

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Mr Wayne Stuart Ogren		03/21/2006	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	The Ogren Family Revocable Trust		
Street Address:	P.O. Box 1344		
City:	Lodi		
State/Country:	CALIFORNIA		
Postal Code:	95241		
Entity Type:	TRUST: UNITED STATES		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3026412	SOLAR SMART	
CORRESPONDENCE DATA			
Fax Number:	(209)992-4077		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	2092679217		
Email:	rburton@burtonrichards.com		
Correspondent Name:	Rod Burton Esq.		
Address Line 1:	P.O. Box 1854		
Address Line 4:	Sutter Creek, CALIFORNIA 95685		
NAME OF SUBMITTER:	Rod W. Burton		
Signature:	/;Rod W. Burton:/		
Date:	07/26/2011		

OP \$40.00 3026412

Total Attachments: 18
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TRADEMARK
REEL: 004591 FRAME: 0300

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POUR OVER WILL
OF
WAYNE STUART OGDEN

Gregory P. Goehring
Attorney at Law
315 W. Pine Street, Suite 5
Lodi, CA 95240

POUR OVER WILL

OF

WAYNE STUART OGDEN

I, WAYNE STUART OGDEN, residing in the County of San Joaquin, State of California, declare this to be my Will.

FIRST: I hereby revoke all other and former Wills and Codicils to Wills made by me.

SECOND: I declare that I am married; that my wife's name is KIMMBERLYN RAYE OGDEN; and that we have two children of our marriage, namely, RACHEL LYNN OGDEN and CHRISTOPHER WAYNE OGDEN. I further declare that I have no other children, living or deceased, or any issue of deceased children.

THIRD: I hereby give, devise, and bequeath my jewelry, clothing, household furniture and furnishings, personal automobiles, books, and other tangible articles of a personal nature not otherwise specifically disposed of in my Will or in any other manner, together with any insurance thereon, to my wife, and if my wife does not survive me, then to RACHEL LYNN OGDEN and CHRISTOPHER WAYNE OGDEN, who survive me, in substantially equal shares as selected by them with the attached suggestions.

I give, devise, and bequeath the residue of my estate to the trustee then in office of THE OGDEN FAMILY REVOCABLE TRUST, established on December 31, 1998, to be held and administered by the trustee thereof according to the terms and conditions of the trust including, without limitation, any amendment made thereto before my death.

If at the time of my death the residue of my estate is not permitted by law to be distributed to the trustee, or if the trust is not then in existence, is revoked after the date of my Will, or fails for any reason, I incorporate herein by reference the terms of the trust existing on the date I signed my Will, and I give, devise, and bequeath the residue of my estate to the trustee named in the trust as trustee, to be held, administered, and distributed according to the trust terms incorporated in my Will.

FOURTH: I hereby nominate, constitute, and appoint my wife, KIMMBERLYN RAYE OGDEN, as the Executor of my Will. In the event she is unable or unwilling to serve, then I appoint MIKE VLAD and DEBBIE VLAD, residing at 3055 E. 101st Court, Thornton, Colorado 80229, (303) 252-7282, to serve as Executors. In the event they are unable or unwilling to serve, then I appoint MARK PARSONS and KATHY PARSONS, residing at 620 Tawny Port

Drive, Lodi, California 95240, (209) 368-3229, to serve as Executors. I direct that no bond or undertaking be required of any person named herein to serve as Executor. I authorize my Executor to sell, at either public or private sale, or to lease any property of my estate, whether real or personal, with or without notice, subject only to such confirmation as may be required by law.

FIFTH: If my wife does not survive me and if at my death any of my children are minors, I hereby nominate, constitute, and appoint as guardians and successor guardians of the person and estate of my minor children, in the order and priority indicated, the following:

- First: Mike Vlad and Debbie Vlad, residing at
3055 E. 101st Court, Thornton, Colorado 80229
Telephone: (303) 252-7282
- Second: Mark Parsons and Kathy Parsons, residing at
620 Tawny Port Drive, Lodi, California 95240
Telephone: (209) 368-3229

I request that Mike Vlad and Debbie Vlad petition for appointment by the Court of competent jurisdiction in the State of Colorado, or in any other state in which they then reside, and that letters of guardianship and any other necessary documents be filed with the Superior Court of the State of California in which the administration of my estate may be pending. I request that the Court, on petition of said nominees, grant said nominees custody of my minor children and permit the guardians to change the residence and domicile of the children to the state where the guardians may then reside.


If it is necessary or convenient for the guardians of my minor children to be appointed by the Superior Court of the State of California, I nominate the individuals, in the order and priority indicated above, for appointment as guardians and request the Court to appoint said nominees, grant the guardians custody of the children, and permit the guardians to change the residence and domicile of the children to the state where the guardians may then reside.

I further direct that the education and upbringing of my children be carried out in accordance with the list of instructions attached to THE OGREN FAMILY REVOCABLE TRUST, while giving due regard to the convictions, resources (including the resources provided herein), and abilities of the guardians.

SIXTH: I have purposely made no provision for any other person, whether claiming to be an heir of mine or not, and if any person, whether a beneficiary under this Will or not mentioned herein or not provided for herein shall contest this Will or object to any of the provisions hereof, I give to such person so contesting or objecting the sum of One (\$1.00) Dollar, and no more, in lieu of the provisions which I have made or which I might have made herein for such person so contesting or objecting.

IN WITNESS WHEREOF, I have hereunto set my hand at Lodi, California, this the 31st

day of December, 1998.

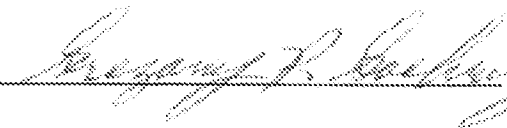


WAYNE STUART OGDEN

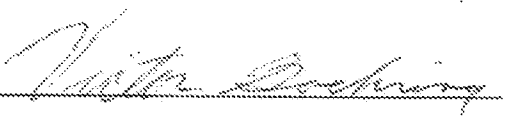
On the date written below, the testator, WAYNE STUART OGDEN, declared to us that this instrument, consisting of two pages including this page, is the testator's Will and asked us to witness it. The testator then signed this Will in our presence, all of us being present at the same time. At the testator's request, in the testator's presence, and in the presence of one other, we subscribe our names as witnesses.

We believe that the testator is over age 18, is of sound mind, and is under no constraint or undue influence.

We declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on December 31, 1998, at Lodi, California.



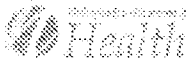
Residing at 325 S. Pleasant Avenue
Lodi, California 95240



Residing at 19353 Del Rio Drive
Woodbridge, California 95258

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include last & any first middle last)		2. Death Date		3. Sex (M/F)		4. Cause of Death:	
Wayne S. Ogren		05-21-06		M		Ferry	
5. Age (At Birth/Under 1 Year)		6. Social Security Number		7. Birthdate		8. Decedent's Education	
48		552-06-831		12-16-57		College	
9. Birthplace (City, Town, or County)		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? (Yes/No)	
Caldwell ID		No		White		NO	
13a. Residence: Number and Street (e.g., 324 SE 3rd St.) (Include Apt. No.)				13b. City or Town			
29928 W. Hwy 20				Republic			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code - 4	
Ferry		-		WA		99166	
14. Estimated length of time of residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
2 years		Married		Kimberly Bassler			
17. Usual Occupation (Indicate type of work done during most of working life. Do not use Company name)				18. Kind of Business/Industry (Do not use Company name)			
Solar designer				Alternative energy			
19. Father's Name (First, Middle, City, State)		20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name		22. Relationship to Decedent	
Harmon V. Ogren		Ruth E. Geisler		Kimberly Ogren		Wife	
23. Informant's Address: Number & Street or RFD No.				24. Place of Death, if Death Occurred Somewhere Other Than a Hospital			
PO Box 928 Republic WA 99166				Home			
25. Facility Name (if not a facility, give number & street)		26. City, Town, or Location of Death		27. State		28. Zip Code	
-29928 W. Hwy 20		Republic		WA		99166	
29. Method of Disposition		30. Place of Disposition (Name of cemetery, crematory, other place)		31. Name and Complete Address of Funeral Facility			
Burial		Ferry County Cemetery		Ogren Family			
32. Funeral Director Signature		33. Date of Disposition		34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.			
Kimberly Ogren		3-24-06		<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hepatic Carcinoma with widespread met</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). AET</p> <p>b. Metastatic Disease to Liver</p> <p>c. Abdominal distention</p>			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
41. Date of Injury		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
NA						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street		46. Describe how injury occurred		47. If transportation injury, specify:		48. Hour of Death (24hrs)	
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		8:45	
49. Name and Address of Certifier, Physician, Medical Examiner or Coroner		50. Medical Examiner/Coroner		51. Name and Title of Attending Physician (if other than Certifier)		52. Date Certified (post-mortem)	
Giannantonio Giuliani MD		K. Steve Adams MD		K. Steve Adams MD		3-22-06	
470 Thornton Dr. Republic, WA 99166		53. License Number		54. Coroner File Number		55. Was case referred to medical examiner?	
		MD 35726				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Refuse</i>	
56. Record Amendment		57. Registrar Signature		58. Date Received		59. Registrar Use Only	
		Kelly J. Toland, Registrar		03/22/2006			



Affidavit for Correction

Division of Health Services
P.O. Box 3400
Chicago, IL 60604-0340
(773) 335-1300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Case File Number: _____ Fee Number: _____ Initial: _____ Date: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth, Divorce or Marriage or Dissolution): _____ 5. Mother's Full Name (For Birth, Divorce or Marriage or Dissolution): _____

The Record is incorrect or incomplete as follows:

The Record now shows:

The True fact is:

6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The info. certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof:	Certificates of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD 214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be for (minor) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a first time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present at the birth) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction prior their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. Use the paternity affidavit form (DCHS 001).

Death Certificates:

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death, please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal name(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit with proof by the person.
- To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must sign the affidavit.

DCHS 001 Rev. 2006

CERTIFIED

MAR 24 2006

E.W. GRAY, M.D.
Health District Officer
D.E. Tri-City Health Dept

NN01023396

TRADEMARK
REEL: 004591 FRAME: 0307

DECLARATION OF TRUST
"THE OGDEN FAMILY REVOCABLE TRUST"

Gregory P. Goehring
Attorney at Law
315 W. Pine Street, Suite 5
Lodi, CA 95240

DECLARATION OF TRUST

Wayne Stuart Ogren and Kimberlyn Raye Ogren, husband and wife, declare that they have set aside and hold in trust the property described in Schedule A attached to this instrument. Wayne Stuart Ogren and Kimberlyn Raye Ogren are the settlors and trustees of the trust.

ARTICLE ONE NAME OF TRUST

The trust created in this instrument shall be referred to as "THE OGREN FAMILY REVOCABLE TRUST."

ARTICLE TWO TRUST ESTATE

All property subject to this instrument from time to time shall be referred to as the trust estate and shall be held, administered, and distributed according to this instrument. All community property transferred to the trust and all separate property of either settlor transferred to the trust shall retain its character as such notwithstanding the transfer.

ARTICLE THREE DISPOSITION OF INCOME AND PRINCIPAL

The trustees shall pay to or apply for the benefit of the settlors, or the surviving settlor, the net income of the trust estate in convenient installments, at least annually. If the trustees consider the net income to be insufficient, the trustees shall pay to or apply for the benefit of the settlors, or the surviving settlor, as much of the principal of the trust estate as the trustees consider necessary for the health, education, support, maintenance, comfort, welfare, or happiness of the settlors to maintain at a minimum the accustomed manner of living of the settlors.

ARTICLE FOUR REVOCATION AND AMENDMENT

The settlors reserve the right at any time to amend or revoke the trust, including any written instructions and schedules attached to the trust, in whole or in part, by written instrument, signed by either settlor and delivered personally or sent by certified mail to the trustees. No amendment substantially increasing the duties or liabilities of the trustees shall be valid without the written consent of the trustees. After the death of the first settlor, the surviving settlor shall continue to have the right to amend or revoke the trust.

**ARTICLE FIVE
INCAPACITY OF SETTLORS**

If at any time, as certified in writing by two licensed physicians, who are not related by blood or marriage to either settlor or any beneficiary of the trust, either settlor becomes physically or mentally incapacitated, the trustees shall pay to the other settlor or apply for the benefit of either settlor the net income of the trust estate and as much of the principal of the trust estate as the trustees consider necessary for the health, education, support, maintenance, comfort, welfare, or happiness of the settlors, until such incapacity, as certified in writing by two licensed physicians, who are not related by blood or marriage to either settlor or any beneficiary of the trust, is terminated and the settlor is again able to manage his affairs.

**ARTICLE SIX
DEATH OF MARRIED SETTLORS**

Upon the death of the first settlor, the trustees shall pay out of the trust estate such deceased settlor's last-illness and funeral expenses, debts, and expenses of administration of the deceased settlor's estate. The trustees shall continue to administer the trust estate for the surviving settlor, including any additions made to the trust by reason of the deceased settlor's death. After the death of the surviving settlor, the trustees shall pay out of the trust estate the surviving settlor's last-illness and funeral expenses, debts, and expenses of administration of the surviving settlor's estate. It is the desire of the settlors that they each have a modest funeral and burial.

**ARTICLE SEVEN
DISTRIBUTION OF TRUST ESTATE**

The settlors have two children of their marriage, namely, Rachel Lynn Ogren and Christopher Wayne Ogren. The settlors have no other children, living or deceased, or any issue of deceased children.

After the death of the surviving settlor, the trustees shall administer the trust for the settlors' children as provided herein. All income shall be accumulated and added to the principal. The trustees shall pay to or apply for the benefit of each of the settlors' children as much of the principal of the trust as the trustees, in the trustees' discretion, deem necessary for each child's proper support, health, maintenance, and education, in accordance with the attached list of instructions.

In exercising the discretion conferred by this clause, the trustees may pay to or apply for the benefit of one child more than the other children, if the trustees consider this necessary or appropriate in light of the circumstances, the size of the trust estate, and the probable future needs of the children. All payments or applications of benefits under this clause shall be charged against the trust as a whole rather than against the ultimate distributive share of the child to whom or for whose benefit the payment is made.

When the oldest living child of the settlors reaches age twenty-one (21), the trust shall be divided into equal shares, one for each then-living child, to be set aside for each such child and administered according to the terms of this trust, including as provided in this Article. The trustees shall distribute to each such child when each such child reaches age twenty-one (21), out of the share set aside in trust for that child, \$1,000.00 on said child's twenty-first birthday and \$1,000.00 on the fifth (5th) day of each and every month thereafter, until the balance of each child's trust, including principal and accrued or undistributed income, has been distributed in full. In addition, when a child of the settlors reaches age twenty-five (25), the trustees shall distribute to that child fifty (50%) percent of the principal of that child's trust as then constituted. When a child of the settlors reaches age thirty (30), the trustees shall distribute to that child the undistributed balance of the principal of that child's trust as then constituted.

If a child of the settlors dies before becoming entitled to distribution of the entire trust set aside for that child, the balance of the child's trust, including principal and accrued or undistributed income, shall be set aside for the child's then-living issue, by right of representation, and distributed to a custodian or custodians selected by the trustees for the account of such then-living issue under the California Uniform Transfers to Minors Act to the age of twenty-one (21). If no issue are then living, that property shall be distributed to the settlor's then-living issue by right of representation. If, however, the trustee must distribute any part of this property to a person who is a beneficiary of any trust created under this instrument, the trustee shall add that part to that trust, to be held, administered, and distributed as part of it.

If a child of the settlors dies before the youngest living child of the settlors reaches age twenty-one (21), the trust shall be divided into equal shares, one for each then living-child and one for each group of then-living issue of each deceased child, by right of representation. The trust shall continue to be administered as provided herein for each then-living child of the settlors. Each share allocated to a group composed of the living issue of a deceased child, however, shall be distributed to a custodian or custodians selected by the trustees for the account of such then-living issue under the California Uniform Transfers to Minors Act to the age of twenty-one (21).

If after the death of the surviving settlor, the settlors do not have any living children or if there are no living issue of any deceased child, the trust estate shall be distributed to the Pregnancy Resource Center (formerly Crisis Pregnancy Center) of Lodi, 1110 West Kettleman Lane, Lodi, California 95240.

ARTICLE EIGHT TRUSTEES

A. Powers. The trustees shall have full power to sell, lease, encumber, convey, exchange, invest, reinvest, partition, divide, improve, and repair the property constituting the trust estate and shall have all powers conferred on trustees by law, including those powers contained in California Probate Code Sections 16200-16249 and any successor statutes. The enumeration of certain powers in this instrument shall not limit the general powers of the

trustees. The trustees shall have all the rights, powers, and privileges that an absolute owner of the same property would have, subject to their fiduciary obligations, and to any limitations stated elsewhere in this instrument.

B. Resignation of Trustees. Any trustee may resign at any time. The resigning trustee shall give written notice of his resignation by personal delivery or certified mail to all beneficiaries. The resignation shall not become effective until the acceptance of office by a designated successor trustee.

C. Spouse as Sole Trustee. If a settlor becomes unable for any reason to serve as trustee, the other settlor shall act as sole trustee.

D. Power to Appoint Cotrustee. During any period that a settlor serves as sole trustee, that settlor shall have the power to appoint an additional trustee to act as cotrustee. The settlor shall also have the power to remove any cotrustee and to appoint a new cotrustee. Any appointment or removal of a cotrustee shall be made by written instrument signed by the settlor and delivered personally or by certified mail to the designated or removed trustee. The appointment of a cotrustee shall become effective on the cotrustee's written acceptance of the trust and the delivery of the acceptance to the settlor.

E. Successor Trustees. If the surviving settlor is unable or unwilling to serve as trustee, the persons listed below shall serve as successor trustees in the order named:

- First: Mike Vlad and Debbie Vlad, residing at
3055 E. 101st Court, Thornton, Colorado 80229
Telephone: (303) 252-7282
- Second: Mark Parsons and Kathy Parsons, residing at
620 Tawny Port Drive, Lodi, California 95240
Telephone: (209) 368-3229

The appointment of successor trustees named in this instrument shall supersede any appointment of a cotrustee by a settlor.

F. Emergency. If at any time an individual trustee is unable to participate in trust activities because of a physical or mental incapacity, or otherwise cannot act, during any such period of incapacity, the cotrustee, or if there is no cotrustee, then the successor trustee shall act as trustee, having all rights and powers granted to the trustees by this instrument. Physical or mental incapacity shall be conclusively established if two licensed physicians, who are not related by blood or marriage to either settlor or any beneficiary of the trust, issue written certificates to that effect.

G. Limitation on Liability. No trustee named in this instrument or designated as authorized in this instrument who is an independent person (other than a corporate trustee) shall be liable to any beneficiary or to any heir of either settlor for his actions or failure to act, except for willful misconduct or gross negligence.

H. Nonliability for Cotrustee's Acts. No trustee shall be liable or responsible for any act, omission, or default of any other trustee.

I. Nonliability of Successor Trustees. No successor trustee shall be responsible or liable for the acts or omissions of any prior trustee, nor shall any successor trustee have a duty to audit or investigate the administration or accounts of any prior trustee unless an audit or investigation is requested in writing by an adult beneficiary.

J. Waiver of Bond. No bond shall be required of any person named in this instrument as trustee, or of any person appointed as trustee in the manner specified in this instrument, for the faithful performance of his duties as trustee.

K. Compensation. Successor trustees Mike Vlad and Debbie Vlad or Mark Parsons and Kathy Parsons may pay to themselves such compensation as is reasonable and necessary to enable Debbie Vlad or Kathy Parsons to stay at home and home school the settlors' children without having to seek outside employment to support the family, in accordance with the attached list of instructions.

ARTICLE NINE NOMINATION OF GUARDIANS

If at the death of both settlors, any of the settlors' children are minors, the settlors hereby nominate, constitute, and appoint as guardians and successor guardians of the person and estate of their minor children, in the order and priority indicated, the following:

- First: Mike Vlad and Debbie Vlad, residing at
3055 E. 101st Court, Thornton, Colorado 80229
Telephone: (303) 252-7282
- Second: Mark Parsons and Kathy Parsons, residing at
620 Tawny Port Drive, Lodi, California 95240
Telephone: (209) 368-3229

We request that Mike Vlad and Debbie Vlad petition for appointment by the Court of competent jurisdiction in the State of Colorado, or in any other state in which they then reside, and that letters of guardianship and any other necessary documents be filed with the Superior Court of the State of California in which the administration of our estates may be pending. We request that the Court, on petition of said nominees, grant said nominees custody of our minor children and permit the guardians to change the residence and domicile of the children to the state where the guardians may then reside.

If it is necessary or convenient for the guardians of our minor children to be appointed by the Superior Court of the State of California, I nominate the individuals, in the order and priority indicated above, for appointment as guardians and request the Court to appoint said nominees, grant the guardians custody of the children, and permit the guardians to change the residence and domicile of the children to the state where the guardians may then reside.

We further direct that the education and upbringing of our children be carried out in accordance with the attached list of instructions, while giving due regard to the convictions, resources (including the resources provided herein), and abilities of the guardians.

**ARTICLE TEN
CONSTRUCTION OF TERMS**

A. Gender and Number. The masculine includes the feminine and neuter; the feminine includes the masculine and neuter; the neuter includes the masculine and feminine; the singular includes the plural; and the plural includes the singular.

B. Headings. The headings, titles, and subtitles in this trust instrument are inserted solely for convenient reference and shall not be considered in any construction of this instrument.

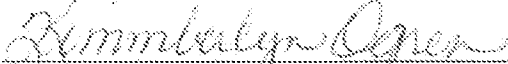
**ARTICLE ELEVEN
SEVERABILITY CLAUSE**

If any provision of this trust instrument is unenforceable, the remaining provisions shall remain in effect.

IN WITNESS WHEREOF, the trustees executed this instrument on December 31, 1998, at Lodi, California.



Wayne Stuart Ogren, Trustee



Kimberlyn Raye Ogren, Trustee

We certify that we have read the foregoing Declaration of Trust and that it correctly states the terms and conditions under which the trust estate is to be held, managed, and disposed of by the trustees. We approve the Declaration of Trust in all particulars and request that the trustees execute it.

Dated: December 31, 1998



Wayne Stuart Ogren, Settlor

Dated: December 31, 1998



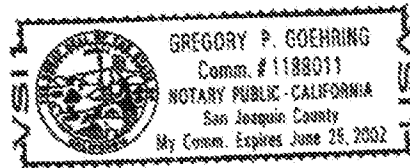
Kimberlyn Raye Ogren, Settlor

State of California)
)
County of San Joaquin)

On December 31, 1998, before me, Gregory P. Goehring, a Notary Public, personally appeared Wayne Stuart Ogren and Kimberlyn Raye Ogren, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.





List of Instructions

Pertaining to Article Seven and Article Eight

In regards to Rachel Lynn Ogren's and Christopher Wayne Ogren's care and guardianship we ask that the following conditions be met:

Condition One:

- 1) The children will be taught and allowed to grieve to their fullest extent. Arrangements will be made with either, Dr. John Townsend or Dr. Henry Cloud, of, 'Cloud -- Townsend Communications' (260 Newport Center Drive #430, Newport, CA 92660. 1-800-676-4673 or 1-714-760-3112) for counseling sessions, a minimum of "3" sessions the first year of grief and a minimum of "2" more sessions the following (2nd) year. Also, more sessions shall be added as either Dr. Townsend or Dr. Cloud see necessary.
- 2) Monies shall be taken from our trust to pay for the sessions with the Doctor and pay for either: (A) accommodations (travel, hotel, meals, etc.) to visit the Doctor, OR, (B) expenses to bring the Doctor to the children (travel, hotel, meals, etc.).
- 3) Please give (send) the following letter addressed to Cloud -- Townsend and a copy of the Journal/Diary to the Doctor.

Condition Two:

- 1) The children will be homeschooled through Elementary School, Jr. High School, High School, and preferably through correspondence/internet College, especially for their first 3 years or till they are 21 years of age. However, based upon the prayers and wisdom of the guardian, and prayers and desires of the child, actual attendance to a college, to obtain a specific degree, shall be fulfilled, if correspondence is not available.
- 2) Monies shall be taken from our trust to pay for the children's homeschooling needs (curriculum, computer, books, supplies, field trips, etc.) and to assist and compensate the guardian for teaching the children (therefore, the teaching guardian will not have any other full-time job). Costs for homeschooling and compensation (as referred to in article eight-k) for teaching shall be up to \$1,000.00 maximum per month/per child, OR LESS, as needed and determined by the guardian.
- 3) Curriculum will be Bob Jones University Press Text Books (1-800-845-5731) now in the 7th grade, continue through the 12th grade and possibly BJU College. Supplement with other curriculum as necessary.
- 4) Also, you must join Home School Legal Defense Association annually. HSLDA, 1-540-388-5600. Current membership # 4018955. Our group is "Loadstar" and group #291076, for a discount on annual membership fee.

Schedule A

Property To Be Held in Trust Trust Estate


Real Property shall be held as Community Property

The real properties in Lodi, CA shall be:

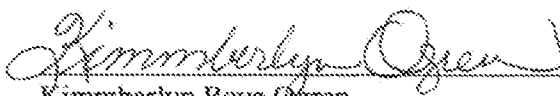
1. The real property located at 221 RUSH STREET, Lodi, CA 95240, more particularly described as parcel number
2. The real property located at 225 RUSH STREET, Lodi, CA 95240, more particularly described as parcel number
3. The real property located at 229 RUSH STREET, Lodi, CA 95240, more particularly described as parcel number

We certify that we have read the foregoing Declaration of Trust Amendments and that it correctly states the terms and conditions under which the trust estate is to be held, managed, and disposed of by the trustees. We approve the Amendments in all particulars and request that the trustees execute it.

Dated: January 1, 1999


Wayne Stuart Ogren

Dated: January 1, 1999


Kimberlyn Raye Ogren

Amendments as of July 20, 2003

Amendment to Schedule A and Article Two

Trust Estate

Community Property shall include Real Property

The real properties in Republic, WA shall be:

1. The real property located at 29928 W. Hwy 20, Republic, WA 99166, more particularly described as parcel number 2-36-03-12-00010-00
2. The real property located at 29926 W. Hwy 20, Republic, WA 99166, more particularly described as parcel number 2-37-32-43-00010-00
3. The real property located at 29926 W. Hwy 20, Republic, WA 99166, more particularly described as parcel number 2-37-32-43-00010-70

Amendment of Article Eight

Trustees

E. Successor Trustees

Second Choice of Mark Parsons and Kathy Parsons, is to be stricken and removed.

Second Choice shall be: Bill and Mona Bassler, residing at
14949 Anillo Way, Rancho Murieta, CA 95683
Telephone: (916) 354-2344

K. Compensation

Successor trustees: Mark Parsons and Kathy Parsons, is to be stricken and removed, and changed to Bill and Mona Bassler.

Amendment of Article Nine

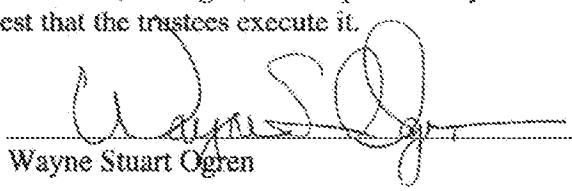
Nomination of Guardians

Second Choice of Mark Parsons and Kathy Parsons, is to be stricken and removed.

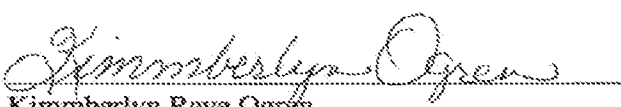
Second Choice shall be: Bill and Mona Bassler, residing at
14949 Anillo Way, Rancho Murieta, CA 95683
Telephone: (916) 354-2344

We certify that we have read the foregoing Declaration of Trust Amendments and that it correctly states the terms and conditions under which the trust estate is to be held, managed, and disposed of by the trustees. We approve the Amendments in all particulars and request that the trustees execute it.

Dated: July 20, 2003


Wayne Stuart Ogren

Dated: July 20, 2003


Kimberlyn Raye Ogren

Amendment as of April 11, 2011

Property To Be Held in Trust

Trust Estate

Real Property

The real property in Galt, CA shall be:

1. The real property located at 920 Meadowview Drive, Galt, CA 95632, more particularly described as parcel number 148-0270-038

I certify that I have read the foregoing Declaration of Trust Amendment and that it correctly states the terms and conditions under which the trust estate is to be held, managed, and disposed of by the trustee. I approve the Amendment in all particulars and request that the trustee execute it.

Dated: April 11, 2011


Kimberlyn Raye Ogren
