

5665

NUMBER	DATE	TRANSACTION DESCRIPTION	PAYMENT/DEBIT (-)	CODE	FEE (-)	DEPOSIT/CREDIT (+)	\$	
2564	10/31	5 MINUTE CAR WASH	38 00	✓				
2565	10/31	TUE GOOD COOK	35 74					
2566	10/31	CHASE	500 00	✓			2586	01
2567	11/05	MAGGIE	70 00	✓			2220	91
2568	11/05	PRINCIPLE	1220	✓				
2569	11/05	DISH	71 71	✓		3581.48		
2570	11/05	MIKE ENNIS	45 00	✓				
2571	11/05	FORD	650 00	✓		5378.18	723	2
2572	11/05	MATSON	24 50	✓			<del>1562</del>	91
		PM ON WED	250 00	✓			1473	2
2573	11/05	UNLAD	9 70	✓			2907	05
2574	12/02	CHASE	500 00	✓			2391	2
2576	12/04	PRINCIPLE	1250 00	✓				
2577	12/04	BOONE CUUS	4 78	✓				
2578	12/04	PODOLSKY	33 24	✓		1436.42	603	31
2579	12/07	DISH	71 71	✓			3720	75
2582	12/6	WILLIS	42 56					
2580	12/10	MAGGIE	70 00	✓				
2581	12/10	PM	19 28					
2583	12/16	MID	76 09	✓				
2584	12/16	SBC	42 41	✓				
2585	12/16	MATSON	25 50	✓				
2586	12/16	PG+E	68 77	✓				
2587	12/16	5 MINUTE CAR WASH	38 00	✓				
2588	12/16	CITY OF MADISON	63 95					
2587	12/16	FORD	650 00	✓			2622	17
2590	12/16	FRENCH	543 80					
2590	12/16	MIKE ENNIS	45 00					
2592	12/16	PLEE I	47 07			1370 05	<del>1936</del>	30
2594	12/23	BLUE SHAD	467 00			1614 05	2081	05

To reorder call 1.800.652.1111. Thank you for banking with Bank of America

DEFT/RESP  
 EXH. NO. KKKK-1  
 CASE NO. SC55570A  
 ADM 10/29/04

08962

5565



# 2-50 Small Group Employer Application

www.bluecrossca.com

Blue Cross Dental Net and Blue Cross Dental SelectHMO, and all medical products except Blue Cross Basic PPO, Blue Cross Saver PPO and Advantage PPO offered by Blue Cross of California. Blue Cross PPO and FFS Dental, Blue Cross Basic PPO, Blue Cross Saver PPO, Advantage PPO, Life and AD&D products offered by BC Life & Health Insurance Company.



## 1. EMPLOYER INFORMATION

Company Name <b>ESPAÑA TRADELORD USA, INC. DBA TRADELORD</b>		Group No. (For existing groups)	
Street Address <b>1027 N EMERALD BL</b>	City <b>MORENO</b>	State <b>CA</b>	ZIP Code <b>93351</b>
Billing Address <b>SAME</b>	City	State	ZIP Code
Employer is: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other (Explain):		Type of Business (Be specific) <b>AGRICULTURAL WARE</b>	
Date Business Established (Mo/Yr) <b>10/00</b>	Company Contact Person <b>SCOTT PETERSON</b>	Phone No. <b>(209) 578-0334</b>	Fax No. <b>(209) 578-0344</b>
Has company been insured by Blue Cross in the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date prior Blue Cross coverage terminated:		E-mail Address	

## 2. EMPLOYER MEDICAL CONTRIBUTION OPTION

Check one:

Defined Contribution 100\*

Defined Contribution 80\*\*

Defined Contribution Select\*\*\* \$ \_\_\_\_\_

Traditional Contribution: \*\*\*\*  
Employee: \_\_\_\_\_% Dependent: \_\_\_\_\_%

\* Employer contributes \$100 per employee per month.  
\*\* Employer contributes \$80 per employee per month.  
Limited to medium option and low option plans only.  
\*\*\* Employer selects contribution amount over \$100 per employee per month.  
\*\*\*\* Employer selects contribution amount of 50% or more per employee per month.

