

Photo Fee Pd. STC Examiner or Clerk

ADULT DRIVER'S LICENSE H 46254	
VINCENTE RAFAEL PIERRE 7410 COLONIAL LN COLO SPRGS CO 80911	
112636 H 153 5-88 BLK BLK <small>DATE OF BIRTH SEX HT WT HAIR EYES</small>	1992 Expires on your Birthday CLASS: 011938 04
RESTRICTIONS: NONE	
<i>Vincente Rafael Pierre</i> <small>CLASS OF LICENSE: 1. Any vehicle or combination thereof and operator, 20 hrs. 2. 2 axle vehicles only less than 10,000 lbs. or less, no bus. 3. 2 axle vehicles only less than 10,000 lbs. or less, no bus. 4. Any 2 or 3 axle bus, except school bus. 5. Motorcycles. 6. HO-VES: All Classes. EXPIRES: 01-01-99. DEPT. OF REV.</small>	
<small>Issued pursuant to Title 42 Article 2 CRS 1973 As Amended</small>	

RIGHT INDEX FINGER

ANSWER THE FOLLOWING QUESTIONS BY WRITING YES OR NO

1. IS YOUR DRIVING PRIVILEGE UNDER SUSPENSION, REVOCATION OR DENIAL IN COLORADO OR ANY OTHER STATE? No

2. DURING THE LAST TWO YEARS HAVE YOU HAD HEART PROBLEMS, DIABETES, PARALYSIS, EPILEPSY, SEIZURES, LAPSSES OF CONSCIOUSNESS, DIZZINESS OR ANY OTHER PHYSICAL, MENTAL OR EMOTIONAL CONDITION THAT WOULD INTERFERE WITH YOUR ABILITY TO OPERATE A MOTOR VEHICLE SAFELY? No

CONDITION (IF YES)

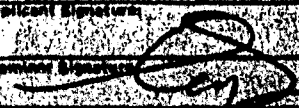

I HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT AND I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN WILL BE CAUSE FOR CANCELLATION OF MY DRIVING PRIVILEGE.

SIGNATURE OF APPLICANT *Vincente Rafael Pierre*

3 8 0 4 6 4 2 1 3 4 2



I hereby certify that this document is a true and accurate copy of an official document which is on record at the Motor Vehicle Division, Dept. of Revenue, Denver, CO.

By *Doreen L. Smith*
 Program Administrator III MAR 15 1993

COLORADO Motor Vehicle Division		Driver License or I.D. Card No. 634340
CHANGE OF ADDRESS		Date of Birth: 11-24-86
H96259		
I HEREBY CERTIFY THAT I HAVE CHANGED: <input checked="" type="checkbox"/> ADDRESS <input type="checkbox"/> RESIDENCE		
NAME	First Vicente	Initials Rafael Torre
Address:	Default Paid Ticket	
City:	El Paso	Zip Code: 76122
REMARKS:	76930-1111	
IF FURTHER CERTIFY that this change is made without intent to defraud, that I will continue to use this address in the future, and that I intend to have this address change noted on all legal documents requiring such change including all vehicles registered to me.		
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.		
Applicant Signature: 		
Examiner Signature: 	DATE: 11-30-88	OFFICE: El Paso

DR 206A (11/88)

70-KB

COLORADO Motor Vehicle Division CHANGE OF ADDRESS H96259		Driver License or I.D. Card No. 634340 Date of Birth: 11-24-86
I HEREBY CERTIFY THAT I HAVE CHANGED: <input checked="" type="checkbox"/> ADDRESS <input type="checkbox"/> RESIDENCE		
NAME Vicente Rafael Ferrer	Address Default Paid Ticket	
City El Paso	State TX	Zip Code 79912-8617
REMARKS: 76930-1111		
<small>IF FURTHER CERTIFY THAT THIS CHANGE IS MADE WITHOUT INTENT TO DEFRAUD, THAT I WILL CONTINUE TO USE THIS ADDRESS IN THE FUTURE, AND THAT I AGREE TO HAVE THIS ADDRESS CHANGE RECORDED ON ALL OTHER DOCUMENTS REQUIRING SUCH CHANGE INCLUDING ALL VEHICLES REGISTERED TO ME.</small>		
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.		
Applicant Signature 		Examiner Signature 

DR-268A (11/96)

