										OP ID: KW
Ą	CORD [®] CERT	IF	IC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		e (MM/DD/YYYY) 06/09/11
	HIS CERTIFICATE IS ISSUED AS A I									
1	ERTIFICATE DOES NOT AFFIRMATI									
	ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN				TEAC	CONTRACT	BETWEEN T	HE ISSUING INSURER	(S), A	UTHORIZED
	,				nolio:/	iaa) must ha	andarood			D. outlingt to
ti	IPORTANT: If the certificate holder in the terms and conditions of the policy,	s ar	ain r	olicies may require an er	ndorse	ment. A stat	e endorsed. tement on th	is certificate does not c	onfer	<i>J</i> , subject to rights to the
	ertificate holder in lieu of such endors								eme	lighte te the
PRC	DUCER		916	6-784-1008	CONTA NAME:	СТ				
	er Insurance Agency nse #0C66701			916-784-8116	BUIGHT	Ext).		FAX (A/C, No):		
P. 0	. Box 619052				E-MAIL ADDRE	SS:		((((),))))		
	eville, CA 95661-9052 dra L. Whitehead					CER MER ID #: AAN	IED-1			
i tei					00010			DING COVERAGE		NAIC #
INSU	RED AAMedTrans-Grove, LLC				INSURE			surance Co		16535
	dba: AA Medtrans				INSURE	R B : USF Ins	surance Co	mpany		
	541 Curtola Parkway, Sui	te C	:					on Ins. Fund		
	Vallejo, CA 94590				INSURE		•			-
					INSURE					-
					INSURE					+
CO	VERAGES CER	TIFI	САТЕ	E NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES	OF	INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO			HE PC	LICY PERIOD
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F									
	XCLUSIONS AND CONDITIONS OF SUCH				BEENF					•
INSR LTR	TYPE OF INSURANCE		SUBF WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
В	X COMMERCIAL GENERAL LIABILITY	Χ		CIP100184		12/16/10	12/16/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
									\$	i
		Х						COMBINED SINGLE LIMIT	\$	1,000,000
Α	ANY AUTO			BAP9337287		12/10/10	12/10/11	(Ea accident)		1,000,000
	ALL OWNED AUTOS							BODILY INJURY (Per person)	\$	
	X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							, ,	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE								\$	
								AGGREGATE		
									\$	
	RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$	
~	AND EMPLOYERS' LIABILITY Y / N			10596262044		03/01/11	03/01/12	TORY LIMITS ER		1 000 000
С	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		19586362011		03/01/11	03/01/12	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL TIFICATE HOLDER IS NAMED AS A									
	ORSEMENTS #CA20480299 (AUTO)									
					-					
CE	RTIFICATE HOLDER				CANC	ELLATION				
				MTDIA-4						
								ESCRIBED POLICIES BE C. REOF, NOTICE WILL I		
	Mt. Diablo Unified School							Y PROVISIONS.		
	District									
	1936 Carlotta Drive					RIZED REPRESE				
	Concord, CA 94519				111	H. C	Klehow	hi		
					we	W 0.	Sulow	~		
						© 1988	-2009 ACOR	D CORPORATION. All	riaht	s reserved.