## 2a. MEDICAL COVERAGE SELECTION - Employee/Elect Plus

All plans\*

OR, designate specific plan option(s) (Check as many as apply.)

Basic PPO\* (5033)  High Deductible EPO (8978)

Saver PPO (NM01)  Saver HMO (8980)

PPO \$40 Copay (5032)  HMO 100% (5036)

PPO \$30 Copay (5031)

Advantage PPO \$25 Copay (PE24)

Premier PPO \$20 Copay (5030)

Premier PPO \$10 Copay (8982)

\* Basic PPO Plan is included in the "all plans" option or can be selected in combination with one or more additional PPO/EPO only to groups uninsured for 30 or more days.

## 3. EMPLOYER DENTAL CONTRIBUTION OPTION

Check one:

Defined Contribution 15\*

Defined Contribution Select\*\* \$ \_\_\_\_\_

Traditional Contribution \*\*\* \_\_\_\_\_%

\* Employer contributes \$15 per employee per month.  
\*\* Employer selects contribution amount over \$15 per employee per month.  
\*\*\* Employer selects contribution amount of 50% or more per employee per month.

## 3a. DENTAL COVERAGE SELECTION - Employee/Elect Plus\*

All plans

OR, designate specific plan option(s) (Check as many as apply.)

High Option PPO\*\*  Dental Net

Standard Option PPO\*\*  Blue Cross Dental SelectHMO

Basic Option PPO\*\*

\* Only employer groups of 2 or more may choose Dental Net or Blue Cross Dental SelectHMO.  
\*\* Fee-for-service dental coverage will be substituted if the member is outside of PPO dental service area.

## 4. LIFE BENEFIT SELECTION

Choose one schedule only:

Employer Contribution: \_\_\_\_\_ Employee Life Premium: \_\_\_\_\_% Dependent Life Premium: \_\_\_\_\_%

Schedule A - Any amounts between \$15,000 and \$250,000 in \$1,000 increments for all employees (specify): \$ \_\_\_\_\_

Schedule B - Benefits by job title - Any amounts between \$15,000 and \$250,000 in \$1,000 increments.  
Benefit amount for Class I cannot exceed 2.5 times benefit amount for Class II.  
Class I - Officers, managers, supervisors - (specify) \$ \_\_\_\_\_ Class II - All other employees - (specify) \$ \_\_\_\_\_

Schedule C - Salary Based Life Insurance  
All employees in Salary Based Life Insurance must have the same salary schedule.  
Indicate maximum benefit up to \$250,000.  
 1 times employee's annual salary - Max. benefit: \$ \_\_\_\_\_ OR  2 times employee's annual salary - Max. benefit: \$ \_\_\_\_\_

If you choose Schedule C, please provide list of employees and annual base salary.

Dependent Life option:

\$10,000 spouse, \$10,000 children six months to 19 years (age 24 if full-time student), \$1,000 for children under six months of age.  
*This option only available if employee life benefit is \$20,000 or more.*

\$5,000 spouse, \$5,000 children six months to 19 years (age 24 if full-time student), \$500 for children under six months of age.

DEFT/RESP  
EXH. NO. **KKKK-2**  
CASE NO. **SC 55500A**  
Adm **10/29/04**



L'AUVERGNE DEL MAR RESORT & SPA

08606

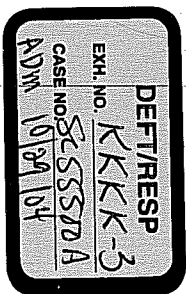
5309

*In Honor of Laci Peterson*

*Wednesday, November 27, 2002*

*Trophy Suite*

*11:00 AM – 2:00 PM*



5301



DEFT/RESP  
EXH. NO. KKKK-4  
CASE NO. SCSSSA  
Adm 10/29/04

08598

RATE QUOTATION CONTRACT

**American Warehouse Co., Inc.** 5416

3150 S. Willow Ave. • P.O. Box 2879  
Fresno, California 93745

Phone: (559) 265-4212 • Fax: (559) 265-4217

TRADE CORP

1027 N. EMERALD ST. STE. B-1  
MODESTO, CALIF. 95351

ATTN: SCOTT PETERSON

PHONE; 209-578-0334  
FAX; 209-578-0344

FOR PROMPT ACCEPTANCE  
(WITHIN \_\_\_\_\_ DAYS).  
 FOR MERCHANDISE RECEIVED PRIOR TO  
MAILING OF THIS QUOTATION.  
NOTE: THE ACT OF SHIPPING GOODS  
DESCRIBED HEREON WILL CONSTITUTE  
ACCEPTANCE OF THIS RATE QUOTATION.