1 0 1 3 3 4 1 1 2 2 1

7

ANSWER THE FOLLOWING QUESTIONS BY WRITING YES OR NO

1. IS YOUR DRIVING PRIVILEGE UNDER SUSPENSION, REVOCATION OR DENIAL IN COLORADO OR ANY OTHER STATE? NO
2. DURING THE LAST TWO YEARS HAVE YOU HAD HEART PROBLEMS, DIABETES, PARALYSIS, EPILEPSY, SEIZURES, LAPSSES OF CONSCIOUSNESS, DIZZINESS OR ANY OTHER PHYSICAL, MENTAL OR EMOTIONAL CONDITION THAT WOULD INTERFERE WITH YOUR ABILITY TO OPERATE A MOTOR VEHICLE SAFELY? NO

CONDITION (IF YES) _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT AND I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN WILL BE CAUSE FOR CANCELLATION OF MY DRIVING PRIVILEGE.

SIGNATURE OF APPLICANT Chris Johnson


COLORADO ADULT DRIVER'S LICENSE		H 487023
CHRIS JOHNSON		1992 <small>Expires on your Birthday</small>
1622 BONITA		CLASS C
FOUNTAIN CO 80817		012288 04
052148	M 160 5 09 BLK BRN	H487023
DATE OF BIRTH	SEX HT WT MT HAIR EYES	SSN
PREVIOUS LIC	RESTRICTION	SSN
C279250		99427
<u>Chris Johnson</u>		
CLASS OF LICENSE	RESTRICTIONS	
Any vehicle or combination except motorcycle no bus	Corrective Lens	
3 axle vehicles may tow 10 000 lbs or less no bus	Left Side Rear View Mirror	
7 axle vehicles may tow 10 000 lbs or less no bus	01 or 02	
Any 2 or 3 axle bus except School Bus	Daylight Only	
Motorcycles	Auto Trans	
All Classes	Hand Controls	
	PLC DRN LEFT OR INE	



EXHIBIT
S-200

17320031

ANSWER THE FOLLOWING QUESTIONS BY WRITING YES OR NO

1. IS YOUR DRIVING PRIVILEGE UNDER SUSPENSION, REVOCATION OR DENIAL IN COLORADO OR ANY OTHER STATE? *NO*
2. DURING THE LAST TWO YEARS HAVE YOU HAD HEART PROBLEMS, DIABETES, PARALYSIS, EPILEPSY, SEIZURES, LAPSES OF CONSCIOUSNESS, DIZZINESS OR ANY OTHER PHYSICAL, MENTAL OR EMOTIONAL CONDITION THAT WOULD INTERFERE WITH YOUR ABILITY TO OPERATE A MOTOR VEHICLE SAFELY? *NO*

CONDITION (IF YES)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT AND I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN WILL BE CAUSE FOR CANCELLATION OF MY DRIVING PRIVILEGE.

SIGNATURE OF APPLICANT *Chris Childs*

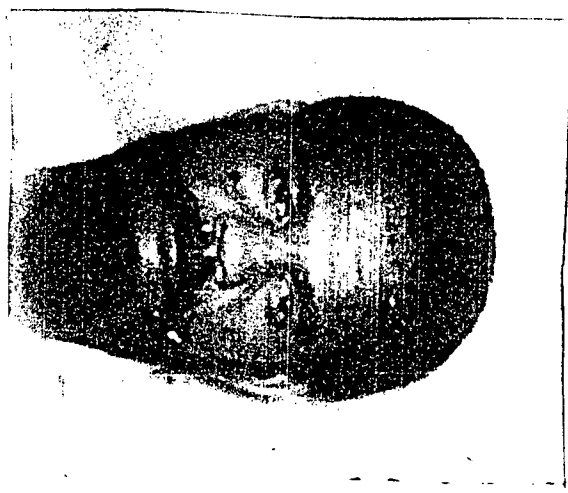
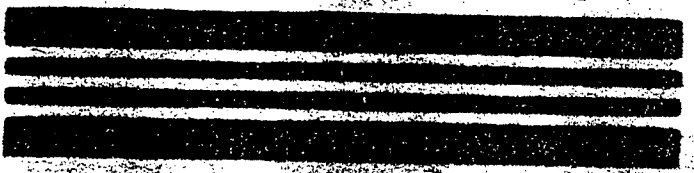
COLORADO ADULT DRIVER'S LICENSE		M 537517
CPRIS CHILDS 115 DARTMOUTH COLO SPRGS CO 80911		1992 EXP. DATE CLASS C
082150 DATE OF BIRTH	M 160 5 09 SEX HT WT	012266 04D EYES HAIR
PREVIOUS LIC ID44806P	RESTRICTION 164401983	SSN 164401983
x <i>Chris Childs</i>		00000 ORIGAN DOCTOR
CLASS OF LICENSES A Any vehicle or combination except motorcycles, no bus B 3 axle vehicles may tow 10 000 lbs. or less, no bus C 2 axle vehicles may tow 10 000 lbs. or less, no bus D Any 2 or 3 axle bus, except School Bus M Motorcycles MO-PE: All Classes	RESTRICTIONS 01 Corrective Lense 02 Left Side Rear View Mirror 03 01 or 02 04 Daylight Only 05 Auto Trans 06 Hand Controls 07	EXEC DIR DEPT OF HEV
Issued pursuant to Title 42 Article 2 CRS 197 & As Amended		RIGHT INDEX FINCH



