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62 Maple Avenue Kesne, New Hampshire 03431

MOVET ? W. CARTER PEERLESS INSURANCE COMPANY

BOND/POLICY NO. S MO7249

CONTINUATION EFFECTIVE DATE

FROM 01/28/00 TO 01/28/01

PRINCIPAL/INSURED - NAME & ADDRESS

AGENT 13-10-274

APPLIED SOFTWARE INC 5025 PURCELL DRIVE COLORADO SPRINGS, CO 80922

FLEMING BATES & BARBER PO BOX 907 216 E JOLIET ST CROWN POINT IN 46307 (219) 663-2483 **1**S

OBLIGEE

Com Com

ALL CITIES TOWNS & MUNCIPALITIES IN county of the property of

the Lake County Recorder!

BOND/POLICY AMOUNT

\$5,000.00

IT IS HEREBY AGREED THAT THE CAPTIONED NUMBERED BOND/POLICY IS CONTINUED IN FORCE IN THE ABOVE AMOUNT FOR THE PERIOD OF THE CONTINUED TERM STATED ABOVE AND IS SUBJECT TO ALL THE COVENANTS AND CONDITIONS OF SAID BOND/POLICY.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL BOND/POLICY, AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE BOND/POLICY HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE BOND/POLICY, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR ORDINANCE APPLICABLE.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED. SEALED AND DATED AS OF THE ABOVE CONTINUATION EFFECTIVE DATE.

PEERLESS INSURANCE COMPANY

BY:

12/01/99

99335 HD

99034 H

APPLIEDS

STATE: 13

324-885 (3/92) PX0503

PEERLESS INSURANCE COMPANY THE NETHERLANDS INSURANCE COMPANY

62 MAPLE AVENUE KEENE, NEW HAMPSHIRE, 03431 & POWER OF ATTORNEY KNOW ALL MEN BY THESE PRESENTS: That Peerless Insurance Company and/or The Netherlands Insurance Company, each being a New Hampshire Corporation having its principal office in the City of Keene, County of Cheshire, State of New Hampshire do/does hereby make, constitute and appoint: *****Gordon W. Bates; John C. Barber; G. Michael Winslow; Mark A. Bates; Angela Janus**** in the State of ____Indiana their/its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred in their/its name, place and stead, to sign, execute, acknowledge and deliver in their/its behalf, and as their/its act and deed, without power of redelegation, as follows: bonds, undertakings, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; unlimited as to Dollar Amount: and to bind the Company(ies) making this appointment thereby as fully and to the same extent as if each bond or undertaking was signed by the duly authorized officers of the Company(ies), and all the acts of said attorney(s), pursuant to the authority berein given are hereby ratified and confirmed. AUTHORITY FOR MAKING APPOINTMENT OF ATTORNEYS IN FACT Section 7 of Article 3 of Bylaws of Peerless Insurance Company, as amended Mry 30, 1997, states: "The Senior Vice President(s) and Vice Presidents(s) of the Company's Bond Profit Center may appoint and remove Attorneys-in-Fact and assign to them and revoke as appropriate such duties, powers and authority as may be advantageous to the Company including the execution and attestation or bonds, undertakings, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof and other documents on behalf of the Company with power to redelegate such authority."

Section 9 of Article 5 of Bylaws of The Netherlands Insurance Company, as amended May 30, 1997 and June 16, 1997, states: "The Senior Vice President(s) and Vice President(s) of the Company's Bond Profit Center may appoint and remove Attorneys-in-Fact, and assign to them and revoke as appropriate such duties, powers and authority as may be advantageous to the Company including the execution and attestation of bonds, undertakings, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof and other documents on behalf of the Company with power to redelegate such authority."

