



Revolutionizing Health, Safety, and Prevention Initiatives

Valid thru 12/31/2014

To: Whom It May Concern
From: Innocorp, Ltd. - Michael Aguilar, President
Re: Sole Manufacturer Statement

Innocorp, Ltd., FEIN 39-1851710, is the sole manufacturer of the Fatal Vision® Impairment Simulation Goggle, Concussion Goggle™, Simulated Impaired Driving Experience (SIDNE®), intoxiclock®, Fatal Reaction®, Fatal Reflections®, Distract-A-Match® 2, Sum It Cup®, DIEST™ (Danger in Every Step) Mat, "You Call The Shots™" product suite, "Pick Your Poison™" product suite, Phone Cell™, Phone Condom™, Smash Match™, Turn 'N Learn™ Classroom Challenge, and AIM™ (Awareness In Motion) Posters. All associated trademarks and names are owned solely by Innocorp, Ltd.

Any questions regarding this statement can be directed to Innocorp, Ltd. - 800-272-5023.

Innovative Tools to Help You Deliver Effective Health, Safety and Prevention Initiatives



Warranty and Acknowledgement Cont'd

Neither this warranty nor the exclusions, limitations and reservations contained herein may be modified or enlarged, except in writing signed by a duly authorized officer of the Company.

No terms contained in any existing or future proposals, quotations, purchase orders, confirmations, acknowledgments, acceptances, invoices or similar documents used by the Company and/or the customer to facilitate the purchase and sale of the Vehicles shall apply to the extent that they conflict with the terms of this limited warranty or the exclusions, limitations or reservations contained herein.

For warranty service contact Innocorp, Ltd. at the following address or phone number shown below. At the time of requesting warranty service, evidence of original purchase date may be required.

Please return to Innocorp, Ltd. via fax at 608-848-5558 or by mail: Innocorp, Ltd., P.O. Box 930064, Verona, WI 53593

**Innocorp, Ltd.
P.O. Box 930064
Verona, WI 53593-0064

1.800.272.5023**

**THIS WARRANTY IS NOT VALID UNLESS IT IS SIGNED BY THE CUSTOMER
BELOW AND RETURNED TO INNOCORP, LTD.**

CUSTOMER ACKNOWLEDGEMENT

The undersigned customer acknowledges the above warranty and accepts its terms.

Name of Customer: Otero County DWI Supervision

By: *[Signature]*

(Print Name of authorized representative of Customer)

Rick Cooper

(Signature of authorized representative of Customer)

Title: DWI Supervision Director

Date: 01-30-14

Please return to Innocorp, Ltd. via fax at 608-848-5558 or by mail: Innocorp, Ltd., PO Box 930064, Verona, WI 53593

Innocorp, Ltd.
P.O. Box 930064
Verona, WI 53593-0064

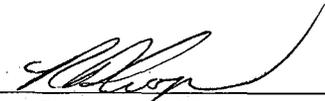
1.800.272.5023

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ACCEPTANCE:

The undersigned Buyer hereby accepts this Quotation and the attached Terms and Conditions and agrees to be bound thereto.

BUYER

By: 
Signature of Buyer Representative
Director, DWI Supervision
Title
January 30, 2014
Date

ACCEPTANCE:

The undersigned Innocorp, Ltd. hereby accepts this Quotation and the attached Terms and Conditions and agrees to be bound thereto.

INNOCORP, LTD.

By: _____

Date