DATE 10/30/02

Subject to the terms and conditions contained herein, all of which form a part of this agreement, AMERICAN WAREHOUSE CO., INC. (warehouseman) quotes rates for storage, handling and other services as follows:

COMMODITY	TYPE OF CONTAINER				GROSS WEIGHT	NUMBER OF PALLETS HIGH	Handling In and Out		Storage Per Month (If Fractions Thereof)	
		L	W	H			RATE	PER	RATE	PER
CROP PROTECTION PRODUCTS		48	40			1	\$5.86	PLT.	\$11.00	PLT.
						2	\$5.86	PLT.	\$5.50	PLT.
						3	\$5.86	PLT.	\$3.67	PLT.

NOTE: IF MERCHANDISE RECEIVED DIFFERS FROM THAT DESCRIBED HEREIN (PACKING, SIZES, WTS., ETC.) RATES WILL BE REVISED ACCORDINGLY.

- GOODS ARE NOT INSURED by warehouseman against loss or injury however caused.
- Liability for loss or damage for which the warehouseman is responsible as set forth in the Contract Terms and Conditions found on the reverse hereof, is limited to the manufacturer's cost of the lost or damaged goods - and in no case shall the liability exceed 100 times the basic storage applicable to such goods, unless an excess value is declared hereon and prior to receipt of such goods in accordance with Section 10 (d), Contract Terms and Conditions on the reverse hereof.
- Warehouseman will use his best effort to ship orders received by \_\_\_\_\_ the \_\_\_\_\_

ALL CHARGES ARE DUE AND PAYABLE UPON RECEIPT OF WAREHOUSE INVOICE.  
CHARGES, CLAIMS WILL NOT BE DEDUCTED FROM WAREHOUSEMAN'S INVOICES.

ROUTING INSTRUCTIONS: SHIPMENTS TO BE CONIGNED TO YOURSELF IN CARE OF AMERICAN WAREHOUSE CO., INC.

DESTINATION \_\_\_\_\_ DELIVERING CARRIER \_\_\_\_\_  
BILL OF LADING AND MANIFEST OF CONTENTS ARE TO BE RECEIVED BY WAREHOUSE BEFORE ARRIVAL OF SHIPMENT.

**CONTRACT TERMS & CONDITIONS**

**ACCEPTANCE - Sec. 1**

(a) This contract and rate quotation including accessorial charges endorsed on or attached herein must be accepted within 30 days from the proposal date by signature of depositor on the reverse side of this contract. In the absence of written acceptance, the act of tendering goods described herein for storage by warehouseman within 30 days from the proposal date shall constitute such acceptance by depositor. The presence of counter proposal shall not change the terms of this agreement unless specifically agreed to in writing by the warehouseman.

(b) In the event that goods tendered for storage do not conform to the description contained herein, or conforming goods are tendered for storage after 30 days from the proposal date without prior written acceptance by depositor as provided in paragraph (a) of this section, warehouseman may refuse to accept such goods for storage. If warehouseman accepts such goods for storage, depositor agrees to rates and charges as may be assigned and invoiced by warehouseman and to all terms of this contract.

(c) This contract is deemed cancelled should the described goods not be stored with warehouseman for any period exceeding 30 days.

(d) Any goods received prior to the date of this contract are subject to the terms and conditions of this contract.

**SHIPPING - Sec. 2**

Depositor shall not name the warehouseman as the consignee on any Bill of Lading or other shipping documents. If, in violation of this agreement, goods are so shipped to warehouseman as named consignee, depositor agrees to notify carrier in writing prior to such shipment with copy of such notice to the warehouseman, that warehouseman named as consignee is a warehouseman and has no beneficial title or interest in such property and depositor further agrees to indemnify and hold harmless warehouseman from any and all claims for unpaid transportation charges, including undercharges. Depositor further agrees that, if it fails to notify carrier as required by the next preceding sentence, warehouseman shall have the right to refuse delivery of such goods; in that event warehouseman shall not be liable or responsible for any loss, injury or damage of any nature to, or related to such goods.

