non-resident aliens, Passport or Alien ID card and W-ABEN) <input type="checkbox"/> Identification (refer to CIP matrix). Record ID type, ID number, issuer, issue date and expiration date
--	---

Account Agreement

Date: OPENED 09/15/2008

Institution Name & Address
 BANK OF NEVADA
 777 N. RAINBOW BLVD.
 LAS VEGAS NV 89107

Internal Use
Account Title & Address
 A PLUS GROUP INC DBA
 TRANSWORLD CH-01T
 4601 W SAHARA AVE STE 1
 LAS VEGAS NV 89102

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Enter Non-Individual Owner information on page 2. There is additional Owner/Signer Information space on page 2.

Ownership of Account
 The specification of ownership will remain the same for all accounts.
 Individual Corporation - For Profit
 Joint with Survivorship (not AS tenants in common or community property) Corporation - Nonprofit
 Joint with No Survivorship (as tenants in common) Partnership
 Community Property (no survivorship) Sole Proprietorship
 Trust Separate Agreement (trust)

Owner/Signer Information #1
 Name: WILLIAM S REED
 Relationship to Account (Owner, Signer, etc.): SIGNER/ PRESIDENT, SECRETARY
 Address: 4601 W SAHARA AVE STE 1 LAS VEGAS NV 89102
 Home Phone: 702-596-7031
 Work Phone: 702-876-2715
 Birth Date: 06/10/1950
 SSN: 901-58-5682
 Driver's License: CO-521904759
 Issue Date: 10/16/2003
 Exp. Date: 09/10/2013
 Desc Credit Card # MASTERCARD
 Issue Date: 1 E 02/01/2009
 Employer's Name & Address: Employer: A PLUS GROUP
 Occupation: PRESIDENT
 Previous Institutions: Mothers MN;

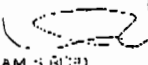
Beneficiary Designation
 (Check appropriate ownership above.)
 Revocable Trust Pay On-Death (POD)

Beneficiary Name(s), Address(es), and SSN(s)
 (Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: ONE

Owner/Signer Information #2
 Name: _____
 Relationship to Account (Owner, Signer, etc.): _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Birth Date: _____
 SSN: _____
 Driver's License: _____
 Issue Date: _____
 Exp. Date: _____
 Desc: # _____
 Issue Date: _____
 Exp. Date: _____
 Employer's Name & Address: _____
 Occupation: _____
 Previous Institutions: _____

Signature(s)
 The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on their as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s) provided the required number of signatures indicated above is satisfied. The undersigned personally and as or on behalf of the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:
 Terms and Conditions Privacy
 Electronic Fund Transfers Trust or Savings
 Substitute Checks Funds Availability
 Curbside Features

[x] 
 WILLIAM S REED
 [x] XXX
 [x] XXX
 [x] XXX

If Authorized Signer (if checked) and account is not virtual and consumer purpose, the first of the listed signers is the Authorized Signer.

Owner/Signer Information 3:

Name: _____
 Relationship to Account (Owner or Signer): _____
 Address: _____
 Mailing Address (if different): _____
 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 Email: _____
 SSN/TIN: _____
 Gov't issued Photo ID Type Number State Issue Date Exp Date: _____
 Other ID (Description, Details): Desc # I.E.
 Employer Name & Address: Employer: _____
 Occupation: _____
 Previous Employer: Mothers MN.

Owner/Signer Information 4:

Name: _____
 Relationship to Account (Owner or Signer): _____
 Address: _____
 Mailing Address (if different): _____
 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 Email: _____
 SSN/TIN: _____
 Gov't issued Photo ID Type Number State Issue Date Exp Date: _____
 Other ID (Description, Details): Desc # I.E.
 Employer Name & Address: Employer: _____
 Occupation: _____
 Previous Employer: Mothers MN.

