

BUSINESS INFORMATION		
BUSINESS NAME CORPORATE MANAGEMENT CONTROL		
ADDRESS 915 S. SHENANDOAH		
CITY LOS ANGELES	STATE/COUNTRY CA	ZIP 90035-1909
PHONE () 619 251-6937	FAX ()	TYPE OF BUSINESS Management

AUTHORIZED SIGNER PERSONAL INFORMATION

NAME 1 DANIEL NICHERIE	POSITION PRES/SEC/TREAS	NAME 2	POSITION
ADDRESS 915 S. SHENANDOAH		ADDRESS	
CITY LOS ANGELES	STATE/CTRY CA	ZIP 90035	CITY
HOME PHONE () 619 251-6937	WORK PHONE ()	FAX ()	HOME PHONE ()
IDENTIFICATION (DL/PASSPORT)	SOCIAL SECURITY NUMBER	IDENTIFICATION (DL/PASSPORT)	SOCIAL SECURITY NUMBER
BIRTHDATE 8/27/60	PLACE OF BIRTH HAIFA	MOTHER'S MAIDEN NAME TIDHAR	BIRTHDATE
NAME 3	POSITION	NAME 4	POSITION
ADDRESS		ADDRESS	
CITY	STATE/CTRY	ZIP	CITY
HOME PHONE ()	WORK PHONE ()	FAX ()	HOME PHONE ()
IDENTIFICATION (DL/PASSPORT)	SOCIAL SECURITY NUMBER	IDENTIFICATION (DL/PASSPORT)	SOCIAL SECURITY NUMBER
BIRTHDATE	PLACE OF BIRTH	MOTHER'S MAIDEN NAME	BIRTHDATE

BACKGROUND INFORMATION

CIF# 126308
 Referred by: Other MB Accounts 03-215-679
 Prior Bank Relationship:
 ChexSystem Verification-Business
 ChexSystem Verification #1 ChexSystem Verification #2
 ChexSystem Verification #3 ChexSystem Verification #4
 Other:

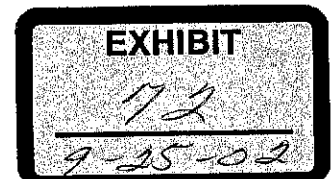
COMMENTS:

Account Officer OKY

DOCUMENTATION RECEIVED (BANK USE ONLY)

Certified Copy of Fictitious Business Name Statement (DBA), Dated:	Operating Agreement, Dated:
Articles of Incorporation / Organization, Dated: 08/04/00	Facsimile Signature Authorization, Dated:
Certificate of Qualification to do Business in California, Dated:	Phone Transfer Authorization, Dated:
Partnership Agreement, Dated:	Phone Transfer Addendum, Dated:
LLC / LLCs	Courier Agreement, Dated:
LLP / LLPs	Courier Agreement Addendum, Dated:
LPI Certificate of Partnership Prior to 1984 and After 1984, Dated:	AIBTA Waiver, Dated:
LPS Foreign Limited Partnership, Dated:	Check Cashing Agency Agreement, Dated:
Joint Venture Agreement, Dated:	
Other:	
Other:	

Date Opened: 10/17/2000 Date Superseded: _____ Date Closed: 8-2001 -
 Opened by: A SANTOS Superseded by: _____ Closed by: _____
 Initial Deposit: \$200.00 CASH Reason Superseded: _____ Amount: _____
 Source of Funds: CASH Close Reason: _____
 Supersedes Previous Card Dated: _____ By: _____
 Approved By: *[Signature]*
 Signatures Verified by: _____ Date Verified: _____





DEPOSIT AGREEMENT - Business Accounts
Manufacturers Bank

- Checking Savings Time Deposit Money Market
 Attorney / Client Trust Account Premier
 Other:

ACCOUNT TITLE CORPORATE MANAGEMENT CONTROL, INC.	ACCOUNT NUMBER 03-215-660
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SIGNATURES	TYPED NAMES/TITLES
	DANIEL NICHERIE/PRES/SEC
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of Signatures Required: _____ Special Instructions: _____

TERMS AND CONDITIONS OF DEPOSIT AGREEMENT
CORPORATE MANAGEMENT CONTROL, INC.

Name of Company: **CORPORATION**
 Type of Company (corporation, etc.): **CORPORATION**
 Other Fictitious Business Name(s) (if any): XXXXXXXXXXXXXXXXXXXXXXXX

By signing below, I and we are opening the account shown above (Account) with Manufacturers Bank (Bank) for the above-named company (Company) and I/we agree to the terms and conditions of this Deposit Agreement. The Authorized Signer(s) named above are authorized to draw checks and other items payable against the Account, subject to the number of required signatures and other special instructions shown above. The Company will follow and be bound by the rules, regulations and other terms of the Rules and Regulations for Depositors and Deposit Accounts and Information On Your Account (including Fees and Charges). The Bank may amend these rules, regulations and other terms or adopt new rules, regulations or other terms applicable to the Account from time to time, and the Company will follow and be bound by the amended or new rules, regulations and other terms upon written notice.

DANIEL NICHERIE
 SIGNATURE OF COMPANY REPRESENTATIVE

SOLE PROPRIETORSHIP

I (Company Representative) am sole proprietor doing business as the Company named in this Deposit Agreement.
 SIGNATURE OF COMPANY REPRESENTATIVE:
 TYPED NAME/TITLE: XXXXXXXXXXXXXXXXXXXXXXXX

OTHER COMPANY (NOT SOLE PROPRIETORSHIP)

Resolution: Resolved, that any one two of the following Company Representatives:

SIGNATURES OF COMPANY REPRESENTATIVES	TYPED NAMES/TITLES
	DANIEL NICHERIE/PRES/SEC
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

I/we are authorized, on behalf of this company(1) to establish a deposit account (Account) and enter into a Deposit Agreement with Manufacturers Bank (Bank); (2) to designate persons authorized to draw checks and other items payable against the Account (Authorized Signers), who may but need not be Company Representatives, to specify the number of signatures required and any other special instructions with respect thereto, and to add, delete or change such Authorized Signers, number of signatures and special instructions from time to time; (3) to execute any agreement with the Bank or other document in connection with the Account, including without limitation any facsimile signature authorization, funds transfer, automated clearinghouse, lockbox, payroll deposit or other cash management agreement; and (4) to take any other action to carry out the terms of this resolution or any agreement or other document authorized hereby. The Bank is authorized to pay checks and items signed as provided herein, including those drawn to the order of any Company Representative or Authorized Signer. The Bank may continue to rely on this resolution, which will remain in full force and effect, until the Bank receives written notice from a Company Representative that this resolution has been rescinded or amended.

Corporations / Lodges / Other Associations

I certify that I am the duly elected and acting secretary or assistant secretary of the Company named in this Deposit Agreement. I further certify that the above resolution was duly adopted by the board of directors or other governing body of the Company on 10/17/2000 (date); that it has not been rescinded or amended and is still in full force and effect; that the Company Representative(s) named in the resolution hold the office(s) or position(s) stated; and that all signature(s) of Company Representative(s) and Authorized Signer(s) in this Deposit Agreement is/are the authentic signature(s) of the person(s) named.

Dated: 10/17/2000

DANIEL NICHERIE/PRES/SEC

Partnerships (General, Limited, Limited Liability) / Limited Liability Companies / Joint Ventures

We certify that we are all of the following partners, if the Company named in this Deposit Agreement is a general or limited liability partnership; general partners, if the Company is a limited partnership; managers, if the Company is a limited liability company with managers; members, if the Company is a limited liability company without managers, or venturers, if the Company is a joint venture. We hereby adopt the above resolution, and we further certify that the Company Representative(s) named in the resolution hold the office(s) or position(s) stated; and that all signature(s) of Company Representative(s) and Authorized Signer(s) in this Deposit Agreement is/are the authentic signature(s) of the person(s) named.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE

TIN CERTIFICATION

Under penalty of perjury, I certify:
 (1) that the number shown on this Deposit Agreement is my correct taxpayer identification number, and
 (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
CAUTION: If you are subject to Backup Withholding, please strike out the language in item (2) above.
 I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

SOCIAL SECURITY / TAX ID NUMBER: **88-0468353**

ATM CARD REQUEST (Sole Proprietors Only)

Please issue me a Manufacturers Bank ATM card. I agree to the terms disclosed in the "Electronic Funds Transfers" section of your publication Rules and Regulations for Depositors and Deposit Accounts.

5024170 XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX Card Seq. # _____ PIN Offset # _____
 SIGNATURE

MAIL INSTRUCTIONS

The Bank is hereby instructed to
 MAIL all statements, vouchers, and notices to the business address noted on the reverse.
 HOLD all statements, vouchers, and notices until called for. If not called for after 30 days, the Bank may mail my (our) statements, vouchers, and notices to the business address noted on the reverse.

If the mailed statements are returned undelivered, the Bank is hereby authorized to destroy these documents two (2) years thereafter. The Bank is relieved of all liability for items lost to delivery by U.S. mail or otherwise, or not called for by the depositor.

ACKNOWLEDGEMENT OF DISCLOSURES

My initials below indicate that I (we) have received the following:
 Rules and Regulations for Depositors and Deposit Accounts.
 Information on Your Account (including Fees and Charges) Supplemental Schedule of Fees and Charges for Business Accounts

S.B.N. Venture Capital Resource Partners Corp.

ADDRESS 915 S Shenandoah		
CITY Los Angeles	STATE/COUNTRY CA	ZIP 90211
PHONE (619) 251-6937	FAX ()	TYPE OF BUSINESS Investment

AUTHORIZED SIGNER PERSONAL INFORMATION

NAME 1 Daniel Nicherie		POSITION Pres. & Sec.		NAME 2		POSITION	
ADDRESS 915 S Shenandoah				ADDRESS			
CITY Los Angeles	STATE/COUNTRY CA	ZIP 90211	CITY	STATE/COUNTRY	ZIP		
HOME PHONE ()	WORK PHONE (619) 251-6937	FAX ()	HOME PHONE ()	WORK PHONE ()	FAX ()		
IDENTIFICATION (DL# / PASSPORT#) N9743476		SOCIAL SECURITY NUMBER 123-60-4496		IDENTIFICATION (DL# / PASSPORT#)		SOCIAL SECURITY NUMBER	
BIRTHDATE 08/27/60	PLACE OF BIRTH Haifa	MOTHER'S MAIDEN NAME Tidhar	BIRTHDATE	PLACE OF BIRTH	MOTHER'S MAIDEN NAME		
NAME 3		POSITION		NAME 4		POSITION	
ADDRESS				ADDRESS			
CITY	STATE/COUNTRY	ZIP	CITY	STATE/COUNTRY	ZIP		
HOME PHONE ()	WORK PHONE ()	FAX ()	HOME PHONE ()	WORK PHONE ()	FAX ()		
IDENTIFICATION (DL# / PASSPORT#)		SOCIAL SECURITY NUMBER		IDENTIFICATION (DL# / PASSPORT#)		SOCIAL SECURITY NUMBER	
BIRTHDATE	PLACE OF BIRTH	MOTHER'S MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH	MOTHER'S MAIDEN NAME		

BACKGROUND INFORMATION

Referred by: Other MB Accounts
 Prior Bank Relationship: ChexSystem Verification-Business NR
 ChexSystem Verification #1 1978/NY/NR/NR ChexSystem Verification #2
 ChexSystem Verification #3 ChexSystem Verification #4
 Other:

COMMENTS:

Account Officer OKY

DOCUMENTATION RECEIVED (BANK USE ONLY)

Certified Copy of Fictitious Business Name Statement (DBA), Dated:	Operating Agreement, Dated:
Articles of Incorporation / Organization, Dated:	Facsimile Signature Authorization, Dated:
Certificate of Qualification to do Business in California, Dated:	Phone Transfer Authorization, Dated:
Partnership Agreement, Dated:	Phone Transfer Addendum, Dated:
LLC1 / LLCs	Courier Agreement, Dated:
LLP1 / LLPs	Courier Agreement Addendum, Dated:
LP1 Certificate of Partnership Prior to 1984 and After 1984, Dated:	AIBTA Waiver, Dated:
LP5 Foreign Limited Partnership, Dated:	Check Cashing Agency Agreement, Dated:
Joint Venture Agreement, Dated:	
<input checked="" type="checkbox"/> Other: Certificate of Incorporation dated 11-05-99	
Other:	

Date Opened: 10/17/00 Date Superseded: _____ Date Closed: _____
 Opened by: A SANTOS Superseded by: _____ Closed by: _____
 Initial Deposit: \$156,481.06 Reason Superseded: _____ Amount: _____
 Source of Funds: MB 03-215-482 Close Reason: _____
 Supersedes Previous Card Dated: _____ By: _____
 Approved By: _____
 Signatures Verified by: _____ Date Verified: _____

- CHECKING
- SAVINGS
- TIME DEPOSIT
- MONEY MARKET
- ATTORNEY / CLIENT TRUST ACCOUNT
- PREMIER
- OTHER: _____

ACCOUNT TITLE S.B.N. VENTURE CAPITAL RESOURCE PARTNERS CORP.	ACCOUNT NUMBER 03-215-679
----------------------------------------------------------------------------	-------------------------------------

#	SIGNATURES	TYPED NAMES/TITLES
1		Daniel Nicherie/ Pres. & Sec.
2	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of Signatures Required: _____ Special Instructions: _____

TERMS AND CONDITIONS OF DEPOSIT AGREEMENT

Name of Company: S.B.N. Venture Capital Resource Partners Corp.
 Type of Company (corporation, etc.): Corporation
 Other Fictitious Business Names (if any): _____

By signing below, I am/we are opening the account shown above (Account) with Manufacturers Bank (Bank) for the above-named company (Company) and I/we agree to the terms and conditions of this Deposit Agreement. The Authorized Signer(s) named above are authorized to draw checks and other items payable against the Account, subject to the number of required signatures and other special instructions shown above. The Company will follow and be bound by the rules, regulations and other terms of the Rules and Regulations for Depositors and Deposit Accounts and information on Your Account (including Fees and Charges). The Bank may adopt these rules, regulations and other terms or adopt new rules, regulations or other terms applicable to the Account from time to time and the Company will follow and be bound by the amended or new rules, regulations and other terms upon written notice.