Photo: Fee: 1.00 9.9 230 Examiner or Clerk

KENNETH GREEN 1500 RIDE LN COLD SPRING CO 80917 052148 174971065 SEX: M HT: 5-09 HAIR: BRN EYES: BRN X <i>Kenneth Green</i>		ID 364794 2E PLUS ISSUED 04
<small>THIS IS NOT A DRIVER'S LICENSE I CERTIFY THAT THE INFORMATION SHOWN ON THIS IDENTIFICATION CARD IS MY TRUE NAME, DATE OF BIRTH, IDENTITY AND CURRENT COLORADO ADDRESS AND THAT I DO NOT HAVE A VALID DRIVER LICENSE ISSUED BY COLORADO OR ANY OTHER STATE, TERRITORY OR COUNTRY.</small>		
<small>EXPIRES: 04-01-2011</small>		

0 8 9 2 0 2 5 2 9



STATE OF COLORADO
MOTOR VEHICLE DIV.
VERIFIED DOCUMENT

SEP 08 1993

ENFORCEMENT SECTION
[Signature]
AGENT

DR 2359A (8/88)

DECLARATION SHEET

COLORADO DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

APPLICANT: PLEASE PRINT

First name		Middle name		Last name		
James		Lincoln		Opshur Jr		
Residence address					Unit No.	
1620 Bonita Dr						
City			State	Zip code		
Security Colo			CO	80817		
Date of birth	Sex	Weight	Height	Hair	Eyes	Donor
11/09/44	M	200	5'10"	GRY	BRN	<input checked="" type="checkbox"/>
Month	Day	Year				
Current license no.	State	Val/Exp.	Restr.	Previous license no.		
none						
Social Security Number		U.S. Citizen?	Place of birth	Alien Reg. No.		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PA	A		

ORGAN DONOR: If you wish to be an organ donor, please ask the examiner for information.

I hereby certify that the above information given is true and correct and understand that any false information given will be cause for cancellation of my driver's license.

Applicant signature: *James L. Opshur Jr.* Date: MAR 26 1987

MOTOR VEHICLE USE ONLY

<input type="checkbox"/> Drivers lic.	_____	<input type="checkbox"/> MC Endorse
<input type="checkbox"/> ID card	_____	<input type="checkbox"/> MC TIP
<input checked="" type="checkbox"/> TIP	_____	<input type="checkbox"/> MC Only

AGE GROUP 21 Plus Under 21 Under 18

CLASS (circle)	VISION/HEARING	RESTRICTIONS
A	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	<input type="checkbox"/> 01 - Corr. Lens
B	With correction: B-20/ R-20/ L-20/	<input type="checkbox"/> 02 - L.S.R.V.M.
(C) 84%	Without correction: B-20/ R-20/ L-20/	<input type="checkbox"/> 03 - 01 or 02
S	<input type="checkbox"/> Hard of hearing	<input type="checkbox"/> 04 - Daylight only
M	<input type="checkbox"/> Hearing aid <input type="checkbox"/> Deaf	<input type="checkbox"/> 05 - Auto trans
ORAL		<input type="checkbox"/> 06 - Hand control
		<input type="checkbox"/> 07 - Other