The ACORD name and logo are registered marks of ACORD

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Endorsement Effective: 06/02/2011	Countersigned by:
Named Insured: AAMedTrans-Grove, LLC dba: AA Medtrans Paul Sanso	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s): Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD, CA 94519	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - **1.** Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

OP ID: KW

A	COR	D _{TM}	VE	HI	CLE	E S	СН	IE	DL	JL	Ε												6/	date / 9/2011			
PRODU	CER PHO	ONE C. No.	Ext): 916-	-784	4-1008					APPLICANT (First												I	L				
Place	PRODUCER PHONE 916-784-1008 (AC, No, Ext): 916-784-1008 Placer Insurance Agency											AAMed	Trans	s-Grove	e, LL	_C											
Licen	se #0C6	67 0 1								Insur	nsured)																
-	Box 619								Γ	EFF	ECTIV	E DATE	EXPI	RATION D	ATE		DIRECT	BILL		P/	AYM	ENT PLAN	I	AUDIT			
	ville, CA									1	12/10	0/10	1	2/10/11	I	X	AGENCY										
Kendr	a L. Whi	itene	ead							FOR		I												ł			
CODE:				SUE	B CODE:						PANY ONLY																
AGENC	CUSTOME	r id																									
AAME	ED-1																										
VEH #	YEAR	-		ta							BODY	PEND	ING								S	/M/AGE		COST NEW			
114	2011										<u>TYPE:</u> V.I.N.:		-		on/	160					-		¢				
	ATE, Valle			•			LIC	т	ERR	┯┸		SVW/GCW	150			100	SIC	FAC	TOR	SEAT	CP	RADIUS	\$ E	ARTHEST TERM			
	KE 3433	0					STATE		29		-			648			0.0			04		50					
GARAG DRIVE T		USE		v		CHEC	ĸ		Z9 ADD'		-	UNDRINS					DEDUCT	IBI ES					SPEC	MISC			
WORK/S	CHOOL			X	COMM'L	COVE	RAGES		FAUL	Т.		MOTOR		F	v	.SP			AC		_co		SPEC C OF L	DR/CR: TOTAL PREM			
	15 MILES		PLEASURE		RETAIL			v	MED			& LABOR SPEC				COMP		X			,00						
	5 MILES +		FARM		SERVICE	i	NO- FAULT	X	UNIN MOT		BODY	COFL		FTW	0	COLL	\$		2	4 \$1	1	0 (M/AGE	COLL				
VEH #	YEAR		E: Dodg								TYPE:	JVNZ									- 31	IW/AGE		COST NEW			
127	1998			van			LIC	-		$-\perp$	V.I.N.:		P443			47	810	F 4 0	TOP	00.47		DADU	\$				
CITY, ST ZIP WHE	ATE, Valle	jo C	A				STATE		ERR		G	SVW/GCW		CL4			SIC	FAC	TOR	SEAT		RADIUS		ARTHEST TERM			
GARAG	ED				1)29					648	310 T				, , <u> </u>	07	<u> </u>	50	8050	MISC			
DRIVE T	O SCHOOL	USE		X	COMM'L		RAGES		ADD' FAUL		-	UNDRINS MOTOR		F	L	.SP	DEDUCT	IBLES	AC	v_	co	MP	SPEC C OF L	MISC DR/CR:			
<	15 MILES		PLEASURE		RETAIL		IAB		MED			TOWING & LABOR		FT		COMP			ST AM	г \$				TOTAL PREM			
1:	5 MILES +		FARM		SERVICE		NO- FAULT	X	UNIN MOT			SPEC C OF L		FTW	C	OLL	\$			\$			COLL	\$			
VEH #	YEAR	MAK	E: Ford								BODY TYPE:	5WQY	′419								S	/M/AGE		COST NEW			
128	1999		EL: Crow	/n V	/ic						V.I.N.:	2FAFF	P71V	VXXX2	009	19							\$				
