

# **Exhibit 7**

Patrick Christopher Lear  
1805 North Carson Street #120  
Carson City, Nevada 89701  
775-721-9643

VIA FAX & Certified Mail / RRR 7000 0520 0017 5411 3600

March 30, 2004

James L. Murphy, Richard B. Rowley &  
Harold P. Dayton, Trustees  
Lear Family Trust  
P.O. Box 680  
Reno, Nevada 89504  
Fax: (775) 786-7091

Re: Proposed meeting of April 1, 2004

Dear Trustees,


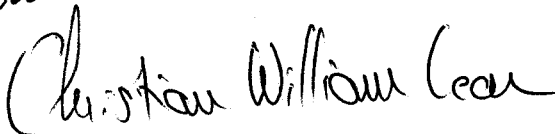
Yesterday, I received a message, apparently from Mr. Reese, stating that he wanted to set up a meeting with you for this Thursday, April 1, 2004. We gratefully accept your invitation for a meeting although at a later date. Indeed, until such time as we've had the opportunity and the time to review the documents we've already requested from you on several occasions and we have achieved a sufficient understanding of the Trusts activities, it would not only be irresponsible to waste everyone's time for a meeting when we have insufficient background to discuss this matter but it would also needlessly run up legal fees.

After we receive the documents we requested in our letter to you of March 26, 2004, we can make progress toward understanding the Trust's activities and a ratification of the intermediate accountings by the court.

When you send the previously requested documents please send them Certified Mail to guarantee that any mishandling by the Post Office doesn't cause us to doubt your honoring of our request.

Once again, we thank you in advance for sending the requested documents without further delay and in light of the above, please rest assured that we'll call you in due course to set up a meeting.

Sincerely,

Cc: David Reese, Esq.  
Fax: 775-329-2432

TRANSMISSION VERIFICATION REPORT

TIME : 03/30/2004 13:28  
NAME :  
FAX :  
TEL :

DATE, TIME	03/30 13:27
FAX NO./NAME	17757867091
DURATION	00:00:24
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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When you send the previously requested documents, I will review them and let you know.

TRANSMISSION VERIFICATION REPORT

TIME : 03/30/2004 13:31  
NAME :  
FAX :  
TEL :

DATE, TIME	03/30 13:31
FAX NO./NAME	17753292432
DURATION	00:00:41
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

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facsimile transmittal

To: David Reese, Esq. Fax: 775-329-2432

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From: P & C Lear Date: 03/30/04

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Re: April 1, 2004 meeting Pages: 2 total (incl cover)

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CC:

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Urgent     For Review     Please Comment     Please Reply     Please Recycle

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\*\*\*\*\* WELCOME TO \*\*\*\*\*

CARSON CITY MPO  
 CARSON CITY, NV 89701-9998  
 03/30/04 02:44PM

Store USPS Trans 104  
 Wkstn sys5004 Cashier KG5B8S  
 Cashier's Name YOUNG  
 Stock Unit Id SIAYOUNG  
 PO Phone Number 775-884-2300  
 USPS # 3148830701

1. First Class 4.42  
 Destination: 89504  
 Weight: 0.50oz  
 Postage Type: PVI  
 Total Cost: 4.42  
 Base Rate: 0.37  
 SERVICES  
 Certified Mail 2.30  
 70000520001754113600  
 Return Receipt 1.75

Subtotal 4.42  
 Total 4.42

Cash 20.00  
 Change Due  
 Cash 15.58

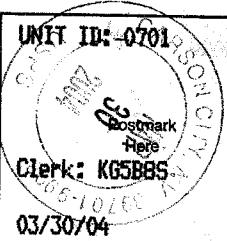
Number of Items Sold: 1

Thank You  
 Please come again!

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

RENO, NV 89504

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.42</b>



009E TT45 5417 0007 0250 0000 7000

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
 Luvies Lear Family Trust  
 Street, Apt. No.; or PO Box No.  
 PO Box 680  
 City, State, ZIP+4  
 Reno NV 89504

PS Form 3800, February 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**James L. Murphy, Trustee**  
**Richard B. Rowley, Trustee**  
**Harold P. Dayton, Trustee**  
**Lear Family Trust**  
**P.O. Box 680**  
**Reno, Nevada 89504**

2. Article Number  
 (Transfer from service label) 7000 0520 0017 5411 3600

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 B. Received by [Signature] C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes