

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: August 17-18, 2021

APPLICANT: Xiaohua He

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. He's massage application is before you today for review that could not be approved administratively. Ms. He was arrested on March 1, 2012 for solicitation or engaging in prostitution by Las Vegas Metropolitan Police Department (LVMPD). Ms. He was working at Diva Foot Spa and offered to perform a sexual act during the course of massage on an undercover officer that visited the establishment. Ms. He did not have a massage license at the time of the arrest. Ms. He is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

Approved

Probation - NRS 640C.700(1)(2)(4)(9)

Denied – NRS 640C.700(1)(2)(4)(9)

Tabled

PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

| | |
|--|--|
| <input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs. | <input type="checkbox"/> B. Refrain from providing outcall services. |
| <input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval. | <input type="checkbox"/> D. Submit to a random drug test at respondent's expense. |
| <input type="checkbox"/> E. Complete an ethics course of _____ CEU hours within 90 calendar days of licensure. | <input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense. |
| <input type="checkbox"/> G. Take any other action that the Board deems appropriate - | |

Required for Respondent:

| | |
|---|---|
| Cooperate fully with Board staff to administrate term of probation. | Responsible for all administrative fees incurred by the Board as a result of their probation compliance |
| Attend Probation Orientation | Comply with all laws governing massage therapy |
| Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3) | Take any combination of the actions set forth in paragraphs (a) through (g), inclusive. |

Board Meeting Application review:

Summary of Xiaohua He arrests/charges:

03/01/2012 – Ms. He was arrested by LVMPD for one count of Solicitation or engaging in prostitution. Received the following statement from by LVMPD.

While working in an undercover capacity investigating vie related crimes from XXXX W. Flamingo Rd. in Las Vegas at Diva Foot Spa. SIS received a complaint from unknown source/citizen stating that he went there to get a massage and the person who was working, an Asian female, solicited him for a prostitution act, hand job/manual masturbation. It should be noted that this establishment is only licensed to conduct reflexology massage of the hand, feet and ears.

I arrived at the location and went inside the Diva Foot Spa after ringing the door bell several times where an Asian female, approximately middle age, 40-50 years old, answered the door and let me in. When I went inside, I spoke to the unknown Asian female, which I asked if I could get a full body massage and she stated, yes. She escorted me into room # 3 and told me to get undressed. I then got undressed and covered myself with the towel laid on the table. The subject (He) gave me a full body massage touching my buttocks and genital area which is not the appropriate type massage. The subject (He) continued with the full body massage and several times left me uncovered without a towel around my genital area. After half an hour into the massage, near the completion, she turned me over at which point she then smiled, and I asked are we done. She stated, I don't know. I said, okay, well, can you do more for me and I pointed down to my genital area, meaning my penis and where she started to laugh and said, okay. I said, well how much is this going to cost, and she continued to be nervous at first and smiled and laughed.

Then she sat down next to me and started to hug me and them attempted to kiss me on the cheek. I said, hey, listen I'm just looking for a hand job and pointed down to my genital area and motioned my hand up and down towards my penis, meaning manual masturbation. I said, I'll give you extra money and she looked at me and said, okay. I said how about \$60.00. She nodded her head and said, yes. So, at which time, Ms. He agreed to a prostitution act, manual masturbation/hand job for a fee of \$60.00 in US currency. At his time, SIS entered the establishment and placed Ms. He under arrest for one count of solicitation of prostitution. Ms., He did not have any ID at the location and refused to give her proper name, so she initially was arrested under Jane Doe. When SIS then took over the investigations and contacted the owner of the establishment. The owner stated she just got hired two days ago and they were not sure of her real name either.

Section 6 question 4 of the application, Ms. He did not disclose that she had been arrested during the course of massage – therefore violation of NRS.640C.700(1) for submitting false, fraudulent or misleading information applies.

Prepared by Tereza Van Horn, Executive Assistant



Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application
Application Number: OL210319120181

Fee: \$30.00

APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : Yes No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : Yes No

Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : **Massage Therapist** **Structural Integration** **Reflexology**

Applicant Name

Last Name : HE
First Name : XIAOHUA
Middle Name :



List all legal names previously or currently being used by you :

No record found.