Backup/Withholding Certifications

(If not a "U.S. Person" certify foreign status separately)

TIN: 20-3491577

Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report an interest or dividend, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

A PLUS GROUP INC DBA

Non-Individual Owner Information

Name: A PLUS GROUP INC DBA
 Tax: 20-3491577
 Title: _____
 Multiple Owners: _____
 Contact: _____
 Type of Entity: Corporation - Profit
 State/Country & Date of Incorporation: _____
 Nature of Business: FINANCIAL PLANNING
 Address: 4601 W SAHARA AVE STE 111 LAS VEGAS NV 89102
 Starting Date of Relationship: _____
 Authorization of the Institution: 06/14/2006
 Institution Information: _____

Account Description	Account #	Initial Deposit/Source
BUSINESS CHECKING	1500081359	\$ 500.000 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested

ATM Debit/Credit Cards (not Requested)
 Check Systems
 OFAC

Other Terms/Information

NAICS CODE: 573930
 Port Number: 41399
 Responsibility Code: 887 - 887
 Opened by: 0

REPERCEDES CARD (DATE): _____

ACCOUNT PASSWORD: _____

BUSINESS CHECKING 7500081359
 Printed by: ALICIA ROMERO

BANK OF NEVADA

10/25/2006 3:42:13 PM
 Reporting Institution: 3

Demand Deposit 7500081359 - A PLUS GROUP INC DBA

	Rel	Birthdate	Phone	Tax Identification
[01] A PLUS GROUP INC DBA	*			EIN 20-3491577
[02] TRANSWORLD CREDIT	#			
[03] WILLIAM S REED		Jun 10, 1950	[H] (702) 596-7031 [B] (702) 876-2715	SSN 501-58-5682

4616 W. SAHARA AVE #315
 LAS VEGAS NV 89102

See Signers

Tax Name: [1] A PLUS GROUP INC
 DBA

Account Classification

Portfolio:	41399	Responsibility Code:	[887]
Product:	[40101] BUSINESS CHECKING	Account Type Code:	[202] Corporation - Profit
Accounting Branch:	[12]		

All Transactions

Description	Debits	Credits	Date	Balance
Balance Forward:			Sep 15, 2006	\$0.00
Deposit		\$500.00	Sep 15, 2006	\$500.00
Deposit		\$1,990.00	Sep 26, 2006	\$2,490.00
DELUXE CHECK CHECK/ACC.	\$18.40		Sep 26, 2006	\$2,471.60
WIRE/IN-200627100509;ORG HANLU PROPERTIES LLC		\$3,749.00	Sep 28, 2006	\$6,220.60
WIRE/IN-200627100509;INBOUND DDA WIRE FEE-DOM BR 12	\$10.00		Sep 28, 2006	\$6,210.60
****Statement Produced****			Sep 29, 2006	\$6,210.60
TELEPHONE TRANSFER REQUEST C/S	\$1,425.00		Oct 02, 2006	\$4,785.60
WIRE/IN-200627600104;ORG SPECIAL MARINE, S.L		\$87,506.00	Oct 03, 2006	\$92,291.60
WIRE/IN-200627600104;INBOUND DDA WIRE FEE-DOM BR 12	\$10.00		Oct 03, 2006	\$92,281.60
Check	\$1,000.00		Oct 05, 2006	\$91,281.60
Check	\$86,596.00		Oct 05, 2006	\$4,685.60
WIRE/OUT-200628300840;OUTBOUND DDA WIRE FEE-DOM BR12	\$20.00		Oct 10, 2006	\$4,665.60
WIRE/OUT-200628300840;BNF R&R FUNDING INC	\$1,707.00		Oct 10, 2006	\$2,958.60
WIRE/IN-200628900500;ORG HOME SB;REF 061016000543		\$125,000.00	Oct 16, 2006	\$127,958.60
WIRE/IN-200628900500;INBOUND DDA WIRE FEE-DOM BR 12	\$10.00		Oct 16, 2006	\$127,948.60
Check	\$3,100.00		Oct 20, 2006	\$124,848.60
Balance This Statement:			Oct 24, 2006	\$124,848.60