CITY, ST	ATE, Valle	ijo C.	Α				LIC STATE	Т	ERR	GVW/GCW				CLASS SIC			SIC	FACTOR SEAT CP			СР	RADIUS	E.	ARTHEST TERM			
ZIP WHE GARAG		U							29					648	810					05	;	50					
DRIVE T WORK/S	O SCHOOL	USE		Х	COMM'L	CHEC	K		ADD' FAUL	L NO	-	UNDRINS MOTOR		F	L	.SP	DEDUCT	IBLES	AC	v	со	MP	SPEC C OF L	MISC DR/CR:			
	15 MILES		PLEASURE		RETAIL	X	IAB		MED	PAY		TOWING & LABOR		FT	C	COMP	AA		ST AM	г \$	_			TOTAL PREM			
1:	5 MILES +		FARM		SERVICE		NO- FAULT	X		IS OR		SPEC C OF L		FTW		OLL	\$			\$			COLL	\$			
VEH #	YEAR	МАК	E: Ford	E3	50						BODY TYPE:		74								S	/M/AGE		COST NEW			
130	2002	MOD	EL: Van V	N/Li	ift						V.I.N.:	1FBNI	E31L	.52HA	993	58					-		\$				
CITY, ST	ATE, Valle	jo C	Α				LIC STATE	Т	ERR								RADIUS	F	ARTHEST TERM								
ZIP WHE GARAG	KE 3433	0					UTAIL		29					64810					04	L I	50						
DRIVE T		USE		X	COMM'L	CHEC	K		ADD'	ĻNO	-	UNDRINS		F		.SP	DEDUCT	BLES	AC	v	co		SPEC				
WORK/S	15 MILES		PLEASURE		RETAIL	V I	RAGES		FAUL MED			TOWING		FT					ST AM		_000		C OF L	DR/CR: TOTAL PREM			
	5 MILES +		FARM		SERVICE		NO- FAULT	x				& LABOR SPEC C OF L		FTW					JOTAM	\$			COLL	\$			
VEH #	YEAR	MAK		•	SERVICE		-AULI		MOT		BODY	DEND	ING	FIV		JULL	φ			φ	S	/M/AGE		_⊅ COST NEW			
131	2009		EL: Van V	,	ift						TYPE: V.I.N.:		-	20P5	1201	52					-						
							LIC	т	ERR	┯┸		SVW/GCW	1776	CLA		55	SIC	FAC	TOR	SEAT	CP	RADIUS	\$ E	ARTHEST TERM			
ZIP WHE	ATE, Valle RE 9459	0					STATE		29		-			648						04		50					
GARAG DRIVE T		USE		v		CHEC	ĸ		Z9 ADD'		-	UNDRINS					DEDUCT	IBI ES					SPEC	MISC			
WORK/S	CHOOL			X	COMM'L	COVE	RAGES		FAUL	T.		MOTOR		F	v	.SP				v X	_		SPEC C OF L	DR/CR: TOTAL PREM			
	15 MILES	$\left - \right $	PLEASURE		RETAIL	— ,	liab No-	V	MED UNIN			& LABOR SPEC			v	COMP		X	1					-			
	5 MILES +		FARM	<u> </u>	SERVICE		AULT	X	UNIN MOT		BODY	COFL		FTW	X	COLL	\$		26,00	∪∣\$1	<u> </u>	0 (M/AGE	COLL				
VEH #	YEAR	<u> </u>	E: Ford								TYPE:	PEND	-		<u>.</u>						- 51	W/AGE		COST NEW			
132	2002	MOD	EL: Crow	n V	/iC		110			$-\perp$	V.I.N.:		71۷-			77							\$				
CITY, ST	ATE, Valle RE 9459	0 0	A				LIC STATE		ERR		Ģ	SVW/GCW		CL4			SIC	FAC	IOR	SEAT		RADIUS		ARTHEST TERM			
GARAG	ED					<u></u>			29	<u> </u>	_	1.11./==		648	310					05	<u>i</u>	50	05	MICO			
DRIVE T	O SCHOOL	USE		Χ	COMM'L	CHEC COVE	RAGES		ADD' FAUL	L NO T	-	UNDRINS MOTOR		F	L	.SP	DEDUCT	IBLES	AC	v	со	MP	SPEC C OF L	MISC DR/CR:			
<	15 MILES		PLEASURE		RETAIL		IAB		MED			TOWING & LABOR		FT		COMP			ST AM	г 💲				TOTAL PREM			
1	5 MILES +		FARM		SERVICE		NO- FAULT	X	UNIN MOT			SPEC C OF L		FTW	c	OLL	\$			\$			COLL	\$			
VEH # YEAR MAKE: Dodge								BODY TYPE:	PEND	ING								S	/M/AGE		COST NEW						
133 2010 MODEL: Ram Van V.I.N.: 2D4RN5D17AR119229													\$														
