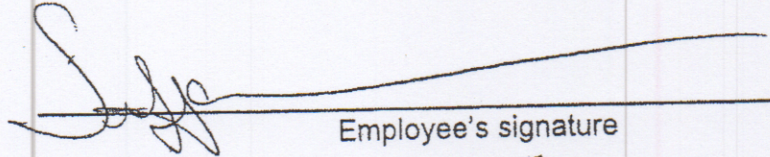


SAN JOAQUIN COUNTY MOSQUITO AND
VECTOR CONTROL DISTRICT

To Whom It May Concern:

I Acknowledge That I Have Received DWC Form 1. "Employee's Claim
For Workers' Compensation Benefits".


Employee's signature

DATE SIGNED 10-11-05