

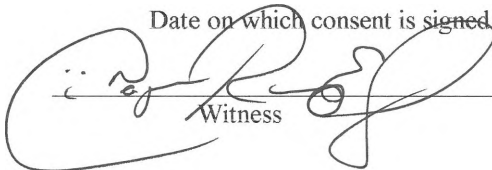
Information requested is protected by federal and/or state law, and that I am not required to sign this consent.

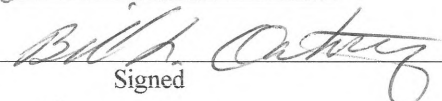
It is my understanding that all information concerning me will be treated as confidential by Mr. Mannings office and its agents.

This authorization will expire on December 9th, 1997, or one year after the date below, whichever is later. It may be revoked at any time except to the extent that action has been taken based on this authorization before it is revoked.

A photocopy or reproduction of this authorization is to be considered as and may be treated as an original.

Date on which consent is signed 12-10-96

  
Witness

  
Signed

Reg # 38662-066

SS# 540-86-9817