

April 7, 2010

WELL RECORDS MEMORANDUM

SUBJECT: 95-11947 Priority Date and Well Records

I received a labeled map from Gary Paschke on April 7, 2010. The labeled map is Mr. Paschke's response to my February 17, 2010 letter requesting additional information concerning his well.

No record for 'Goden' was found in IDWR well records. The Kootenai County Assessor's office told me that the prior owner of Mr. Paschke's property was a Mr. John Gloden. No well record for Mr. Gloden was found. A well record for Mr. Charles Cox; the owner prior to Mr. Gloden; was found in IDWR well records. The completion date for the Cox well was used for the 95-11947 priority date recommendation.

I telephoned Mr. Paschke and informed him of my priority date recommendation.

  
Shaun M. Maxey  
Senior Water Resources Agent  
Idaho Department of Water Resources, Northern Region

SCANNED

APR - 7 2010

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

USE TYPEWRITER OR  
BALLPOINT PEN



State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>Charles Cox</u><br/>Address <u>3150 W Prairie Ave Post Falls 83854</u><br/>Owner's Permit No. <u>9694N00072</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>253'</u> feet below land surface.<br/>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br/>Artesian closed-in pressure _____ p.s.i.<br/>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br/>Temperature _____ °F. Quality _____<br/><small>Describe artesian or temperature zones below.</small></p>                                                                                                                                                                                                                                                                                                   |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------|-------------------|-----------------|------------------|-----------------|----|-----|----|----|---|----|-----------------------|--|--|----|----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|----|--------|----------------------|--|--|----|--------|----|---------------|--|--|
| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br/><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                       | Discharge G.P.M. | Pumping Level         | Hours Pumped |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hours Pumped     |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| <p><b>3. PROPOSED USE</b></p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br/><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Waste Disposal or Injection<br/><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>20</td> <td>sand &amp; little cobbles</td> <td> </td> <td> </td> </tr> <tr> <td>6"</td> <td>20</td> <td>25</td> <td>sand &amp; gravel</td> <td> </td> <td> </td> </tr> <tr> <td>6"</td> <td>25</td> <td>25 1/2</td> <td>sand &amp; gravel &amp; clay</td> <td> </td> <td> </td> </tr> <tr> <td>6"</td> <td>25 1/2</td> <td>35</td> <td>sand &amp; gravel</td> <td> </td> <td> </td> </tr> </tbody> </table> | Bore Diam.       | Depth                 |              | Material          | Water           |                  | From            | To | Yes | No | 8" | 0 | 20 | sand & little cobbles |  |  | 6" | 20 | 25 | sand & gravel                                                                                                                                                                                                                                                                                                                                                  |  |  | 6" | 25 | 25 1/2 | sand & gravel & clay |  |  | 6" | 25 1/2 | 35 | sand & gravel |  |  |
| Bore Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Material              | Water        |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | To               |                       | Yes          | No                |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20               | sand & little cobbles |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25               | sand & gravel         |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25 1/2           | sand & gravel & clay  |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35               | sand & gravel         |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br/><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>10. Work started</b> <u>6/25</u> <b>finished</b> <u>7/14/94</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>+ 12</u> feet</td> <td><u>231</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>004x</u><br/>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch<br/>Size of perforation _____ inches by _____ inches<br/>Number _____ From _____ To _____<br/>_____ perforations _____ feet _____ feet<br/>_____ perforations _____ feet _____ feet<br/>_____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Manufacturer's name <u>Johnson</u><br/>Type <u>P.H.</u> Model No. _____<br/>Diameter <u>4 1/2</u> Slot size <u>0.06</u> Set from <u>235</u> feet to <u>245</u> feet<br/>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br/>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br/>Placed from _____ feet to _____ feet<br/>Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout<br/><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____<br/>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br/><input checked="" type="checkbox"/> Overbore to seal depth<br/>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br/><input type="checkbox"/> Cemented between strata<br/>Describe access port <u>well cap</u></p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Diameter         | From                  | To           | <u>250</u> inches | <u>6</u> inches | <u>+ 12</u> feet | <u>231</u> feet |    |     |    |    |   |    |                       |  |  |    |    |    | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Spitznagel Well</u> Firm No. <u>488</u><br/>Address <u>300 WA</u> Date <u>7-25-94</u><br/>Signed by (Firm Official) <u>Emmett W. Hart</u><br/>and<br/>(Operator) <u>S.A.</u></p> |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | From             | To                    |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>6</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>+ 12</u> feet | <u>231</u> feet       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |
| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="display: flex; align-items: center;"> <div style="margin-left: 20px;"> <p>Subdivision Name <u>7-18-18</u><br/><u>Honeycreek</u><br/>Lot No. _____ Block No. _____</p> </div> </div> <p>County <u>Kootenai</u><br/><u>NE</u> 1/4 <u>SW</u> 1/4 Sec. <u>3</u> T. <u>53</u> N. S. R. <u>03</u> E. W.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>RECEIVED</b><br/>AUG 1 1994<br/>NORTHERN REGION<br/>IDWR</p> <p>DEC 29 1998</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                       |              |                   |                 |                  |                 |    |     |    |    |   |    |                       |  |  |    |    |    |                                                                                                                                                                                                                                                                                                                                                                |  |  |    |    |        |                      |  |  |    |        |    |               |  |  |

SCANNED  
APR - 7 2010