SECOF FACSIMILE SIGNATURES USE OF FACSIMILE SIGNATURES Use of facsimile signatures by Peerless insurance Company is made pursuant to Resolution of the Board of Directors of Peerless Insurance Company, dated April 28,1988. Use of facsimile signatures by The Netherlands Insurance Company is made pursuant to Resolution of the Board of Directors of The Netherlands Insurance Company, dated April 28, 1988 The company making this appointment is identified by an X" in the box opposite its name in the space provided below. It is the intent of Peerless Insurance Company and The Netherlands Insurance Company to use this instrument for the appointment of Attorney(s)-in-Fact for either Company designated, or for both Companies, if so indicated. In Witness Whereof __ PEERLESS INSURANCE COMPANY X __THE NETHERLANDS INSURANCE COMPANY has/have caused these presents to be signed by its Vice President, and its Corporate Seal to be hereto affixed by its Assistant __ day of __ Secretary, this 13th PEERLESS INSURANCE COMPANY Vice President

Que J. Jaylor Assistant Secretary STATE OF NEW HAMPSHIRE **COUNTY OF CHESHIRE** , 1999 The foregoing instrument was acknowledged before me this 13th day of July , by Matthew Klimczak, Vice President of the Bond Profit Center of Peerless Insurance Company and of The Netherlands Insurance Company and Jane F. Taylor, Assistant Secretary of Peerless Insurance Company and The Netherlands Insurance Company, New Hampshire Corporations, on behalf of the corporations. Rhonda & Jardene
Notary Public 1, Jane F. Taylor, Assistant Secretary of Peerless Insurance Company and The Netherlands Insurance Company do hereby certify that the above and foregoing is a true and correct copy of Power of Attorney executed by the Company(ies) designated above which is still in force and effect. In witness whereof, I have hereunto set my hand and affixed the Seal(s) of the Company(ies), at Keene, New Hampshire, this Bth day of March

CAUTION: NOT TO BE USED FOR DENTIPICATION PURPOSES

THIR Q 3228 GORD.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICAT	E OF RELEAS	E OR D	ISCHARGE FRO	OM AC	TIVE DI	JTY	
1. NAME (Last, First, Middle)		2. DEPARTM	ENT, COMPONENT AND	BRANCH	3.	SOCIAL SEC	URITY NO.
CHRISTENSEN Chris David			USMC-11			381 96	9861
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE		5. DATE OF BIRTH (YYN	MMDD)	6. RESERVE	OBLIG: TERM	A. DATE
SGT	E-5		740520			Month 00	
7.a. PLACE OF ENTRY INTO ACTIVE	DUTY		7.b. HOME OF RECORD address if known)	AT TIME OF	ENTRY (City	and state, o	or complete
LANSING MEPS				4:0			ł
Lansing, MI 48910	/		14421 Johnson	Rd., Pos			
8.a. LAST DUTY ASSIGNMENT AND I	_	70	B.b. STATION WHERE SE			13700)	
3rd LARBN, 1st MarDiv,	29 Palms. CA 🦭	2273	3rd LARBN, 1st	MarDiv.		s, CA 92	
9. COMMAND TO WHICH TRANSFER	RRED	101			10. SGLI CO		None
"N/A" 11. PRIMARY SPECIALTY (List numbe	This	Docu	ment is the	Drop	Amount		.000
specialty List additional specialty:	r, title and years and numbers and titles invo	luina	2. RECORD OF SERVICE		Year(s)		Day(s)
periods of one or more years.)	t	he Lak	 Date Entered AD The b. Separation Date This 		1e92	06	02
8541, Scout Sniper		-			00	02	11
5 years and 3 mon	ths		 Net Active Service The Active Service		07	08	10
0311, Rifleman			e. Total Prior Inactive Se		00	00	18
4 years and 11 mor		-	f. Foreign Service	ervice			
0313, Light Armored Veh			g. Sea Service		00	00	00
3 years and 7 mon	ths	_	h. Effective Date of Pag	v Grade	00 98	02	01
13. DECORATIONS, MEDALS, BADGE	S CITATIONS AND CAL						- 01
Marine Combat Training Improvement Course 02dy Course 11/94, Designate Armored Vehicle Crewman 15.8 MEMBER CONTRIBUTED TO POST-VIETNAM	04wks 10/92, Ar s 06/94, Prelir d Marksmanship Course 07/96,	ntitank Aminary Dr. Course O. HRST Mas	ssaultman Course ivers Knowledge 3/95, Instructor ters Course 06/ CHOOL GRADUATE OR	Course r traini 97 Yes No	07/94, S ng Cours	cout Sui e 02/96,	Light
VETERANS' EDUCATIONAL ASSISTANCE PR		EQUIVA		X	RLB 0.5		
17. MEMBER WAS PROVIDED COMPLETE DENT					YS PRIOR TO SE	PARATION X	Yes No
18. REMARKS Good To the		il period	DATE:3/8/2000 DOCUMENT NU FILED IN THE S BY RECORDER	BOOK: PA JMBER: 200 STATE OF IN	00-01 <mark>6392</mark> IDIANA,COL		
Ä							
19.a. MAILING ADDRESS AFTER SEPA	ARATION (Include Zip (ode)	19.b. NEAREST RELAT			include Zip	Code)
14421 Johnson Rd.			Judy E. Cahdat	•			
Posen, MI 49776			14421 Johnson				
20. MEMBER REQUESTS COPY 6 BE SENT TO	MT DIR. OF VET AFFAIL	RS X Yes No	22. OFFICIAL AUTHO	RIZED TO SI	IGN (Typed r	name, grade,	title and
21. SIGNATURE OF MEMBER BEING S	EPARATED	V				110110	
Chro I (Molnes			E. RODRIGUEZ,	SSGZ, BI	NPERSCHE	, USMC	

