

Exhibit 4

EXHIBIT 4 to
*Affidavit of Disqualification for Actual Bias and Prejudice
and Conflict of Interest*

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENT OF ■ NON-PROFIT ■

FILE NUMBER

LEE F. DELGRANDE FOUNDATION, THE

24838-1999

FOR THE PERIOD OCT 2004 TO 2005. DUE BY OCT 31, 2004.
 The Corporation's duly appointed resident agent in the
 State of Nevada upon whom process can be served is:

RA# 60137

STEVEN F PETERSEN

245 E LIBERTY ST STE 510
 RENO NV 89501

FOR OFFICE USE ONLY

FILED (DATE)

FILING FEE: \$25

FILED # _____

SEP 16 2004

IN THE OFFICE OF
Don Hill
 DON HILLER SECRETARY OF STATE

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional directors, attach a list of them to this form.
3. Return the completed form with the filing fee shown above. A \$50.00 penalty must be added for failure to file this form by the deadline indicated at the top of this form. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: AS SHOWN ABOVE PENALTY: \$50.00

NAME PETER I. BREEN	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
P. O. BOX	ADDRESS
	CITY
	ST.
	ZIP
	P.O. BOX 1125 RENO NV 89504
NAME ESTELLE E. DELGRANDE	TITLE(S) SECRETARY (OR EQUIVALENT OF)
P. O. BOX	ADDRESS
	CITY
	ST.
	ZIP
	217 RENO AVE RENO NV 89509
NAME BRIAN WALLACE	TITLE(S) TREASURER (OR EQUIVALENT OF)
P. O. BOX	ADDRESS
	CITY
	ST.
	ZIP
	100 W. LIBERTY ST RENO NV 89501
NAME	TITLE(S) DIRECTOR
P. O. BOX	ADDRESS
	CITY
	ST.
	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Estelle E. Del Grande

X Signature of Officer

Date

9-9-04

DICSSA4 (Rev 09/03)

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENT OF ■ NON-PROFIT ■

FILE NUMBER

LEE F. DELGRANDE FOUNDATION, THE

24838-1999

FOR THE PERIOD OCT 2003 TO 2004. DUE BY OCT 31, 2003.
The Corporation's duly appointed resident agent in the
State of Nevada upon whom process can be served is:

RA# 60137

STEVEN F PETERSEN
245 E LIBERTY ST STE 510
RENO NV 89501

FOR OFFICE USE ONLY

FILED (DATE)
15

FILED

SEP 30 2003

IN THE OFFICE OF
Dean Heller
DEAN HELLER, SECRETARY OF STATE

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF
RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

- 1 Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer and all Directors must be named. There must be at least one director. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- 2 If there are additional directors, attach a list of them to this form.
- 3 Return the completed form with the \$15.00 filing fee. A \$5.00 penalty must be added for failure to file this form by the deadline indicated at the top of this form. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
- 4 Make your check payable to the Secretary of State. If you need a receipt, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
- 5 Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201 (775) 684-5708.
FILING FEE: \$15.00 PENALTY: \$5.00

NAME	TITLE(S)		
PETER I. BREEN	PRESIDENT (OR EQUIVALENT OF)		
P. O. BOX	ADDRESS	CITY	ST. ZIP
	P. O. BOX 1125	RENO	NV 89504
NAME	TITLE(S)		
ESTELLE E. DELGRANDE	SECRETARY (OR EQUIVALENT OF)		
P. O. BOX	ADDRESS	CITY	ST. ZIP
	217 RENO AVE	RENO	NV 89509
NAME	TITLE(S)		
BRIAN WALLACE	TREASURER (OR EQUIVALENT OF)		
P. O. BOX	ADDRESS	CITY	ST. ZIP
	100 W. LIBERTY ST	RENO	NV 89501
NAME	TITLE(S)		
	DIRECTOR		
P. O. BOX	ADDRESS	CITY	ST. ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of section 108 of SBB of the 20th special session of the Nevada Legislature. Acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Estelle E. DelGrande
X Signature of Officer

Date 9/26/03

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENT OF ■ NON-PROFIT ■

LEE F. DELGRANDE FOUNDATION, THE

FILE NUMBER

24838-1999

FOR THE PERIOD OCT 2002 TO 2003. DUE BY OCT 31, 2002.
The Corporation's duly appointed resident agent in the
State of Nevada upon whom process can be served is:

RA# 60137

FOR OFFICE USE ONLY
FILED (DATE) 15

FILED
AUG 29 2002
Dean Heiter
Secretary of State

STEVEN F PETERSEN
245 E LIBERTY ST STE 510
RENO NV 89501

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all officers and directors. A **President, Secretary, Treasurer and all Directors** must be named. There must be at least one director. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An **officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional directors, attach a list of them to this form.
3. Return the completed form with the \$15.00 filing fee. A \$5.00 penalty must be added for failure to file this form by the deadline indicated at the top of this form. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the **Secretary of State**. If you need a receipt, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201. (775) 684-5708.

