

Office Use	Branch/Postal Center No.	Wire Transfer No.	Date	Time
International (value dates)	7206	101	11/14/05	1:30
Domestic	Outgoing	Internal		

Originator's Name (by order of) <b>DSD Realty, LLC</b>	Originator's Social Security No. / TIN <b>203030086</b>
Originator's Full Address <b>1776 Park Ave Ste. 242</b>	Originator's Telephone No. <b>435-649-3998</b>
Requester's Name (if different from Originator) <b>Elaine Calhoun</b>	Requester's Social Security No. / TIN
Requester's Full Address	Requester's Telephone No.

<b>Established Customer</b> Acct. No. <b>442161061999</b>	Originator Authorized on Account? <input checked="" type="checkbox"/> Yes If no, do not proceed	Requester Authorized on Account? <input checked="" type="checkbox"/> Yes If no, do not proceed	<b>Photo ID Required</b>	Type
<b>Source of Funds:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check	Funds Credited to Wire Clearing GL Acct.? <input type="checkbox"/> Yes		No.	Exp. Date

<input checked="" type="checkbox"/> Debit Acct. No. <b>442161001999</b>	Available Collected Balance \$ <b>11,438.93</b>	Verified by (Initials) <b>RC</b>
<b>Call Back Verification Notes:</b> <input checked="" type="checkbox"/> Phone/Voice Recognition <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Date <b>11/14</b> Time <b>1:30</b> Contact Name <b>Elaine</b>	Verified by (Initials) <b>RC</b>

Type of Foreign Currency	Foreign Amount	Exchange Rate	U.S. \$ Amount <b>16,418.93</b>	+ Wire Fee <b>20.00</b>	= Total Debit / Credit <b>16,438.93</b>
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<b>"TO" Bank</b>	Bank Name <b>LaSalle Bank</b>	ABA Routing No. <b>10711010151051</b>
	Location	OR Swift Code

<b>Beneficiary Bank</b> (if applicable)	Bank Name	National ID/Sort Code
	Address, Department	

<b>Intermediary Bank</b> (if applicable)	Bank Name
	Address, Department

<b>Beneficiary</b> (recipient of wire funds)	Name of Beneficiary <b>JTM Realty Masters</b>	Payment <input checked="" type="checkbox"/> CREDIT ACCOUNT/BAN/CLABE No. <b>5201464194</b>
	Address	Telephone No.
	Other Identifying Information	<input type="checkbox"/> PUPID (pay upon proper ID)

Payment Instructions or Other Special Instruction Messages:

### Incoming - Method of Disbursement

<input type="checkbox"/> Credit Account No.	<input type="checkbox"/> Cashier's Check No. (attach copy of check)	
<input type="checkbox"/> PUPID ID #1 (Type, No. & Exp. Date)	ID #2 (Type, No. & Exp. Date)	
Recipient Name	Recipient Full Address	Recipient TIN

I authorize the bank to make this funds transfer. I understand and agree that the bank shall assume no liability whatsoever for any loss, cost, or expense I incur as a result of errors in message transmission unless such errors are a direct result of the bank's failure to exercise due-care. Furthermore, I understand and agree that the bank shall in no event be liable for any loss, cost, or expense incurred due to errors made by the ultimate paying bank or office. I have read and agree to be bound by the Terms of Wire Transfer on the reverse side of this document.

Customer Signature <b>X</b>	Date <b>11.14.05</b>	Bank's Authorized Signature(s) 
		Preparer