Mailing address :

Street :
City : **State :** **Zip :**

Residence address (if different than the mailing address) : Same as mailing address

Street :
City : **State :** **Zip :**

Social Security Number : **Date of Birth :**
Place of Birth : **Gender :** Male Female

Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

Home Mailing Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board

notifications)

Yes No

Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- I am NOT SUBJECT to a court order for the support of a child.
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Section 3 : Previous Licensure Information

Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

- Check here if you have never been licensed in any state jurisdiction.

Licensure information is not required because you have checked "Sign off from local jurisdiction to follow".

Section 4 : Training and Education

Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

| Name of School | City/State | Years from and to | Hours Completed |
|----------------|------------|-------------------|-----------------|
| Fuzuba | Las Vegas | 2019 - 2020 | 550 |

| Transcript(s) | | |
|------------------------------------|----------------------------|---------------------------------|
| Document Name | User Defined Document Name | Document Link |
| 210319120181-161262-Transcript.pdf | FUZUBA-TRANSCP | Document Detail |

Section 5 : National Exam

| Exam Taken | Where Taken | Date Taken |
|------------|---------------|------------|
| ITEC | Las Vegas, NV | 07/02/2020 |

National Exam Status :

Date Received :

Score Report Received

| Document Name | User Defined Document Name | Document Status |
|---|----------------------------|-----------------|
| 210319120181-161263-ScoreReportCard.pdf | ITEC | Pass |

Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

Yes No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

Yes No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

Yes No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

Yes No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

Fingerprint Background Waiver

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the **Nevada State Board of Massage Therapy** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed

the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Last Name : HE

First Name : XIAOHUA

Middle Name :

Street :

City :

State :

Zip :

Date : 4/28/2021

Submitting Agency : Nevada State Board of Massage
Therapy

Address : 1755 E. Plumb Ln. Suite 252,
Reno, NV 89502

VETERAN

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

Have you ever served in the military: Yes No

Branch(es) of Service: (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

Military Occupation Speciality/Specialities:

Date(s) of Service: From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

Affidavit of Applicant / Authorization of Release

I, **XIAOHUA HE** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all Institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : XIAOHUA HE

Date : 5/20/2021

Upload

Have you uploaded a current passport quality photo?

Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

Yes No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

Yes No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

Yes No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

| Document Type | Document Name | User Defined Document Name |
|---------------------------|---|----------------------------|
| Certificate of Completion | OL210319120181-164644-Certificate-of-Completion.pdf | FUZUBA-DIPL |
| Photo | 13447-163917-HE, XIAOHUA.jpg | |
| Score Report Card | 210319120181-161263-ScoreReportCard.pdf | ITEC |
| Transcript | 210319120181-161262-Transcript.pdf | FUZUBA-TRANSCP |
| Social Security Card | OL210318115880-156045-Social-Security-Card.jpg | |
| Government Issued ID Card | OL210318115880-156044-Government-Issued-ID-Card.jpg | |

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:
Amount Paid:

NSBMT

JUL 20 2020



RECEIVED



Certificate of Graduation

I certify that that Ms. Xiaohua He, having successfully completed the 550 hour Professional Practice of Therapeutic Massage training program, is hereby awarded the Certificate of Graduation this sixth day of July, 2020 with all the rights and responsibilities thereto pertaining.



Nathan O'Hara

Nathan O'Hara, Ph.D.
Director

119362/2132/119330/120182 Xiaohua He - E119362 Level 3 Diploma in Holistic Massage (603/4097/6) - 2132 Merit 10/08/2020 Fu Zu Ba School of Massage and Reflexology (X500377)

NSBMT
AUG 17 2020
RECEIVED




Transcript
 3884 Schiff Dr.
 Las Vegas, NV 89103

| | |
|---|--|
| Student: Xiaohua He SSN: Gender: Male Birth Date: Start Date: 12/06/2019 Graduation Date: 07/06/2020 | Grade: 3.37 Total Earned Hours: 550 |
|---|--|

| FUZUBA 12/2019 Class | | NV Massage Training Program 550-Hr | | GPA: 3.37 | |
|--|-------|------------------------------------|---------|------------|--|
| Course | Marks | Grade | Credits | Earned | |
| 1219 Unit A: Anatomy, Physiology, & Kinesiology | 70 | C- | 125 | 125 | |
| 1219 Unit B: Theory and Practice of Massage | 94 | A | 220 | 220 | |
| 1219 Unit C: Other Modalities of Massage Therapy | 92 | A- | 125 | 125 | |
| 1219 Unit D: Pathology for Massage Therapists | 92 | A- | 40 | 40 | |
| 1219 Unit E: Standards of Professional Practice | 92 | A- | 40 | 40 | |
| ITEC Massage 17963 | | I | 0 | | |
| Total Credits | | | | 550 | |