DEFT/RESP  
EXH. NO. KKKK-5  
CASE NO. 205550A  
ADM 10/29/04

08713

6492

DRAFT

November 17, 2000

MINUTES OF ORGANIZATIONAL MEETING OF BOARD OF DIRECTORS  
OF  
ESPANA TRADECORP USA, INC.  
A California Corporation

The Board of Directors of ESPANA TRADECORP USA, INC., a California corporation, held its first meeting on Tuesday, October 31, 2000, at the Law Offices of Curtis & Arata, A Professional Corporation, at 1300 "K" Street, Second Floor, in Modesto, California.

The following directors were present at the meeting:

Luz Enseñat  
Scott Peterson

The following director was absent from the meeting:

Roberto Garcia

A quorum was found to exist according to Article III, Section 9 of the Bylaws of the corporation as a majority of the authorized number of directors was present at the meeting.

The following persons were also present at the meeting:

Ross W. Lee, Esq., of Curtis & Arata  
Jeffery J. Coleman, CPA, of Grimbleby Coleman CPAs

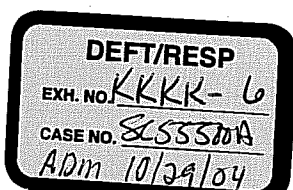
The meeting was called to order at 8:40 a.m.

WRITTEN WAIVER OF NOTICE PRESENTED.

Mr. Lee presented to the meeting a written Waiver of Notice and Consent to Holding of Organizational Meeting of Board of Directors signed by the directors of the corporation. The Waiver is to be placed in the corporation's Minute Book immediately preceding these minutes.

DATE OF INCORPORATION; ARTICLES FILED.

Mr. Lee announced that the corporation was incorporated on October 19, 2000, the date that the Articles of Incorporation were filed with the Secretary of State, and that the corporation's number issued by the Secretary of State is 2265801. Mr. Lee presented a certified copy of the Articles of Incorporation to be placed in the corporation's Minute Book.



09789

6742

AMERICAN WAREHOUSE  
P.O. Box 2879  
Fresno, CA 93745

Phone 559-268-2760 Fax 559-268-2759

STATEMENT

Date 12/05/02

Account No. TB075 [ ]

TRADE CORPORATION  
ATTN: SCOTT PETERSON  
1027 N. EMERALD ST., STE. B-1.  
MODESTO  
CA 95351

Inv-date	Inv/CM#	Inv/CM-amt	Last Pmt-date	Pmt-refr	Total Pmt-amt	Balance-due
11/25/02	72128	116.70				116.70



SHOULD YOU HAVE ANY QUESTIONS  
REGARDING YOUR BILL, PLEASE  
DO NOT HESITATE TO CONTACT ME  
559-268-2760. THANK YOU  
LINDA MADSEN

*----- A G I N G -----*					TOTAL DUE
Current	Over-30	Over-60	Over-90		
116.70	0.00	0.00	0.00	116.70	

**DEFT/RESP**  
 EXH. NO. KKKK-7  
 CASE NO. 8255500A  
 Adm 10/29/04

10139

5618

LOWE'S  
(209)545-7676

-RETURN-

SALES #: S1086CA1 13 11-01-02

179980 QUIKRETE POST MIX 5.58-  
3 @ 1.86-

SUBTOTAL: 5.58-

TAX 32569 : .0.41-

INVOICE 17587 TOTAL: 5.99-

BALANCE DUE: 5.99-

CASH : 5.99-

1086 TERMINAL: 17 11/01/02 11:04:07

RECEIPT REQUIRED FOR CASH REFUND.  
CHECK PURCHASE REFUNDS REQUIRE  
15 DAY WAIT PERIOD FOR CASH BACK.  
STORE MGR: BARRY CHILLCOTT

WE HAVE THE LOWEST PRICES, GUARANTEED!  
IF YOU FIND A LOWER PRICE, WE WILL  
BEAT IT BY 10%. SEE STORE FOR DETAILS

DEFT/RESP  
EXH. NO. KKKK-8  
CASE NO. 8258307A  
ADM 10/29/04

08915