FILING FEE: \$15.00 PENALTY: \$5.00

NAME PETER I. BREEN	TITLE(S) PRESIDENT
P.O. BOX P.O. BOX 1125	STREET ADDRESS P.O. BOX 1125
CITY RENO	ST. ZIP NV 89504
NAME ESTELLE E. DELGRANDE	TITLE(S) SECRETARY
P.O. BOX	STREET ADDRESS 217 RENO AVE
CITY RENO	ST. ZIP NV 89509
NAME BRIAN WALLACE	TITLE(S) TREASURER
P.O. BOX	STREET ADDRESS 100 W. LIBERTY ST
CITY RENO	ST. ZIP NV 89501
NAME	TITLE(S) DIRECTOR
P.O. BOX	STREET ADDRESS
CITY	ST. ZIP
NAME	TITLE(S) DIRECTOR
P.O. BOX	STREET ADDRESS
CITY	ST. ZIP

I declare to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of Officer *Estelle E Del Grande*

Date *8/26/02*

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENT OF NON-PROFIT

FILE NUMBER

LEE F. DELGRANDE FOUNDATION, THE

24838-1999

FOR THE PERIOD OCT 2001 TO 2002. DUE BY OCT 31, 2001.
 The Corporation's duly appointed resident agent in the
 State of Nevada upon whom process can be served is:

RA# 60137

STEVEN F PETERSEN
 245 E LIBERTY ST STE 510
 RENO NV 89501

FOR OFFICE USE ONLY
 FILED (DATE)

FILED
SEP 06 2001
 Secretary of State
 Dean Heller

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

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5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201. (775) 684-5708.

FILING FEE: \$15.00 PENALTY: \$5.00

NAME		TITLE(S)	
PETER I. BREEN		PRESIDENT	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
	P.O. BOX 1125	RENO	NV 89504
NAME		TITLE(S)	
ESTELLE E. DELGRANDE		SECRETARY	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
	217 RENO AVE	RENO	NV 89509
NAME		TITLE(S)	
BRIAN WALLACE		TREASURER	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
	100 W. LIBERTY ST	RENO	NV 89501
NAME		TITLE(S)	
		DIRECTOR	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
NAME		TITLE(S)	
		DIRECTOR	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of Officer *Estelle E Del Grande*

Date *8/29/01*

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENT OF ■ NON-PROFIT ■

LEE F. DELGRANDE FOUNDATION, THE

FILE NUMBER

24838-1999

FOR THE PERIOD OCT 2000 TO 2001. DUE BY OCT 31, 2000.
The Corporation's duly appointed resident agent in the
State of Nevada upon whom process can be served is:

RA# 60137

STEVEN F PETERSEN

245 E LIBERTY ST STE 510
RENO NV 89501

FOR OFFICE USE ONLY

FILED (DATE)

FILED # _____

OCT 10 2000

IN THE OFFICE OF
Dean Heller
DEAN HELLER SECRETARY OF STATE

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

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4. Make your check payable to the Secretary of State. If you need a receipt, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite #3, Carson City, NV 89701-4786. (775) 684-5708.

FILING FEE: \$15.00

PENALTY: \$5.00

NAME	TITLE(S)	
PETER I. BREEN	PRESIDENT	
P. O. BOX	STREET ADDRESS	CITY ST. ZIP
	P. O. BOX 1125	RENO NV 89504
NAME	TITLE(S)	
ESTELLE E. DELGRANDE	SECRETARY	
P. O. BOX	STREET ADDRESS	CITY ST. ZIP
	217 RENO AVE	RENO NV 89509
NAME	TITLE(S)	
BRIAN WALLACE	TREASURER	
P. O. BOX	STREET ADDRESS	CITY ST. ZIP
	100 W. LIBERTY ST	RENO NV 89501
NAME	TITLE(S)	
	DIRECTOR	
P. O. BOX	STREET ADDRESS	CITY ST. ZIP
NAME	TITLE(S)	
	DIRECTOR	
P. O. BOX	STREET ADDRESS	CITY ST. ZIP

I hereby certify this annual list.

Estelle E Del Grande
X Signature of Officer

Date 9/27/00