OCT-25-06 15:45 FROM-

T-198 P.006/010 F-394

NAME A Plus Group
ACCOUNT NO. 7500081359

1873

DATE

10/5/06

94-177/124

PAY TO THE ORDER OF

Cash
One Thousand

\$ 1000⁰⁰

DOLLARS



CR

FOR

⑆122401778⑆ 7500081359⑈ 045

OCT-25-06 15:46 FROM-

T-198 P.007/010 F-394

10/05/06 01
LAS VEGAS, NV
BANK OF NEVADA

189512030275
06 0030500981
⑆1224-01778⑆

SAHARA OFFICE 01
1327-94 10/05/06
Cashed Check
Acct # 7500091359

S001717 FN
\$1,000.00

View Back of Document

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Close Window

1089

NAME A Plus Group, Inc.

ACCOUNT NO. 75000 81359

DATE 10/20/06 94-177/1224

PAY TO THE ORDER OF Cash \$ 300.00

Three thousand one hundred DOLLARS

BANK OF NEVADA
 600 South Rampart Boulevard - 725-244-4300
 Las Vegas, NV 89102

FOR _____

⑆122401778⑆ 7500081359⑆ 045

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10/20/06 -- 01
 LAS VEGAS, NV
 BANK OF NEVADA

10201000000000000000
 06 003061359
 >1224-01778<

BOCA PARK OFFICE 13
 1114 14 10/20/06 11:47 AM
 Cashed Check
 Acct #7500081359 \$3,100.00

ENDORSE HERE

TAB 8

SENTRY HOLDINGS
DBA AMG MARKETING GROUP
 4601 W. SAHARA, SUITE 1
 LAS VEGAS, NV 89103

64-200/1224
 01020030027
 1029
 7/17/06

PAY TO THE ORDER OF American Express \$ 9200⁰⁰
Nine thousand two hundred DOLLARS

Nevada First Bank
 777 N. Rainbow Blvd.
 Las Vegas, NV 89105 702-318-1000

MEMO 3125 502956 61007 Tom Ballet

⑆ 1 2 2 4 0 2 0 0 7 1 0 1 0 2 0 0 3 0 0 2 7 1 ⑆ 1 0 2 9 B0000920000B

Vertical text on the right side of the page, possibly a scanning artifact or a reference number.

SEARCH
RECORDSSORT
RECORDS

APG

ADD
RECORD

8/3/2006

SENTRY HOLDINGS - DBA AMG MARKETING GROUP		N DATE	2-26-2002
CO Last	HUTCHINSON	Renewal	
CO First	BRET	Last Paid	DEAD
	2280 LASALLE ST. #101 COLORADO SPRINGS, CO 80909	Status	
Day	719-337-5238	Contract	
FAX		Invest	
CO Email		Tax	YES
CO Notes		IBC	

CI Last	Boldt	Mail Fwd	
CI First	Tom	Addt. Mail Instr.	
	Tom Boldt 205 N. Stephanie St. Ste D-124 Henderson, NV 89074	Tax ID	753011525
N Phone	303 901-3742	Bank	NFB - SIGNERS: TOM BOLDT & BILL - closed
N FAX		Acc #	1.021:+20
	no nominee- TOM BOLDT-ALL OFFICERS BILL'S USING BANK ACCT W/ NEW ACCT #010 2003 0027 BILL'S DBA: AMG MARKETING GROUP	Signers	
CL Email		VP	BRIDGE 'S ACCT #10100 0740
CL IMP Notes		Legal Docs	

TAB 9

Brick Kane

From: Flora Jen [flora_jen@robbevans.com]
Sent: Wednesday, November 01, 2006 2:03 PM
To: Brick Kane
Subject: FW:

Importance: High

-----Original Message-----

From: William Reed [mailto:billreed2180@hotmail.com]
Sent: Thursday, August 03, 2006 1:07 PM
To: flora_jen@robbevans.com
Subject:

Flora:

Per our discussion, please note the following with regard to the USBank escrow account for Asset Protection Group, Inc. (APG):

1. Two wires were received last month: one wire was from Etrade for \$110,000 closing the account in the name of client David Krueger. A second wire was received from Etrade closing the account in the name of client Timothy Savage in the amount of \$130,000. All of these funds belong to APG's escrow account.

