

When Recorded Mail to
Mrs. & Mr. Joey Laub
P.O. Box 1837
Beyhyn Cove, No 89448

CERTIFICATION OF TRUST
(for trusts located in all states except Oregon)

This Certification is made by the undersigned (individually or collectively, "Trustee"), in his or her capacity as a trustee of the 1998 JOEY M. LAUB FAMILY TRUST (the "Trust") for the benefit of Wells Fargo Bank, National Association ("Bank"). Trustee certifies, represents and warrants as follows:

1. In connection with credit extended or to be extended by Bank to JOEY M. LAUB & HELEN A. LAUB, the Trustee has executed or shall execute documentation which provides for the Trustee, inter alia, to (check as applicable):

(A) Borrow money;

(B) Grant to Bank a security interest and/or lien in all or certain assets of the Trust.

2. Trustee has the authority to enter into the transaction with the respect to which this Certification is being delivered, and the transaction will create a binding obligation on the assets of the Trust.

3. All information contained in this certification is true and correct, and Bank as a third party conducting business with the Trustee may rely on this information until Bank receives written notice of any changes signed by the Trustee.

4. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained in the certification to be incorrect.

5. This certification is signed by all of the currently acting trustees of the Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this certification was executed at 7/27/99

Trustee(s) of Trust

By: _____ Date: _____

By: Helen A. Laub Date: 7/27/99

By: Joe Laub Date: 7/27/99

By: _____ Date: _____

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THIS FORM CAN ONLY BE USED FOR A REVOCABLE TRUST

STATE OF NEVADA

DOUGLAS County

On 27 JULY 1999 before me, PATRICIA M. LORD, Notary Public, personally appeared:

HELEN A. LAUB + JOEY M. LAUB
[] personally known to me -OR- [] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

WITNESS my hand and official seal

Signature: Patricia M. Lord

PATRICIA M. LORD
Name (typed or printed)

My commission expires: 2-24-2002



STATE OF _____

_____ County

On _____ before me, _____, Notary Public, personally appeared:

[] personally known to me -OR- [] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

WITNESS my hand and official seal

Signature: _____

Name (typed or printed)

My commission expires: _____

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 AUG -2 P12:23

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LINDA SLATER
RECORDER
\$8.00 PAID K2 DEPUTY