ID Submitted/remarks: Philadelphia PA, DCN

NIA DEPARTURE DATE: NIA

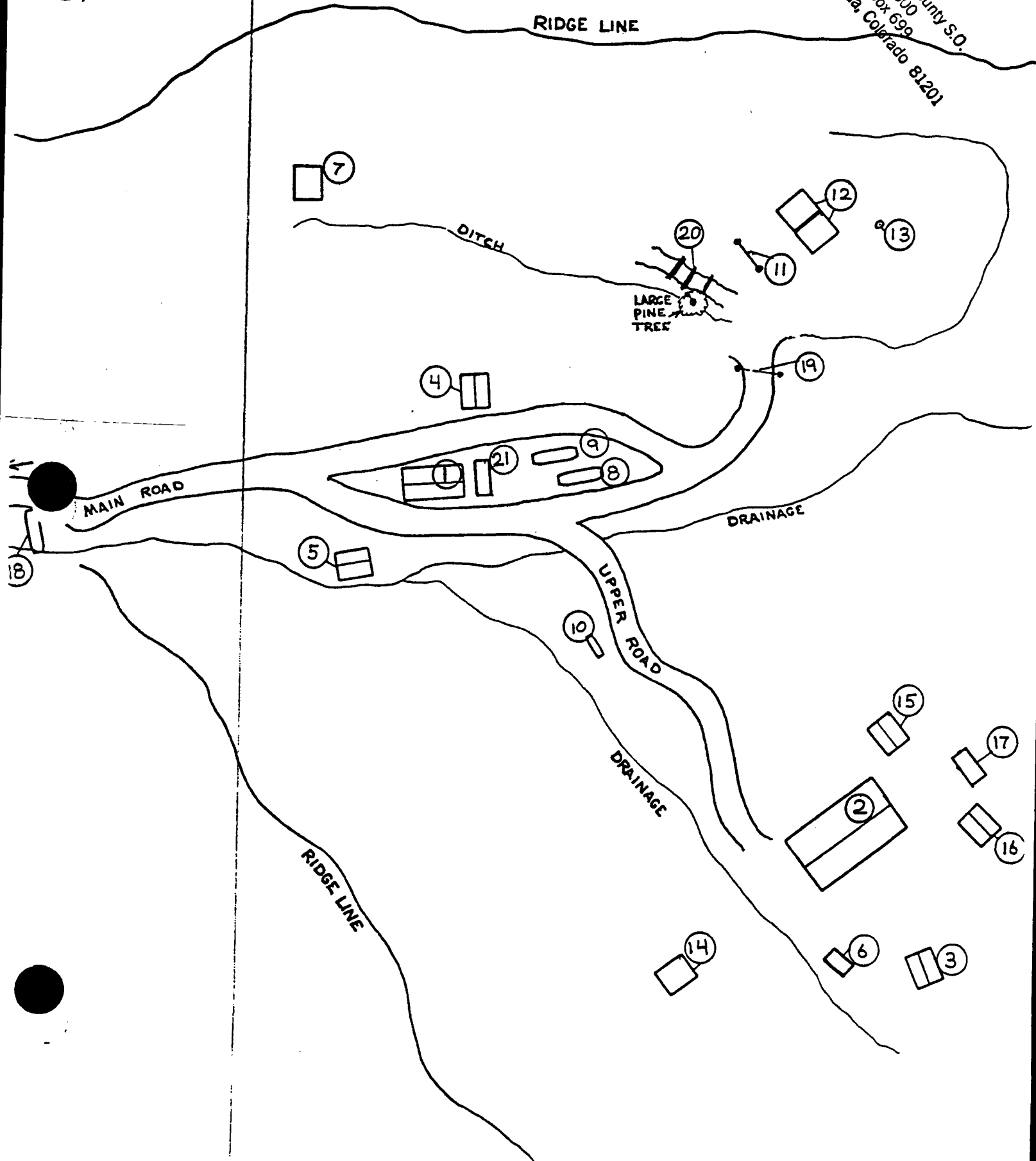
Examiner/signature: *[Signature]* Date: MAR 26 1987 Office No. *[Signature]*