CITY, ST	ATE, Valle	jo C	Α				LIC STATE	Т	ERR	T.	Ģ	SVW/GCW		CLA	ss		SIC	FACTOR SEAT CP RA					E.	ARTHEST TERM			
ZIP WHERE 34330							29					648	310					04		50							
DRIVE T	O SCHOOL	USE		X	COMM'L	CHEC	K		ADD' FAUL		-	UNDRINS MOTOR		F	L	.SP	DEDUCT	IBLES	AC	v X	cc	MP	SPEC C OF L	MISC DR/CR:			
	15 MILES		PLEASURE		RETAIL	V			MED			TOWING		FT		COMP		X					501 L	TOTAL PREM			
	5 MILES +	$\left - \right $	FARM		SERVICE	- · ·	<u>NO-</u>	X	UNIN			& LABOR			X				22.00		<i>·</i>		COLL	¢			

ACORD 129 (1/98)

©ACORDCORPORATION1993

OP ID: KW

	40	COR	D _{TM}	VE	HI	CLE	5	SCH	ED)U	IL	Ε												6	DATE	
PRO	DUCE	ER PHO	DNE), No,	Ext): 916	4-1008		APPLICANT (First																			
Placer Insurance Agency												ed	AAMed	Tran	s-Gro	/e, Ll	_C									
		e #0C6		1						'	nsured)															
-		ox 619		04 0050							EFF	ECTI	VE DATE	EXPI	RATION	DATE		DIRECT	BILL		P	AYMI	ENT PLAN			AUDIT
	Roseville, CA 95661-9052 Kendra L. Whitehead										1	12/1	0/10	1	2/10/1	1	Χ	AGENCY	' BILL							
Ken				cau							FOR	PANY	,													
COD	Ξ:				SUE	B CODE:				i	USE ONLY															
AGEI	ICY	CUSTOME	r id																							
AAI	ИEI	D-1																								
	-	LE DES	-	-									v													
VE		YEAR	<u> </u>	KE: Ford							_	BOD) TYPE	<u>5380</u>									S	YM/AGE		COST	NEW
13		2005		DEL: Crow	/n V	lic		LIC				V.I.N.		P241			38							\$		
CITY ZIP V	STA	TE, Valle E 9459	jo C 0	A				STATE				(GVW/GCW			ASS		SIC	FAC	TOR	SEAT		RADIUS	F	ARTHE	ST TERM
GAR. DRIV	AGE	כ					CHE		29) .DD'L			UNDRINS		6	481					05		50	SDEC	MISC	
		HOOL	USE	-	X	COMM'L	COV	ERAGES	ļ ŕ	AUL	T	-	MOTOR TOWING		F		.SP	DEDUCT				cc		SPEC C OF L		R:
		5 MILES		PLEASURE		RETAIL	X	LIAB		1ED I			& LABOR		FT		COMP		X			,00,			-	
VE		MILES + YEAR		FARM		SERVICE		NO- FAULT	X	ININS 10TC		BOD	COFL		FTW	0	COLL	\$		9,60	00 \$1		0 YM/AGE	COLL	_ \$ COST	NEW
	. #	IEAK	MA								_	TYPE										- 3	INVAGE	•	0031	
	o .			DEL:				LIC	TER	R		V.I.N.	: GVW/GCW		CI	ASS		SIC	FAC	TOR	SEAT	CP	RADIUS	\$ F		ST TERM
ZIP V	/HER	RE						STATE										0.0				•	10.2100			
GAR.	е то)	USE			COMM'L	CHE	CK	A	DD'L		-	UNDRINS		F		.SP	DEDUCT	IBLES				MP	SPEC C OF L	MISC	
WOR		5 MILES		PLEASURE	-	RETAIL	COV	LIAB		AUL 1ED I			MOTOR TOWING	-	FT		LSP COMP		_			_ບບ		COFL		R: L PREM
		MILES +		FARM		SERVICE		NO- FAULT					& LABOR SPEC		FTW					J ST AN	s			COLL	- \$	
VE		YEAR	MA			SERVICE		FAULI		1010		BOD	<u>ČŌFL</u> Y		FIV		JULL	φ			þ	S	YM/AGE	COLL	COST	NEW
			<u> </u>	DEL:								TYPE V.I.N.												\$		
СІТҮ	STA			DEE.				LIC	TER	R			GVW/GCW		CI	ASS		SIC	FAC	TOR	SEAT	СР	RADIUS		ARTHE	ST TERM
ZIP V GAR	/HER	RE						STATE																		
		HOOL	USE			COMM'L	CHE	CK /ERAGES	A			-	UNDRINS MOTOR		F	L	.SP	DEDUCT	IBLES	A	cv	cc	MP	SPEC C OF L	MISC DR/CI	p.
