



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 89439		2. Name of Corporation ASSURED FIRE PREVENTION, INC.			
3. Street Address Principal Business Office 8 Harris Avenue			City Lincoln	State RI	Zip 02865
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A BUSINESS INVOLVED IN THE SALE, INSTAKKATION ANDSERVICING OF SPRINKLER FORE PROTECTION SYSTEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William A. Parrott, Jr.			Vice President Name William A. Parrott, Jr.		
Street Address 8 Harris Avenue			Street Address 8 Harris Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name William A. Parrott, Jr.			Treasurer Name William A. Parrott, Jr.		
Street Address 8 Harris Avenue			Street Address 8 Harris Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	10/6/05
Check No.	1236
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer William A. Parrott, Jr. Date 9/21/05
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 89439		2. Name of Corporation ASSURED FIRE PREVENTION, INC.			
3. Street Address Principal Business Office 8 Harris Avenue			City Lincoln	State RI	Zip 02865
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A BUSINESS INVOLVED IN THE SALE, INSTAKKATION ANDSERVICING OF SPRINKLER FORE PROTECTION SYSTEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William A. Parrott, Jr.			Vice President Name William A. Parrott, Jr.		
Street Address 8 Harris Avenue			Street Address 8 Harris Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name William A. Parrott, Jr.			Treasurer Name William A. Parrott, Jr.		
Street Address 8 Harris Avenue			Street Address 8 Harris Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 9 4 3 9 *

File Date 3/25/04
Check No. 547
By: SC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

William A. Parrott, Jr. 3/21/04
Signature of Officer Date

William A. Parrott, Jr.

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3046



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89439 2. Name of Corporation ASSURED FIRE PREVENTION, INC.
3. Street Address Principal Business Office 8 Harris Avenue City Lincoln State RI Zip 02865
4. Business Phone No. _____ 5. State of Incorporation Rhode Island 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
sale and service of fire protection services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>William A. Parrott, Jr.</u>	Vice President Name <u>William A. Parrott, Jr.</u>
Street Address <u>8 Harris Avenue</u>	Street Address <u>8 Harris Avenue</u>
City <u>Lincoln,</u>	City <u>Lincoln</u>
State <u>RI</u>	State <u>RI</u>
Zip <u>02865</u>	Zip <u>02865</u>
Secretary Name <u>William A. Parrott, Jr.</u>	Treasurer Name <u>William A. Parrott, Jr.</u>
Street Address <u>8 Harris Avenue</u>	Street Address <u>8 Harris Avenue</u>
City <u>Lincoln,</u>	City <u>Lincoln</u>
State <u>RI</u>	State <u>RI</u>
Zip <u>02865</u>	Zip <u>02865</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>None</u>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>100 shs</u>	<u>no</u>	<u>par value</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>common</u>	<u>no par value</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10/15/03

Check No.: 17108 C8857

By: Km

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

William A. Parrott, Jr. 10/14/03
Signature of Officer Date

William A. Parrott, Jr.
Print or Type Name of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3046



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89439 2. Name of Corporation ASSURED FIRE PREVENTION, INC.
3. Street Address Principal Business Office City State Zip
8 Harris Avenue Lincoln RI 02865
4. Business Phone No. 5. State of Incorporation
RHODE ISLAND 6. SIC Code
7880

7. Brief Description of the Character of Business Conducted in Rhode Island

sale and service of fire protection systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Carole A. Parrott</u> Street Address <u>8 Harris Avenue</u> City State Zip <u>Lincoln RI 02865</u> Secretary Name <u>Carole A. Parrott</u> Street Address <u>8 Harris Avenue</u> City State Zip <u>Lincoln RI 02865</u>	Vice President Name <u>Douglas Corbett</u> Street Address <u>8 Harris Avenue</u> City State Zip <u>Lincoln RI 02865</u> Treasurer Name <u>Carole A. Parrott</u> Street Address <u>8 Harris Avenue</u> City State Zip <u>Lincoln RI 02865</u>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>none</u> Street Address City State Zip Director Name Street Address City State Zip	Director Name Street Address City State Zip Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>100 NO PAR VALUE</u>		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>no par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 9 4 3 9 *

File Date: 4-29-02

Check No.: 15709

By: Carole A. Parrott

END SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carole A. Parrott 4/18/02
Signature of Officer Date

