

State Farm Insurance Companies



March 19, 1998

*Insured's
Copies*



RICH STEFFEN
DBA E & L TRUCKING
3013 FARVIEW DR
FORT COLLINS CO 80524-1033

POLICY NUMBER
S55 8278-E16-06A
1972 Ford

Mountain States Office
3001 8th Avenue
Greeley Colorado 80638 0001
Phone 351-5000

Dear Policyholder:

Our records indicate we have currently added the City of Ft Collins on as additional insured. Our policy is a continuous policy, if the policy is terminated, the additional insured will be given 10 days prior written notice.

Your policy currently provides coverage for \$1,000,000 combine single limit of Liability/Property Damage. If you need any other information, please contact your agent.

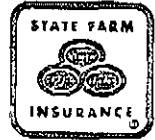
Sincerely,

Nancy Raehal

Nancy Raehal
Underwriting Assistant
State Farm Fire and Casualty Company

cc: Gary W Cramer, 1680

State Farm Insurance Companies



March 19, 1998

|||||.....

RICH STEFFEN
DBA E & L TRUCKING
3013 FARVIEW DR
FORT COLLINS CO 80524-1033

POLICY NUMBER
S55 8280-E16-06A
1968 Peterbilt

Mountain States Office
3001 8th Avenue
Greeley, Colorado 80638 0001
Phone 351 5000

Dear Policyholder:

Our records indicate we have currently added the City of Ft Collins on as additional insured. Our policy is a continuous policy, if the policy is terminated, the additional insured will be given 10 days prior written notice.

Your policy currently provides coverage for \$1,000,000 combined single limit of Liability/Property Damage. If you need any other information, please contact your agent.

Sincerely,

Nancy Raehal

Nancy Raehal
Underwriting Assistant
State Farm Fire and Casualty Company

cc: Gary W Cramer, 1680

State Farm Insurance Companies



March 19, 1998



RICHARD STEFFEN
DBA E & L TRUCKING
3013 FARVIEW DR
FORT COLLINS CO 80524-1033

POLICY NUMBER
S55 8277-E16-06B
1972 Mack

Mountain States Office
3001 8th Avenue
Greeley, Colorado 80638-0001
Phone 351-5000

Dear Policyholder:

Our records indicate we have currently added the City of Ft Collins on as additional insured. Our policy is a continuous policy, if the policy is terminated, the additional insured will be given 10 days prior written notice.

Your policy currently provides coverage for \$1,000,000 combined single limit of Liability/Property Damage. If you need any other information, please contact your agent.

Sincerely,

Nancy Raehal
Underwriting Assistant
State Farm Fire and Casualty Company

cc: Gary W Cramer, 1680

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN ANY EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below

Named Insured

Rick Stelken DBA E & L Trucking

Address of Named Insured

3013 Larview Dr. Fort Collins, Co 80524

POLICY NUMBER	<i>855-8280-E16</i>	<i>855-8278-E16</i>	<i>855-8287-E16</i>	
EFFECTIVE DATE OF POLICY	<i>11-16 to 5-16-98</i>	<i>11-16 to 5-16-98</i>	<i>11-16 to 5-16-98</i>	<i>(Continuing)</i>
DESCRIPTION OF VEHICLE	<i>1968 Pontiac</i>	<i>1972 Ford</i>	<i>1968 Pontiac</i>	
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	<i>1,000,000</i>	<i>1,000,000</i>	<i>1,000,000</i>	
Each Accident				
b. Property Damage Each Accident				
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible
b. Collision	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mary W. Cramer
 Signature of Authorized Representative
 Name and Address of Certificate Holder

Agent
 Title
11680
 Agent's Code Number
2-17-98
 Date
 Name and Address of Agent

*Western Mobile
 Northern Inc.
 1800 N. Toft Hill Rd
 Fort Collins, Co
 80521*

*Mary W. Cramer
 2038 S. College Ave.
 Fort Collins, Colo.
 80525*

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN ANY EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below

Named Insured

Ed L. Truckina (Rich. Holden)

Address of Named Insured

3013 Franklin Dr. 10
Fort Collins, Colo 80524

POLICY NUMBER	<u>555-8280-E16</u>	<u>555-8278-E16</u>	<u>555-8280-E16</u>	
EFFECTIVE DATE OF POLICY	<u>11-16 to 5-16-98</u>	<u>11-16 to 5-16-98</u>	<u>11-16 to 5-16-98</u>	<u>(Continuing)</u>
DESCRIPTION OF VEHICLE	<u>1968 Peterbilt</u>	<u>1972 Ford</u>	<u>1968 Peterbilt</u>	
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	<u>1,000,000</u>	<u>1,000,000</u>	<u>1,000,000</u>	
Each Accident				
b. Property Damage Each Accident				<u>X</u>
c. Bodily Injury & Property Damage Single Limit Each Accident				<u>T</u>
PHYSICAL DAMAGE COVERAGES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. Collision	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Harry W. Crames
 Signature of Authorized Representative
 Name and Address of Certificate Holder

agent 11280 3-17-98
 Title Agent's Code Number Date
 Name and Address of Agent

Cornell Resources
11305 E. Harmony Rd
Fort Collins, Co 80525

Harry W. Crames
2038 S. College Ave
Fort Collins, Colo
80525