

Exhibit 2D-Form ES-802

ES 802 (REV 4/28/98) S/N 001-0863
 NEW MEXICO DEPARTMENT OF LABOR
 Employment Security Division
 P.O. Box 2281-Albuquerque, NM 87103
STATUS REPORT: This report is required for
 all entities whether or not
 you have employment.

DO NOT WRITE IN THIS BLOCK

| | | |
|-------------------------|-----------------|------------|
| Code _____ | Lia. Date _____ | # _____ |
| Acct. _____ | Int. _____ | |
| | Cont. _____ | |
| Labels _____ | Amount _____ | Rate _____ |
| Gr. Lia. Incurred _____ | FD. Code _____ | |
| ES-802's Needed _____ | | |

COMPLETE ALL ITEMS ON BOTH PAGES AND RETURN WITHIN 10 DAYS.

IF ALREADY REGISTERED WITH THIS AGENCY ENTER

NO. _____

Complete All Items and Return within 10 days.

1a. Fed IRS ID# (9 Digits)

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b. Taxation & Revenue ID#

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c. Phone # (1-800 if available)

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2a. Legal Name (Last Name First)

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b. Business Name

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3a. Mailing Address (P.O. Box, Street #, Rural Route etc.)

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City

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State

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Zip Code

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b. N.M. Principal Business Location

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Street

City

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Zip Code

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Country

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Phone Number

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c. Name, Address And Phone Number where accounting records may be examined (if different from 3b.)

4. OTHER BUSINESS LOCATIONS CURRENTLY OPERATED BY THIS ENTITY IN NEW MEXICO:

GIVE TOTAL NUMBER OF BUSINESS LOCATIONS _____

| Name of Business | Location | Date Started | Nature of Business Activity |
|------------------|----------|--------------|-----------------------------|
| | | | |
| | | | |

Use Additional Sheets if Necessary

5a. Type of Organization Proprietorship Corporation General Partnership Ltd. Liab. Co.
 Limited Partnership Ltd. Liab. Partnership Non-Profit Gov. Other _____

b. State of Incorporation _____ Date _____ NMSC NO. _____

c. Owner's Name, Address, and Social Security No. (If partnership, list partners. If corporation, list officers.)

| Last, First, MI | SSN | Title | Ownership % | Residence Address |
|-----------------|-----|-------|-------------|-------------------|
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6a. Provide a DETAILED description of the principal activity in New Mexico (types of products or services and primary customer, examples: construction of single family dwelling; retail sale of children's clothing) _____

b. Does this business primarily perform support services for other units of the same company? Yes No

5. If yes, indicate type of service.

1. Central Administrative Office. 2. Research development or testing. 3. Storage (Warehouse)

4. Other 9

7. Non-profit organizations, hospitals, schools, municipalities, and counties-Are you applying for Reimbursable Cost Basis financing?
 Yes No If yes, submit Certificate of Federal Exemption, 501(c)(3), and Form ES-802-0.

8a. Wages include all remuneration for services, including commissions, bonuses and tips. Wages paid for casual and part-time labor are also reportable. Beginning with the current year and continuing with the four preceding calendar years, complete the following: (Please estimate the wages for one quarter if you have not completed a quarter.)

| Enter Year | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
|------------|-------------|---------------|----------------|---------------|----------------|
| _____ | Total Wages | _____ | _____ | _____ | _____ |
| Enter Year | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
| _____ | Total Wages | _____ | _____ | _____ | _____ |
| Enter Year | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
| _____ | Total Wages | _____ | _____ | _____ | _____ |
| Enter Year | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
| _____ | Total Wages | _____ | _____ | _____ | _____ |
| Enter Year | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
| _____ | Total Wages | _____ | _____ | _____ | _____ |

- 8b. Does your business consist solely of AGRICULTURAL employment? Yes No
- c. Does your employment consist solely of DOMESTIC workers? Yes No
- d. Excluding AGRICULTURAL and DOMESTIC employment, did you employ one or more persons in each of 20 weeks of any calendar year listed in 8a? Yes _____ No _____ If yes, enter month and year of twentieth week _____
- e. If AGRICULTURAL, did you have ten (10) or more employees during 20 weeks of any calendar year listed in 8a? Yes _____ No _____ If yes, enter month and year of twentieth week _____
9. If you claim exemption for any persons performing services in New Mexico, furnish reason(s). Are these included in Item 8? Yes _____ No _____ (If yes, give reasons) _____
10. Are you liable for the tax imposed under FUTA? _____
11. Date you acquired or started the business in New Mexico _____
12. Date you first paid wages in New Mexico _____
13. If you acquired the business, furnish name, address, and account number of predecessor _____
14. Did the predecessor continue to operate another business in New Mexico? Yes _____ No _____
15. Are you now or have you ever been registered with this Division? _____
 If so, your account Number is/was _____
16. I hereby certify that all the information given in this report is true and correct to the best of my knowledge and belief.

Signature/Title _____ Date _____

Remarks: