



**WORK AUTHORIZATION TO PROCEED**

THIS AGREEMENT made as of this date, Jan 17, 2009, by and between Dr. Leroy Cochran (customer) and N B D International Inc. (service provider), to perform work as described on the following PROJECT:

**Project**  
Fire & Water Damage results of Fire at 1002 West Mission Ave. Bellevue, NE 68005 - Jan 16, 2009

Authorizing Party (Please Print)	Service Provider
Name: <u>Dr. Leroy Cochran</u>	N B D International Inc.
Company: <u>Abortion &amp; Conception Clinic of Nebraska</u>	241 Myrtle Street
Address: <u>1002 West Mission Ave</u>	Ravenna, OH 44266
City/State/Zip: <u>Bellevue, NE 68005</u>	

**Section 1: Documents / References**

Included with the AUTHORIZATION are the following documents:

- |                                       |    |
|---------------------------------------|----|
| 1. NBD International Inc. rate sheets | 3. |
| 2. Company information and contact    | 4. |

**Section 2: Preliminary Scope of Work**

The initial focus is to ascertain the logical recovery process to return customer to operation in as quickly a manner as is reasonably possible. Therefore, NBD International Inc. is authorized to proceed and agrees to perform the services including but not limited to the following:

- |                       |                       |                                    |
|-----------------------|-----------------------|------------------------------------|
| 1. Emergency Services | 3. Structure Drying   | 6. Odor Removal                    |
| 2. Mitigating Drying  | 4. Structure Cleaning | 7. Inventory of Contents           |
|                       | 5. Trash Removal      | 8. Contents Cleaning & Restoration |

**Section 3: Direct Authorization**

The owner and/or authorized representatives authorize NBD International Inc. to proceed with mobilization and setup for disaster recovery services pertaining to the above mentioned property. It is understood that the customer is responsible for charges incurred as per this authorization and any change orders that may be instituted and that NBD may exercise lien right to secure payment. All costs and charges are due in accordance with the attached rates. A detailed scope, if needed, and an estimate will be prepared upon completion of a full site assessment and survey.

The liability of NBD International Inc. is expressly limited to the total amount of services performed, in no event shall NBD International Inc., its agents or affiliations, be responsible for consequential damages of any kind. In the event that any legal proceedings are necessary, they will be brought in the courts of Summit County, Ohio and NBD International Inc. shall be entitled to recover the cost of collection to include reasonable attorney fees. Should this authorization be terminated for any reason, the customer is responsible for payment of charges and/or fees incurred by NBD International Inc. to the date of termination, beginning on Invoices will be sent to the above noted address unless otherwise directed by customer.

**Section 4: Payment Authorization**

The owner and/or authorized representatives authorize their insurance carrier to make direct payment to NBD International Inc. (service provider) according to agreed terms for work completed and invoiced.

[Signature]  
Signed for and on behalf of customer

[Signature]  
Signed for and on behalf of NBD International Inc.

Date: Jan 17, 2009

