

September 8, 2006

To Whom It May Concern:

Please recognize Polaris Benefits, LLC, 4606 FM 1960 West Suite 400, Houston, Texas, 77069, as our Agent of Record effective _____. They are to act as our sole representative with your company concerning negotiations for our employee Health and Welfare Benefit Plan.

Please release any information Polaris Benefits, LLC may request relative to the claims, policy contracts, audits, and other information as it pertains to your company for our account.

This letter abrogates any previous authorization you may have received and is to remain in full force and effect until rescinded in writing by an officer of our company.

Please contact me if you need additional information concerning this assignment. Thank you for your cooperation

Very Truly Yours,

Cc: Mr. Peter VanDerlofske