

Please print name(s) and address as you wish them to appear on your checks. (Trust accounts: Please enter TTEE after each Trustee's name. Additional information—for example, telephone numbers—may be entered on the last line.)

SBN VENTURE CAPITAL
ATTN: W. WILLIAMS, ASSET MANAGEMENT
6,320 RIVERDALE ST.
SAN DIEGO, CA 92129-3310

If you would like your checks delivered to an address other than the one above, enter mailing address on the line below.

Check Wallet (Initial 50 checks free) Deskbook with stubs* Executive with stubs*

Style: Wallet Duplicates (NCR)** Deskbook with register* Executive with register*

*Standard wallet checks are supplied or you may select this style at an additional charge. **Wallet (NCR) not available for Business Accounts.

Check Quantity: Check No.: 101 or higher Business Accounts Only:
 Desk/Exec 300 600 900 Enter 1st Dual signature line Y N
 Wallet Duplicates 150 300 450 check no. (Please complete Section 3)

6. Card Holder Information

Your name will appear on your debit card as entered here. Please put a slash (/) before your last name.

Account Card Holder: DANIEL NICHRIE Number of Cards Requested: 1 2

Secondary Card Holder: SBN VENTURE CAPITAL 1 2

Secondary Card Holder Signature: _____

Business Accounts Only — Organization Name: _____

Trust Accounts Only

7. Trustee Certification of Investment Powers

Full Title of Trust: _____
(Example: John Jones and Mary Smith Trustees for the benefit of James Jones.)

Grantors/Sponsors of Trust: _____
Authorized Individuals: All Trustees must sign Section 4. (Attach additional page if needed.) Date of Trust Creation: _____

- By signing, we the Trustees:
- Jointly and severally indemnify you and hold you harmless from any and all claims, liabilities, and expenses which may arise from your accepting instructions (including instructions related to investments, withdrawals, distributions and transfers) from Authorized individuals or which may arise from your continued reliance on the Certification. This indemnification shall survive the termination of either the Trust or the account.
 - Authorize Morgan Stanley Dean Witter to accept orders from any one Trustee or our agent, if any. Trustees wishing to delegate investment discretion to non-trustees must submit a Morgan Stanley Dean Witter Trading Authorization and enter the name of the agent here:
 - Certify that we and our agents have the power under the written Trust Agreement and applicable law to enter into transactions, both purchases and sales, of the types circled below:

- | | | | |
|---------------------------|---------------------------|------------------------------|------------------------------|
| Basic Transactions: | | Other Transactions* | |
| A. U.S. Govt. Securities | F. Unit Investment Trusts | K. Margin Borrowing | P. Uncovered Option Writing |
| B. U.S. Agency Securities | G. Mutual Funds | L. Buying Options | Q. Short Sales of Securities |
| C. Municipal Securities | H. Limited Partnerships | M. Covered Option Writing | R. Other |
| D. Corporate Bonds | I. Annuities | N. Options Spreads/Straddles | |
| E. Corporate Stocks | J. Foreign Securities | O. Futures/Commodities | |
- *For ERISA plans, a plan document containing specific language authorizing any of the "Other Transactions" (K-O, R) must be attached.

- Agree to promptly inform you in writing of any amendment to the Trust Agreement, any change in the composition of the Trustees, or any other event which could materially alter the certifications made above.
- The names of the successor trustees, if any, are: _____

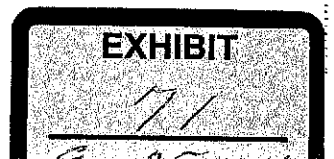
Business Accounts Only

8. Checking and Debit Card Signature Authorizations

Please sign below as you would normally sign a check or the back of your debit card. Signers must be individuals authorized in the enabling documentation (corporate resolutions, trust agreements, etc.).

Authorized Individual(s) - print name	Signature(s)	Relationship to Trust/Corp./Legal Entity
1 DANIEL NICHRIE		
2		
3		

MORGAN STANLEY DEAN WITTER



Governing Law

No provision of this Agreement may be amended or waived unless agreed to in writing and signed by an authorized officer of Morgan Stanley Dean Witter. If any provision of this Agreement becomes inconsistent with any applicable current or future law, that provision will be deemed amended to conform with the law, but all other provisions will remain in effect. This Agreement and its enforcement will be governed by the law of the State of New York without regard to conflict of laws provisions.

This agreement shall cover individually and collectively all accounts which are held by Morgan Stanley Dean Witter for the corporation. This Agreement shall be binding upon the present Morgan Stanley Dean Witter organization and any successor organizations and their respective assigns; it shall be binding upon the current account owner(s) and the heirs, executors, administrators, trustees, receivers, successors and assigns of the account.

Signatures

As required by IRS regulations, I certify under penalties of perjury that I have provided you with the Corporation's correct Tax ID number.

DANIEL NICHERIE (Corporation), by: [Signature] (Officer)
Print Name (Signature)

Date: 7/12, 1900

Authorized Individuals

I further certify that the following officers and/or individuals have been duly authorized, individually, pursuant to Resolutions "second" and "third" on the reverse, to issue instructions concerning the Securities Account, and that the following are their true signatures:

Print Name	Print Title	Signature
<u>DANIEL NICHERIE</u>	<u>PRESIDENT / CEO</u>	<u>[Signature]</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN WITNESS WHEREOF I have hereunto affixed my hand and the Seal of the Corporation, this ___ day of ___, 199__.

[Signature] (Secretary, or specify: _____)
(Signature)

[Signature]
Financial Advisor Signature

7/12/00
Date

[Signature]
Branch Manager Signature

7/12/00
Date