

J & M KEYSTONE, INC.

1049-A Eikelton Boulevard

Spring Valley, CA 91977

(619) 466-9876

FAX (619) 466-6701

FACSIMILE COVER SHEET

DATE: 5/14/2002

COMPANY: Policy Holders of America

ATTENTION: Melinda Ballard

FAX # (888) 648-8823

FROM: Don Cochlin

3 Total number of pages including cover sheet.

If you do not receive all of the pages in an acceptable amount of time, please contact the person listed below as soon as possible.

OFFICE: (619)466-9876

FAX: (619)466-6701

REMARKS: _____

www.policyholdersofamerica.org

As a professional, I pledge *to stay within the areas of my expertise and training* and not venture out of that area(s) on jobs referred to me or my company by POA

As a professional, I pledge to **utilize, if and when applicable, the services of an accredited laboratory or laboratory operating under a public university** for sample analysis for all POA referred jobs. .

As a professional, I pledge to **personally attend or send representatives of my company to attend, at a minimum, one professional conference per year** so that I am kept abreast of the latest science, products, and methods used that **will** impact my business.

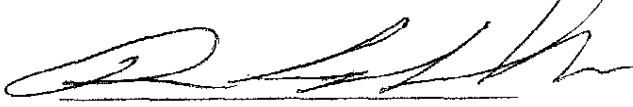
It is understood that **POA receives no compensation for its referrals.**

It is understood that POA does not accept any memberships from anyone other than homeowners and their legal representatives and **I am hereby representing that I am not a member of POA.**

It is also understood that if more than two POA members have issued formal complaints to POA about my services and POA has reason to believe those complaints **are** legitimate, I (or my company) may **be** taken off **of** the POA referral list until further notice. POA will extend me (or my company) the opportunity to appeal the decision to halt referrals.

POA referrals are provided within a geographic area and the geographic region in which you operate must be provided.

The undersigned **is** duly authorized to enter into this pledge on behalf of the company named below:

<u>JT SM Keystone Inc</u>	<u>Don Cochran</u>	<u>Department Head</u>
Company	Name/Title	
<u>5-13-02</u>		
Date	Signature	

Other: Please provide a brief description of services performed, geographic territory covered, email and/or telephone number for POA members to call, charge for estimates (if applicable), and any other details you feel **is** important. A sheet is attached.

Fax the filled out form and other information to: **888-648-8823**. Thank you.

Melinda Ballard, Policyholders of America

www.policyholdersofamerica.org

REFERRAL QUESTIONNAIRE: This must accompany pledge so that we can better serve requests for information

NAME OF COMPANY: J+SM Stone Inc

GEOGRAPHIC AREA/STATES COVERED: California, AZ, NV

AREA OF EXPERTISE:

REMEDIATOR

IAQA INVESTIGATOR: (check one or more)

investigator/tester

consultant

field technician

CONTRACTOR (check one)

& General Contractor (Build-back)

HVAC

Plumbing

PRIMARY CONTACT Don Cochlin

SECONDARY CONTACT SMERROW

PHONENUMBER (619) 917 8602

WEBSITE _____

EMAIL ADDRESS OF CONTACTS ~~SMERROW~~ DonCochlin@AOL.com

COMPANY ADDRESS: 1049A Elkton Blvd

Spring Valley, Ca 91977

NOTE: (If applicable): _____