(Daniel Nicherie) SIGNATURE OF COMPANY REPRESENTATIVE
 SIGNATURE OF COMPANY REPRESENTATIVE

SOLE PROPRIETORSHIP

I (Company Representative) am sole proprietor doing business as the Company named in this Deposit Agreement.
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 SIGNATURE OF COMPANY REPRESENTATIVE TYPED NAME/TITLE

OTHER COMPANY (NOT SOLE PROPRIETORSHIP)

Resolution: Resolved, that any one two of the following Company Representatives:
 SIGNATURES OF COMPANY REPRESENTATIVES TYPED NAMES/TITLES
 1 Daniel Nicherie/ Pres. & Sec.
 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 3 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 4 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

I am authorized, on behalf of this company (1) to establish a deposit account (Account) and enter into a Deposit Agreement with Manufacturers Bank (Bank); (2) to designate persons authorized to draw checks and other items payable against the Account (Authorized Signers), who may but need not be Company Representatives, to specify the number of signatures required and any other special instructions with respect thereto, and to add, delete or change such Authorized Signers, number of signatures and special instructions from time to time; (3) to execute any agreement with the Bank or other document in connection with the Account, including without limitation any facsimile signature authorization, funds transfer, automated clearinghouse, lockbox, payroll deposit or other cash management agreement; and (4) to take any other action to carry out the terms of this resolution or any agreement or other document authorized hereby. The Bank is authorized to pay checks and items signed as provided herein, including those drawn to the order of any Company Representative or Authorized Signer. The Bank may continue to rely on this resolution, which will remain in full force and effect, until the Bank receives written notice from a Company Representative that this resolution has been rescinded or amended.

Corporations / Lodges / Other Associations
 I certify that I am the duly elected and acting secretary or assistant secretary of the Company named in this Deposit Agreement. I further certify that the above resolution was duly adopted by the board of directors or other governing body of the Company on (date): that it has not been rescinded or amended and is still in full force and effect; that the Company Representative(s) named in the resolution hold the office(s) or position(s) stated; and that all signature(s) of Company Representative(s) and Authorized Signer(s) in this Deposit Agreement is/are the authentic signature(s) of the person(s) named.
 Dated: _____ Daniel Nicherie

Partnerships (General, Limited, Limited Liability) / Limited Liability Companies / Joint Ventures
 We certify that we are all of the following: partners, if the Company named in this Deposit Agreement is a general or limited liability partnership; general partners, if the Company is a limited partnership; managers, if the Company is a limited liability company with managers; members, if the Company is a limited liability company without managers; or venturers, if the Company is a joint venture. We hereby adopt the above resolution, and we further certify that the Company Representative(s) named in the resolution hold the office(s) or position(s) stated; and that all signature(s) of Company Representative(s) and Authorized Signer(s) in this Deposit Agreement is/are the authentic signature(s) of the person(s) named.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	TYPED NAME/TITLE

TIN CERTIFICATION Under penalty of perjury, I certify:
 (1) that the number shown on this Deposit Agreement is my correct taxpayer identification number, and
 (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 CAUTION: If you are subject to Backup Withholding, please strike out the language in item (2) above.
 I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.
 Daniel Nicherie SOCIAL SECURITY/TAX ID NUMBER 88-4476808

ATM CARD REQUEST (Sole Proprietors Only)

Please issue me a Manufacturers Bank ATM card. I agree to the terms disclosed in the "Electronic Funds Transfers" section of your publication Rules and Regulations for Depositors and Deposit Accounts.
 5024170 XXXXXXXXXXXXXXXXXXXXXXXXXXXX Card Ser. # _____ PIN Offset # _____
 SIGNATURE

MAIL INSTRUCTIONS The Bank is hereby instructed to
 MAIL all statements, vouchers, and notices to the business address noted on the reverse.
 HOLD all statements, vouchers, and notices until called for. If not called for after 30 days, the Bank may mail my (our) statements, vouchers, and notices to the business address noted on the reverse.
 If the mailed statements are returned undelivered, the Bank is hereby authorized to destroy these documents two (2) years thereafter. The Bank is relieved of all liability for items lost in delivery by U.S. mail or otherwise, or not called for by the depositor.

ACKNOWLEDGEMENT OF DISCLOSURES
 My initials below indicate that I (we) have received the following:
 Information on Your Account (including Fees and Charges) Rules and Regulations for Depositors and Deposit Accounts.
 Supplemental Schedule of Fees and Charges for Business Accounts.