non		5 MILES		PLEASURE		RETAIL		LIAB		1ED I			TOWING & LABOR		FT					ST AN	ит \$			0012		
	15	MILES +		FARM		SERVICE		NO- FAULT	U		S		SPEC C OF L		FTW		COLL	\$			\$			COLL	\$	
VE	1#	YEAR	MA	KE:				171021				BOD	Y					1				S	YM/AGE		COST	NEW
			мо	DEL:							V.I.N.:								\$							
	STA	TE,						LIC STATE	TER	R	GVW/GCW			CLASS				SIC FACTOR			SEAT	СР	RADIUS	F	ARTHE	ST TERM
GAR	AGE	5																								
DRIV WOR		HOOL	USE	E		COMM'L	CHE	ECK /ERAGES	A	DD'L	_ NO T	-	UNDRINS MOTOR		F	L	.SP	DEDUCT	IBLES	A	cv	cc		SPEC C OF L	MISC DR/CI	
	< 1	5 MILES		PLEASURE		RETAIL		LIAB		1ED I			TOWING & LABOR		FT		COMP	р АА		ST AN	ит \$				ΤΟΤΑ	LPREM
	15	MILES +		FARM		SERVICE		NO- FAULT		ININS 10TC			SPEC C OF L		FTW	C	COLL	\$			\$			COLL		
VE	1#	YEAR	MA	KE:								BOD	Y ::									S	YM/AGE		COST	NEW
			MO	DEL:				LIC		_	V.I.N.: GVW/GCW CLASS SIC FACTOR SEAT CP							\$								
CITY ZIP V	/HER	RE						STATE	TER	ĸ		(GVW/GCW			ASS		SIC	FAC	TOR	SEAT	СР	RADIUS	-	ARTHE	ST TERM
GAR. DRIV			USE	-	1		CHE	ск	Δ	DD'L	_ NO	-	UNDRINS		-			DEDUCT	IBI ES					SPEC	MISC	
WOR	K/SC	HOOL		1	-	COMM'L	ćóv	/ERAGES	F	AUL	Т	-	MOTOR TOWING	-	F		.SP					്വററ		SPEC C OF L		R: L PREM
		5 MILES	<u> </u>	PLEASURE		RETAIL		LIAB NO- FAULT		1ED I ININS		-	_ & LABOR SPEC	-	FT					ST AN					-	
VE		MILES + YEAR				SERVICE		FAULT	I N	ININS 10TC		BOD	COFL Y		FTW		COLL	\$			\$	S	YM/AGE	COLL	_ \$ COSTI	NEW
			MA	KE: DEL:							_	TYPE V.I.N.										ſ		¢		
СІТҮ	STA			<u>uc</u> L.				LIC	TER	R			: GVW/GCW		CI	ASS		SIC	FAC	TOR	SEAT	СР	RADIUS	\$ F	ARTHE	ST TERM
ZIP V GAR	/HER	RE						STATE																		
DRIV	е то		USE			COMM'L	CHE	ECK /ERAGES	A			-	UNDRINS MOTOR		F	1	_SP	DEDUCT	BLES	A	cv	00	MP	SPEC C OF L	MISC DR/CI	R-
- VOR		5 MILES		PLEASURE		RETAIL		LIAB		AUL IED I			TOWING & LABOR		FT					ST AN				J UF L		
		MILES +		FARM		SERVICE		NO- FAULT					SPEC C OF L		FTW		COLL		L		\$			COLL	\$	
VEH# YEAR MAKE:									BOD	Y									S	YM/AGE		COST	NEW			
MODEL: V.I.N.: \$																										
CITY, STATE, ZIP WHERE									R		(GVW/GCW		CI	ASS		SIC	FAC	TOR	SEAT	СР	RADIUS	F	ARTHE	ST TERM	
GAR	AGE	כ																								
DRIV WOR		HOOL	USE			COMM'L	CHE	ECK /ERAGES	F	DD'L	NO T	-	UNDRINS MOTOR		F	L	SP	DEDUCT	IBLES	A	cv	СС	MP	SPEC C OF L	MISC DR/CI	R:
	< 1	5 MILES		PLEASURE		RETAIL		LIAB		1ED I			TOWING & LABOR		FT		COMP	р АА		ST AN	ит \$					LPREM
		MILES +		FARM		SERVICE		NO- FAULT		ININS 10TC	S DR		SPEC C OF L		FTW	C	COLL	\$			\$			COLL	1.	
AC	DRE	D 129 (1	/98)																		C	AC	ORDCC	RPO	RATI	ON1993