

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each witness.

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The above-named individual(s) are hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

Printed Name: David Glenn

Signature: [Signature]

Date: 7/12/05

Witness Name: David Glenn
Address: 40 E. Craig Engle, Esq.
See Above

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