We made a mistake with these accounts. We mistakenly thought the clients had wired funds to our escrow account to fund these Etrade accounts.

They did not wire us any monies at all. When we learned of this fact earlier this year, we contacted Etrade and asked them to close the accounts and return the funds to APG's escrow account where the monies came from.

Etrade conducted an investigation and agreed to close the accounts with the understanding that they would only wire the proceeds in each account to the account where the deposits originated. That is why the funds arrived in our escrow account where the funds originally came from. None of these monies belongs to either Kruger or Savage.

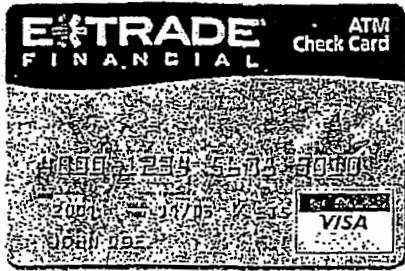
2. I believe approximately \$129,000 in the escrow account belongs to APG. As we discussed, I have no "supporting" documents. This amount was an informal, running total that changed each day as fees were generated and added to the account. This \$129,000 has accumulated over time.

The source of these fees are from the following sources: Wiring fees we charged our clients to execute wires (\$250 or 1/4 of one percent of the wire, whichever was larger), interest on the account, fees for executing closing documents to buy or sell assets like cars, real estate, airplanes, etc., preparation of certain corporate documents such as Promissory Notes, Resolutions, etc., we charged varying fees for securing Certificates of Good Standing and other corporate documents for corporations, and other miscellaneous services.

Regards,
-Bill Reed

Express yourself instantly with MSN Messenger! Download today - it's FREE!
<http://messenger.msn.click-url.com/go/onm0020047lave/direct/01/>

TAB 10



Need it now?

Two better ways to access your E*TRADE Securities brokerage account

Order an

ATM Check Card

Make withdrawals and purchases virtually anytime, anywhere Visa® cards are accepted

ATM Check Card and Checkwriting Authorization

Please check here and sign below if you would like an ATM Check Card from E*TRADE Securities as a convenient way to access available cash in your brokerage account.

\$1,000 minimum required brokerage account balance. Offer not valid for Business, Trust, Investment Club or IRA accounts.

Please check here and sign below if you would also like the flexibility to use checks to access available balances in your brokerage account.

Note: Checkwriting may be subject to fees if more than 12 checks are written per quarter. You may use your ATM Check Card in place of checks to pay for purchases at over 17 million merchants that take Visa cards.

Account Number	
6037 1967	
Signature of Authorized Account Holder	Date
X David C. Kruger	12/14/04
Signature of Authorized Co-Account Holder	Date
X	

Please mail this form to: E*TRADE Securities, Incorporated, P.O. Box 9206, Boston, MA 02205-9891

Questions? E-mail us through etrade.com or call 1-800-786-2575.



E*TRADE Securities LLC
 P.O. Box 1542
 Merrifield, VA 22116-1542

Power of Attorney (with Provisions for Durable)

Questions? E-mail us through etrade.com or call 1-800-786-2575
 24 hours a day, 7 days a week.

Instructions: Please read this document carefully, including the reverse side, before signing. It instructs E*TRADE Securities to conduct business with your authorized agent. If the account(s) are held by joint owners, all account holders must execute each pertinent section of this document.

1. Account Holder

I hereby appoint or certify that I appointed William S. Reed as my agent and attorney-in-fact ("Agent") and have granted him/her the express authority to make decisions concerning my E*TRADE Securities brokerage account(s) (listed below), including the authority to buy, sell, exchange, and otherwise trade stocks, bonds, mutual funds, and all other types of securities. This authority includes the authority to do withdrawals only if the appropriate box is initialed below. If my account(s) is (are) approved by E*TRADE Securities for trading on margin, I hereby grant or certify that I have granted my Agent the authority to engage in margin trading. If my account(s) is (are) approved by E*TRADE Securities for trading options, I certify that I have granted my Agent the authority to engage in options transactions.

