



TD SERVICE COMPANY

March 14, 2011

Law Offices of Steven C. Vondran
2415 E. Camelback Road, Suite 700
Phoenix, AZ 85016
Attn: Mr. Steven C. Vondran, Esq.

Dear Mr. Steven,

Pursuant to your request of March 1, 2011, attached please find a copy of my Notary journal with the signature of Angie L. Nguyen.

Sincerely,

M. Pino
1820 E. First Street, Suite 210
Santa Ana, CA 92705
714-480-5413

1

NOTARIAL ACT	DOCUMENT SIGNED	NAME, SIGNATURE & ADDRESS OF PERSON WHOSE SIGNATURE IS NOTARIZED	IDENTIFICATION OF PERSON WHOSE SIGNATURE IS NOTARIZED
KIND OR TYPE OF NOTARIAL ACT: DATE & TIME OF ACT: (Month) (Day) (Year)	KIND OR TYPE OF DOCUMENT: DATE OF DOCUMENT: (Month) (Day) (Year)	NAME, SIGNATURE & ADDRESS OF PERSON WHOSE SIGNATURE IS NOTARIZED (City, State & Zip Code)	IDENTIFICATION OF PERSON WHOSE SIGNATURE IS NOTARIZED <input checked="" type="checkbox"/> Satisfactory Evidence consisting of: <input type="checkbox"/> Oath/Affirmation of a Credible Witness. <input type="checkbox"/> Identifying Document

NAME, SIGNATURE AND ADDRESS OF CREDIBLE WITNESS (IF APPLICABLE)

(Signature)

(Print Full Name)

(Street Address)

(City, State & Zip Code)

2

KIND OR TYPE OF NOTARIAL ACT: DATE & TIME OF ACT: (Month) (Day) (Year)	KIND OR TYPE OF DOCUMENT: DATE OF DOCUMENT: (Month) (Day) (Year)	NAME, SIGNATURE & ADDRESS OF PERSON WHOSE SIGNATURE IS NOTARIZED (City, State & Zip Code)	IDENTIFICATION OF PERSON WHOSE SIGNATURE IS NOTARIZED <input checked="" type="checkbox"/> Satisfactory Evidence consisting of: <input type="checkbox"/> Oath/Affirmation of a Credible Witness. <input type="checkbox"/> Identifying Document
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(Signature)

(Print Full Name)

(Street Address)

(City, State & Zip Code)

3

KIND OR TYPE OF NOTARIAL ACT: DATE & TIME OF ACT: (Month) (Day) (Year)	KIND OR TYPE OF DOCUMENT: DATE OF DOCUMENT: (Month) (Day) (Year)	NAME, SIGNATURE & ADDRESS OF PERSON WHOSE SIGNATURE IS NOTARIZED (City, State & Zip Code)	IDENTIFICATION OF PERSON WHOSE SIGNATURE IS NOTARIZED <input type="checkbox"/> Oath/Affirmation of a Credible Witness. <input type="checkbox"/> Identifying Document
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(Signature)

(Print Full Name)

(Street Address)

(City, State & Zip Code)

4

KIND OR TYPE OF NOTARIAL ACT: DATE & TIME OF ACT: (Month) (Day) (Year)	KIND OR TYPE OF DOCUMENT: DATE OF DOCUMENT:	NAME, SIGNATURE & ADDRESS OF PERSON WHOSE SIGNATURE IS NOTARIZED (City, State & Zip Code)	IDENTIFICATION OF PERSON WHOSE SIGNATURE IS NOTARIZED <input checked="" type="checkbox"/> Satisfactory Evidence consisting of: <input type="checkbox"/> Oath/Affirmation of a Credible Witness. <input checked="" type="checkbox"/> Identifying Document
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(Signature)

(Print Full Name)

(Street Address)

Consisting of:

Oath/Affirmation of a Credible Witness.

Identifying Document

Consisting of:

Oath/Affirmation of a Credible Witness.

Identifying Document

Consisting of:

Satisfactory Evidence consisting of:

Oath/Affirmation of a Credible Witness.

Identifying Document

Consisting of:

Oath/Affirmation of a Credible Witness.

Identifying Document

TYPE OF DOCUMENT:

ISSUED BY: _____

(Print Full Name)

(Street Address)

(City, State & Zip Code)

SERIAL OR I.D. No.: _____

(Name of Government Agency)

DATE OF ISSUE OR EXPIRATION: _____

(Circle One) Issued _____ / _____ / _____

(Month) (Day) (Year)

Expires _____ / _____ / _____

1. Fee Charged for Notarial Services \$ _____

2. _____

3. _____

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2

TYPE OF DOCUMENT:

ISSUED BY: _____

(Print Full Name)

(Street Address)

(City, State & Zip Code)

SERIAL OR I.D. No.: _____

(Name of Government Agency)

DATE OF ISSUE OR EXPIRATION: _____

(Circle One) Issued _____ / _____ / _____

(Month) (Day) (Year)

Expires _____ / _____ / _____

1. Fee Charged for Notarial Services \$ _____

2. _____

3. _____

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3

TYPE OF DOCUMENT:

ISSUED BY: *APR DOWIT*

(Signature)

(Print Full Name)

(Street Address)

(City, State & Zip Code)

SERIAL OR I.D. No.: _____

(Name of Government Agency)

DATE OF ISSUE OR EXPIRATION: _____

(Circle One) Issued _____ / _____ / _____

(Month) (Day) (Year)

Expires _____ / _____ / _____

1. Fee Charged for Notarial Services \$ _____

2. _____

3. _____

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4

TYPE OF DOCUMENT:

ISSUED BY: _____

(Print Full Name)

(Street Address)

(City, State & Zip Code)

SERIAL OR I.D. No.: _____

(Name of Government Agency)

DATE OF ISSUE OR EXPIRATION: _____

(Circle One) Issued _____ / _____ / _____

(Month) (Day) (Year)

Expires _____ / _____ / _____

1. Fee Charged for Notarial Services \$ _____

2. _____

3. _____

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5