

**Acceptance**

You understand that this application is subject to acceptance by DBTCA.

*Dave K. Deagle*  
Authorized Signer

4-27-15  
Date

Authorized Signer

Date

**For Disk Use Only**

Reviewed by:

*[Signature]*  
Signature

*Amanda Kroy*  
Name

*Associate*  
Title

4/27/15  
Date

Accepted by DBTCA:

*[Signature]*  
Signature

*Paul Morris*  
Name

*MD*  
Title

4/27/15  
Date

Account numbers:

DDA

NDW

SMCA

CC/DIAG