- By checking this box, I hereby give or certify that I have given my Agent the authority to trade only.
- By checking this box, I hereby give or certify that I have given my Agent the authority to WITHDRAW by check, wire order, or otherwise money or property held in my E*TRADE Securities brokerage account(s). (Please note: does not apply to free checkwriting offered through Kemper, or to retirement accounts).
- By checking this box, I request that my Agent be given duplicate copies of trade CONFIRMATIONS.
- By checking this box, I request that my Agent be given duplicate copies of account STATEMENTS.

I acknowledge that I have read the Notice to Account Holder Executing Durable Power of Attorney (on reverse). The powers granted to my Agent are durable. They will remain in effect if I become incapacitated, and will become void when E*TRADE Securities is provided with timely written notice of either (1) my death or (2) the revocation of my Agent's authority.

I acknowledge that all transactions regarding my account(s) conducted by my Agent will be governed by E*TRADE Securities Customer Agreement, as currently in effect and as amended from time to time. I expressly indemnify and hold E*TRADE Securities harmless from any and all liability whatsoever arising from the acts and instructions of my Agent. This document shall in all respects be interpreted by the laws and judicial decisions of the State of California.

6037-1967
 Account Number

All holders of the account, and agent, must sign below. Agent and account holders' signatures must be notarized. Agent must also complete Section 3.

<input checked="" type="checkbox"/> <u>David C. Kruger</u> SIGNATURE OF ACCOUNT HOLDER	<input checked="" type="checkbox"/> SIGNATURE OF ACCOUNT HOLDER
<u>David C. Kruger</u> <u>5/8/2006</u> PRINTED NAME OF ACCOUNT HOLDER DATE	 PRINTED NAME OF ACCOUNT HOLDER DATE
<input checked="" type="checkbox"/> <u>[Signature]</u> SIGNATURE OF NEW AUTHORIZED AGENT	<u>William S. Reed</u> <u>5/8/06</u> PRINTED NAME OF NEW AUTHORIZED AGENT DATE

2. Notary Required

<input checked="" type="checkbox"/> <u>[Signature]</u> NOTARY PUBLIC	 PRINTED NAME OF ACCOUNT HOLDER DATE
<u>Kimberly A. Toy</u> <u>5-8-2006</u> PRINT NAME DATE	 PRINTED NAME OF NEW AUTHORIZED AGENT DATE
Notary—Affix Stamp Here	

**E*TRADE
FINANCIAL**

E*TRADE Securities LLC
P.O. Box 1542
Merrifield, VA 22116-1542

Power of Attorney (with Provisions for Durable)

Questions? E-mail us through etrade.com or call 1-800-786-2575
24 hours a day, 7 days a week.

Instructions: Please read this document carefully, including the reverse side, before signing. It instructs E*TRADE Securities to conduct business with your authorized agent. If the account(s) are held by joint owners, all account holders must execute each pertinent section of this document.

1. Account Holder

I hereby appoint or certify that I appointed William S. Reed as my agent and attorney-in-fact ("Agent") and have granted him/her the express authority to make decisions concerning my E*TRADE Securities brokerage account(s) (listed below), including the authority to buy, sell, exchange, and otherwise trade stocks, bonds, mutual funds, and all other types of securities. This authority includes the authority to do withdrawals only if the appropriate box is initialed below. If my account(s) is (are) approved by E*TRADE Securities for trading on margin, I hereby grant or certify that I have granted my Agent the authority to engage in margin trading. If my account(s) is (are) approved by E*TRADE Securities for trading options, I certify that I have granted my Agent the authority to engage in options transactions.

By checking this box, I hereby give or certify that I have given my Agent the authority to trade only.

By checking this box, I hereby give or certify that I have given my Agent the authority to WITHDRAW by check, wire order, or otherwise money or property held in my E*TRADE Securities brokerage account(s). (Please note: does not apply to free checkwriting offered through Kemper, or to retirement accounts).

By checking this box, I request that my Agent be given duplicate copies of trade CONFIRMATIONS.

By checking this box, I request that my Agent be given duplicate copies of account STATEMENTS.

I acknowledge that I have read the Notice to Account Holder Executing Durable Power of Attorney (on reverse). The powers granted to my Agent are durable. They will remain in effect if I become incapacitated, and will become void when E*TRADE Securities is provided with timely written notice of either (1) my death or (2) the revocation of my Agent's authority.

I acknowledge that all transactions regarding my account(s) conducted by my Agent will be governed by E*TRADE Securities Customer Agreement, as currently in effect and as amended from time to time. I expressly indemnify and hold E*TRADE Securities harmless from any and all liability whatsoever arising from the acts and instructions of my Agent. This document shall in all respects be interpreted by the laws and judicial decisions of the State of California.

6041-1430
Account Number

All holders of the account, and agent, must sign below. Agent and account holders' signatures must be notarized. Agent must also complete Section 3.

<input checked="" type="checkbox"/> <u>Timothy J. Savage</u> SIGNATURE OF ACCOUNT HOLDER	<input checked="" type="checkbox"/> SIGNATURE OF ACCOUNT HOLDER
<u>Timothy J. Savage</u> PRINTED NAME OF ACCOUNT HOLDER	<u>5/5/2006</u> DATE
<input checked="" type="checkbox"/> <u>[Signature]</u> SIGNATURE OF NEW AUTHORIZED AGENT	<u>William S. Reed</u> PRINTED NAME OF NEW AUTHORIZED AGENT
	<u>5/5/06</u> DATE

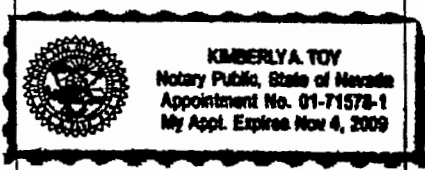
2. Notary Required

[Signature]
NOTARY PUBLIC

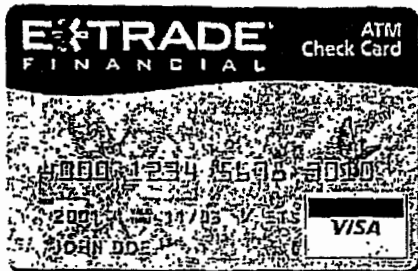
Kimberly A. Toy
PRINT NAME

5.5.06
DATE

Notary—Affix Stamp Here



KIMBERLY A. TOY
Notary Public, State of Nevada
Appointment No. 01-71578-1
My Appl. Expires Nov 4, 2009



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Account Number	
6041 1430	
Signature of Authorized Account Holder	Date
X Timothy J. Savage	1/4/05
Signature of Authorized Co-Account Holder	Date
X	

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Questions? E-mail us through etrade.com or call 1-800-786-2575.



Account Number: 6041-1430

Statement Period: April 1, 2005 - April 30, 2005

Account Type: INDIVIDUAL

ACCOUNT HOLDINGS

CASH & CASH EQUIVALENTS (100.00% of Holdings)

DESCRIPTION	QUANTITY	PRICE	TOTAL MT VALUE	PORTFOLIO (%)
CASH BALANCE			3.14	1.30
SWEEP DEPOSIT ACCOUNT			239.29	98.70
Sweep Deposit account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep Deposit Accounts are FDIC-insured up to \$100,000.				
TOTAL CASH & CASH EQUIVALENTS			\$242.43	100.00%

TOTAL PRICED PORTFOLIO HOLDINGS (ON 04/30/05)

\$242.43

TRANSACTION HISTORY

SECURITIES PURCHASED OR SOLD

TRADE DATE	SETTLEMENT DATE	DESCRIPTION	SYMBOL	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT PURCHASED	AMOUNT SOLD
03/29/05	04/01/05	YAHOO INC	YHOO	Bought	1,000	32.4700	32,481.99	33,746.89
03/31/05	04/05/05	YAHOO INC	YHOO	Sold	1,000	33.7600		33,746.89
04/05/05	04/08/05	***SUNCOR ENERGY INC	SU	Bought	900	40.9500	36,866.99	36,697.47
04/05/05	04/08/05	***SUNCOR ENERGY INC	SU	Sold	900	40.7900		34,376.57
04/06/05	04/11/05	YAHOO INC	YHOO	Sold	1,000	34.3900		34,376.57
TOTAL SECURITIES ACTIVITY							\$69,348.98	\$104,820.93