Carole A. Parrott

Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-13.
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
89439

2. Name of Corporation
ASSURED FIRE PREVENTION, INC.

3. Street Address Principal Business Office
8 Harris Avenue

City State Zip
Lincoln RI 02865

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

sale and service of fire protection systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Carole A. Parrott

Vice President Name

Douglas Corbett

Street Address

8 Harris Avenue

Street Address

8 Harris Avenue

City State Zip
Lincoln RI 02865

City State Zip
Lincoln RI 02865

Secretary Name

Carole A. Parrott

Treasurer Name

Carole A. Parrott

Street Address

8 Harris Avenue

Street Address

8 Harris Avenue

City State Zip
Lincoln RI 02865

City State Zip
Lincoln RI 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

none

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 9 4 3 9 *

File Date: 10-29-01

Check No.: 15259

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Carole A. Parrott

Print or Type Name of Officer

President

Date

10/5/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Div.
100 North Main Street, Providence, RI 02903-11
401-222-31



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

89439

2. Name of Corporation

ASSURED FIRE PREVENTION, INC.

3. Street Address Principal Business Office

8 Harris Avenue

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

sale and service of fire protection systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Carole A. Parrott

Street Address

8 Harris Avenue

City

Lincoln,

State

RI

Zip

02865

Secretary Name

Carole A. Parrott

Street Address

8 Harris Avenue

City

Lincoln

State

RI

Zip

02865

Vice President Name

Carole A. Parrott

Street Address

8 Harris Avenue

City

Lincoln

State

RI

Zip

02865

Treasurer Name

Carole A. Parrott

Street Address

8 Harris Avenue

City

Lincoln

State

RI

Zip

02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

none

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust



* 8 9 4 3 9 *

File Date: 3/16/00

Check No.: 13849

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carole A. Parrott 3/7/00
Signature of Officer Date

Carole A. Parrott
Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1334
401-222-3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 89439		2. Name of Corporation ASSURED FIRE PREVENTION, INC.	
3. Street Address Principal Business Office 8 Harris Avenue		City Lincoln	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island sale and service of fire protection systems			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Carole A. Parrott		Vice President Name Carole A. Parrott	
Street Address 8 Harris Avenue		Street Address 8 Harris Avenue	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Secretary Name Carole A. Parrott		Treasurer Name Carole A. Parrott	
Street Address 8 Harris Avenue		Street Address 8 Harris Avenue	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
Director Name none		Director Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 100 SHS NO PAR VALUE	Class/Series NO PAR VALUE	Number of Shares 100	Class/Series common
	Par Value NO PAR VALUE		Par Value no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Mar 9, 99

Check No.: 12860

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carole A. Parrott 2/27/99
Signature of Officer Date

Carole A. Parrott

Print or Type Name of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13.
401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89439** 2. Name of Corporation **ASSURED FIRE PREVENTION, INC.**
3. Street Address Principal Business Office **8 Harris Avenue** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
sale and service of fire protection systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Carole A. Parrott	Vice President Name Carole A. Parrott
Street Address 8 Harris Avenue	Street Address 8 Harris Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Secretary Name Carole A. Parrott	Treasurer Name Carole A. Parrott
Street Address 8 Harris Avenue	Street Address 8 Harris Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name none	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 9 4 3 9 *

File Date: **8-6-98**

Check No.: **12824**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carole A. Parrott **7/22/98**
Signature of Officer Date

Carole A. Parrott

Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-277-304

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 89439		2. Name of Corporation ASSURED FIRE PREVENTION, INC.	
3. Street Address Principal Business Office 8 Harris Avenue		City Lincoln	State RI
4. Business Phone No.		Zip 02865	
5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island sale and service of fire protection systems			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Carole A. Parrott		Vice President Name Carole A. Parrott	
Street Address 8 Harris Avenue		Street Address 8 Harris Avenue	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Secretary Name Carole A. Parrott		Treasurer Name Carole A. Parrott	
Street Address 8 Harris Avenue		Street Address 8 Harris Avenue	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name none		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
100 SHS NO PAR VALUE		100	common
			no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 9 4 3 9 *

File Date: **7/10/97**

Check No.: **490**

By: **CC**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carole A. Parrott **7/3/97**
Signature of Officer Date

Carole A. Parrott
Print or Type Name of Officer

President