TIP No Drive Drive MC

Chaffee County S.O.
CO0090000
P. O. Box 699
Salida, Colorado 81201

- 1 - Lower House, Log Cabin w/blue asphalt shingled roof
- 2 - Upper House, Wood siding with Brown asphalt shingled roof
- 3 - Shed, (Possibly food storage) Constructed of partical board w/ brown asphalt shingled roof. Approx. 8 X 10 ft.
- 4 - Shed, same construction as #3
- 5 - Shed, same construction as #3 & #4
- 6 - Wood frame structure with wood siding, having a car top luggage carrier on top, (white fiberglass) Possibly outhouse.
- 7 - Guard Tower, constructed of lumber and plywood, approx. 8 X 8 ft. 10 ft. tall
- 8 - White/Blue Ford Van, no plates.
- 9 - White/Blue 1976 Jeep Wagoneer listing to Chris Childs. LIC/FBD758 CO
- 10- Vehicle Propane tank
- 11- Target backboard 4 X 8 ft. plywood supported by posts each end
- 12- Two large carpets laid down on ground during surveillance by Williams, Woods and Gilbert
- 13- White PVC pipe approx. 6 in. in diameter, protruding from ground approx. 12 inches.
- 14- Log miner shack in poor condition
- 15- Shed, same construction as #'s 3,4 and 5.
- 16- Shed, same construction as #'s 3,4,5 and 15
- 17- Lean-to, constructed of plywood/partical board
- 18- White 1976 Ford Van last registered in 1987 to Dennis McClane. LIC/PRD336 CO
- 19- Volley ball net across end of road
- 20- Trench dug approx. 3½ to 4 ft deep. with three logs across top 4 ft. apart
- 21- Wood shed next to lower house, plywood and lumber construction

San Juan County S.O.
Box 699
Tropic, Colorado 81201



COLORADO Motor Vehicle Division		Driver License or I.D. Card No. 44
CHANGE OF ADDRESS		0634340
H96257		Date of Birth: 11-24-86
I HEREBY CERTIFY THAT I HAVE CHANGED: <input checked="" type="checkbox"/> ADDRESS <input type="checkbox"/> CORRECTION		
NAME	First	Middle
	Vicente	Rafael
Last: Torre		
Address: Default - Paid Ticket		
City	Zip Code	
El Paso	79912 - 861212	
REMARKS:		
76930 - 111		
<small>(FURTHER CERTIFY that this change is made without intent to defraud, that I will continue to use this address in the future, and that I intend to have this address change reflected on all legal documents requiring such change including all vehicles registered to me.)</small>		
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.		
Applicant Signature:		
Examiner Signature:		EXN 15 1988

DR 286A (11/84)

Photo Fee Pd. STC Examiner or Clerk

UNREPRODUCED ADULT DRIVER'S LICENSE **N 46254**

VINCENTE RAFAEL PIERRE
7410 COLONIAL LN
COLO SPRGS CO 80911

112556 H 155 5-08 BLK BLK
DATE OF BIRTH SEX HT WT HAIR EYES

PREVIOUS LIC. RESTRICTIONS NONE

Vincente Rafael Pierre

CLASS OF LICENSE RESTRICTIONS

A: Any vehicle or combination except motorcycle, no bus	01: Corrective Lenses
B: 2 axle vehicles only bus	02: Left Side Rear View Mirror
C: 2 axle vehicles only bus 12,000 lbs. or less, no bus	03: 70 mph
D: 2 axle vehicles only bus 12,000 lbs. or less, no bus	04: Day/Night Only
E: Any 2 or 3 axle bus, except school bus	05: Auto Transfer
F: Motorcycle	06: Hand Controls
NO-REDS: All Classes	07:

EXEC. DIR. DEPT. OF REV.

RIGHT INDEX FINGER

ISSUED PURSUANT TO TITLE 42 Article 2 C.R.S. 1973 As Amended

ANSWER THE FOLLOWING QUESTIONS BY WRITING YES OR NO

1. IS YOUR DRIVING PRIVILEGE UNDER SUSPENSION, REVOCATION OR DENIAL IN COLORADO OR ANY OTHER STATE? No

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CONDITION (IF YES)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT AND I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN WILL BE CAUSE FOR CANCELLATION OF MY DRIVING PRIVILEGE.

SIGNATURE OF APPLICANT *Vincente Rafael Pierre*

3 8 0 4 6 4 N 1 3 4 2

I hereby certify that this document is a true and accurate copy of an official document which is on record at the Motor Vehicle Division, Dept. of Revenue, Denver, CO.

By *Doreen L. Butler*
Program Administrator III MAR 15 1993