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete.

MEMBER - 1

3. SOCIAL SECURITY NO.

381 | 96 | 9861

200,000

Day(s)

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10

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18

No

6. RESERVE OBLIG. TERM. DATE

(RUC 13700)

10. SGLI COVERAGE

Amount: \$

27. REENTRY CODE

30. MEMBER REQUESTS COPY 4

MEMBER 4

Initials

rear(s)

92

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07

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29 Palma, CA 97778

Month(s)

06

02

08

00

11

7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete

14421 Johnson Rd., Pager, Mt 49776

Year 00 Month00 Day 00

4.b. PAY GRADE

- audiew. An apecialty numbers and titles involving

99 Palma, CA 97178

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

2. DEPARTMENT, COMPONENT AND BRANCH

5. DATE OF BIRTH (YYMMDD)

address if known)

8.b. STATION WHERE SEPARATED

a. Date Entered AD This Period

b. Separation Date This Period

Net Active Service This Period

d. Total Prior Active Service

e. Total Prior Inactive Service

3rd LARBN. 1et MarDly.

TISMC-11

1. NAME (Last, First, Middle)

4.a. GRADE, RATE OR RANK

MANSENG MEPS

CHRISTENSEN Chela David

7.a. PLACE OF ENTRY INTO ACTIVE DUTY

*** 48910

9. COMMAND TO WHICH TRANSFERRED

periods of one or more years.)

8541, Scout Salper

25. SEPARATION AUTHORITY

(3)

MARCORSEPHAN DOT. 1005
28. NARRATIVE REASON FOR SEPARATION

29. DATES OF TIME LOST DURING THIS PERIOD

COMPLETION OF REQUIRED ACTIVE SERVICE

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete.

0311, Kirleman

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND

1st Merbly.

5 years and 3 months

0313. Light Armorad Vehicle Cressus	f. Foreign Service A 00 00 00
2 market and 2 market and 2 market	g. Sea Service 00 02 13
	h. Effective Date of Pay Grade 198 01 01
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	GH SCHOOL GRADUATE OR Yes No 16. DAYS ACCRUED LEAVE PAID NO 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
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"SM: contrabuted to the MCM."	SEAL MOIANA MINING
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address - include Zip Code) Judy E. Crhistenson (Mother)
20. MEMBER REQUESTS COPY 6 BE SENT TO	No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) F. RODRIGUEZ. SSOT. ENPERSORF, DSMC
SPECIAL ADDITIONAL INFORMATIO	ON (For use by authorized agencies only)
23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)
Discharged	HONORABLE

26. SEPARATION CODE

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

1. NAME (JATE FIRST AMORDO) 1. DEPARTMENT, COMPONENT AND BRANCH 1. SOCIAL SECURITY 1. SOC	CERTIFICATE OF RELEAS	SE OR D	ISCHARGE FROM AC	TIVE D	UTY		
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