| Grading Scale | | | | |
|---------------|--------------|--------------|--------------|-------------|
| 97 - 100 = A+ | 93 - 96 = A | 90 - 92 = A- | 87 - 89 = B+ | 83 - 86 = B |
| 80 - 82 = B- | 77 - 79 = C+ | 73 - 76 = C | 70 - 72 = C- | 0 - 69 = F |



| | | |
|---|--|---|
| <p>Official Seal</p>  | <p>Notes</p> <p>GPA is reported for comparison purposes only. -ITEC scores are reported separately</p> | <p>Signature of the Registrar</p> <p><i>Nathan O'Hara</i></p> <p>Not official without school seal</p> <p>IN ACCORDANCE WITH THE FAMILY EDUCATIONAL ACT OF 1974, THIS RECORD CANNOT BE RELEASED TO A THIRD PARTY WITHOUT THE CONSENT OF THE STUDENT</p> |
|---|--|---|



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

June 11, 2021

Xiaohua He

Re: DISPOSITION OF RECORD

Dear Ms. He,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s). **Online printouts cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **10/31/2021**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at nvmassagebd@lmt.nv.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn
Executive Assistant
Enclosed

COPY

Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.

NSBMT

JUL 12 2021

RECEIVED

Hi how are you

This is Xiaohua He, come from China.

Not long after, I came to the United States to see my sister. At this time of the day, they all went out shopping. I was the only one in the shop and one guy came to do massage. He asked me many questions. I don't understand because I don't understand any English. I don't know what to do. They also don't understand me. They think I'm working. But I'm not, and I don't know I can't be in the shop and stayed there by myself and I couldn't say yes when answering his question. So that's why it caused a lot of trouble.

They arrested me. And I was very wronged and painful, because in fact I did nothing!!

After this incident, I learned that if I want to work in the United States, I must first apply for a permit. You must also act according to the rules. Now

Now I sincerely hope that you can give me a certificate so that I can survive in the United States without relying on the government's assistance and not causing trouble to the government!

Thank you so much.

Xiaohua He 7-7-21

C5082421
J5082421-REPORT 2A

PAGE: 108
08/20/2012

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 12M07111X

STATE VS: HE, XIAO HUA

ID #: 02841926

AKA: HE, XIAO HUA

DR NUMBER:

START DATE: 03/01/2012

ARRESTED BY: FERRANOLA, THOMAS

ARREST DATE: 03/01/2012

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 03/01/2012

PROSECUTOR: TALEEN PANDUKHT

DISPO DATE: 08/20/2012

001 CHARGE: 201.354 M SOLICITING PROSTITUTION
DISPOSITION: ----GUILTY---- TRESPASS

SENTENCED: 08/20/2012

FINED: \$ 250

EXCUSED: \$ 0

JAIL TIME: MOS

DAYS HRS

CONS/CONC:

CTS : MOS

DAYS HRS

COMM SERV: DAYS

HRS MIN

RESTITUTION: \$ 0 CONTRIBUTION: \$ 0 DRUG FEE: \$ 0

EDUCATION: AIDS AWARENESS COUNSELING

CITATION: 1203011249

PCN: 0025335276

SEQ: 001



CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.

By: [Signature] Deputy

Date: 7-16-2021

JUSTICE OF THE PEACE

[Signature]



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

July 19, 2021

Xiaohua He

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. He:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting(s) on August 17 and August 18, 2021. There will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Zoom sign-in available at 8:30 a.m.
Register in advance for both meetings:

| August 17, 2021 | August 18, 2021 |
|---|---|
| https://us06web.zoom.us/j/96813878335?pwd=cHAXM3Nky2gyWTVZaWpTRE5BNnI0UT09 | https://us06web.zoom.us/j/93172894264?pwd=bVc3ZGtoZXBjWVJOU0hTamVWbDFHdz09 |
| Meeting ID: 968 1387 8335 | Meeting ID: 931 7289 4264 |
| Password: 819714 | Password: 833291 |

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

COPY

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,



Sandra J. Anderson
Executive Director

9489 0090 0027 6351 4466 78

COPY