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL	AMOUNT DEBITED	AMOUNT CREDITED
04/19/05	Interest	E TRADE FINANCIAL SWEEP DEPOSIT ACCOUNT			4.76
		INTEREST ADJUSTMENT 3/21-3/30			
04/29/05	Interest	E TRADE FINANCIAL SWEEP DEPOSIT ACCOUNT			0.01
		INTEREST POSTING			
04/29/05	Interest	E TRADE FINANCIAL SWEEP DEPOSIT ACCOUNT			3.13
		INTEREST POSTING 3/31-4/28			
TOTAL DIVIDENDS & INTEREST ACTIVITY					\$7.89
NET DIVIDENDS & INTEREST ACTIVITY					\$7.89

WITHDRAWALS & DEPOSITS

DATE	TRANSACTION TYPE	DESCRIPTION	WITHDRAWALS	DEPOSITS
04/12/05	Check	CHECK # 1001	72,000.00	
NET WITHDRAWALS & DEPOSITS			\$72,000.00	



Account Number: 6718-0326

Statement Period: June 1, 2005 - June 30, 2005

Account Type: INDIVIDUAL

ACCOUNT HOLDINGS

CASH & CASH EQUIVALENTS (1.44% of Holdings)

DESCRIPTION	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)
MUNICIPAL MONEY MARKET			2,913.53	1.44
TOTAL CASH & CASH EQUIVALENTS			\$2,913.53	1.44%

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (98.56 % of Holdings)

DESCRIPTION	SYMBOL / CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST ANNUAL INCOME	EST ANNUAL YIELD (%)
EBAY INC	EBAY	Cash	1,000	33.0100	33,010.00	18.31		
LAS VEGAS SANDS CORP	LVS	Cash	900	35.7500	32,175.00	15.89		
PINNACLE ENTERTAINMENT INC	PNK	Cash	2,400	19.5600	46,944.00	23.19		
ROCKETINFO INC	RKT	Cash	15,000	1.4000	21,000.00	10.37	840.00	1.27%
STATION CASINOS INC	STN	Cash	1,000	66.4000	66,400.00	32.80	\$840.00	0.42%
TOTAL STOCKS, OPTIONS & ETF					\$199,529.00	98.56%	\$840.00	0.42%

TOTAL PRICED PORTFOLIO HOLDINGS (ON 06/30/05)

\$202,442.53

TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME

\$840.00

TRANSACTION HISTORY

SECURITIES PURCHASED OR SOLD

TRADE DATE	SETTLEMENT DATE	DESCRIPTION	SYMBOL / CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT PURCHASED	AMOUNT SOLD	
06/26/05	06/01/05	EBAY INC	EBAY	Bought	1,000	38.2200	38,231.99		
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	100	35.9700		3,584.85	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	100	35.8700		3,586.85	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	100	35.8600		3,585.85	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	300	35.8800		10,763.55	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	400	36.0000		14,387.40	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	500	35.9000		17,937.25	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	700	35.9800		25,184.94	
06/26/05	06/01/05	LAS VEGAS SANDS CORP	LVS	Sold	1,800	35.8500		64,527.30	
06/26/05	06/01/05	PINNACLE ENTERTAINMENT INC	PNK	Bought	2,400	17.6300	42,328.99		
06/26/05	06/01/05	STATION CASINOS INC	STN	Bought	400	64.1100	25,655.99		
06/26/05	06/01/05	STATION CASINOS INC	STN	Bought	600	64.2000	38,520.00		
TOTAL SECURITIES ACTIVITY							\$144,737.97		\$143,557.99