I hereby certify that the SIGNATURE? Regulatory Specialist TITLE DATE 7/2/2002 Telephone No. 915-687-7375 TYPE OR PRINT NAME Denise Leake

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

THEHINAL SIGNED BY

GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

DeSoto/Nichols 12-93 ver 1.0

JUL