

NOTICE OF RECISSION, SURRENDER AND TERMINATION OF FIDUCIARY
RESPONSIBILITY

Reference: Account Number: 371533858551006

To: Kenneth J Ciak, President
AMEX Assurance Company
PO Box 297874
Ft. Lauderdale, FL 33329

Please take notice that the undersigned rescinds any signatures associated with the above referenced account.

By

Be it further noticed that the undersigned surrenders the agreement, credit card and account between American Express and the fiction CHARLES W FORSMAN back to their rightful owners.

Surrender: To give back; yield; render up; restore; Black's Law Dictionary, pg. 1444.

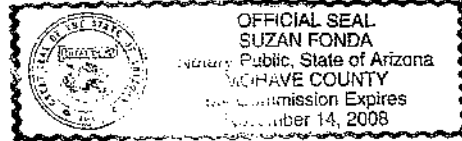
These items, the credit card, the account, and the agreement are the creation of American Express. As the creator, they belong to American Express. American Express should have them back.

Be it further noticed that Charles W Forsman no longer accepts any fiduciary responsibility for the fiction CHARLES W FORSMAN in the instant accounts. Please see the attached Form 56.

Any further contact by American Express or any of its agents with Charles W Forsman will be considered harassment and attempted extortion through violence. These threats will be dealt with in an appropriate manner.

ARIZONA
State of ~~Washington~~

Affidavit



County of ~~Ghelan~~) YAVAPAI

)ss:

We, Charles W Forsman and Iris E Forsman, hereafter I/we, are competent to testify by first hand knowledge do hereby affirm that:

We live at 6251 Kimber Rd., #24, Cashmere, Washington,

I, Charles W Forsman, am a man.

I, Iris E Forsman, am a woman.

We have never represented ourselves using an all caps name.

We surrender back to their creators and rightful owner, American Express and American Express Card its account or agreement.

The attached copy of Form 56 is true and accurate.

Further affiant saith naught.

We, Charles W Forsman and Iris E Forsman, knowing the penalty of being false witness, hereby affirm the foregoing to be true and correct to the best of our knowledge and belief and do affix our signature in testimony of the foregoing notice.

EXECUTED THIS 15th day of February, 2006

Charles W Forsman and Iris E Forsman
Charles W Forsman and Iris E Forsman
6251 Kimber Road, # 24, Cashmere, Washington, 98815

Signatory, Charles W Forsman and Iris E Forsman, personally appeared before me and are known to me and did affix his and her signature to this document. In witness thereof I set my hand and seal

Suzan Fonda

Notary Public in and for the state of Arizona

My commission expires: Nov. 14, 2008

This document has been recorded at Peoples Recorder.com for the world to see.

Record #: charles forsman Date: 2/30/06

This document prepared by:
Charles Forsman
Your name
Address P.O. Box 10121
City, State Zip Eugene, OR 97440

Notice Concerning Fiduciary Relationship

OMB No. 1545-0013

(Internal Revenue Code sections 6036 and 6903)

Part I Identification

Name of person for whom you are acting (as shown on the tax return) CHARLES FORSMAN	Identifying number 538 078464	Decedent's social security no.
Address of person for whom you are acting (number, street, and room or suite no.) PO BOX 10121		
City or town, state, and ZIP code (if a foreign address, see instructions.) EUGENE, OR 97440-2121		
Fiduciary's name Charles Forsman		
Address of fiduciary (number, street, and room or suite no.) 6251 Kimber Rd. #24 98815		
City or town, state, and ZIP code Cashmere Washington		Telephone number (optional) (509) 782 5526

Part II Authority

- 1 Authority for fiduciary relationship. Check applicable box:
- | | |
|---|-----------------------------|
| a(1) <input type="checkbox"/> Will and codicils or court order appointing fiduciary | (2) Date of death |
| b(1) <input type="checkbox"/> Court order appointing fiduciary | (2) Date (see instructions) |
| c <input type="checkbox"/> Valid trust instrument and amendments | |
| d <input type="checkbox"/> Other. Describe | |

Part III Nature of Liability and Tax Notices

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.)
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.)
- 4 Year(s) or period(s) (if estate tax, date of death)
- 5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for all items described on lines 2, 3, and 4, check here
- 6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for some (but not all) of the items described on lines 2, 3, and 4, check here and list the applicable Federal tax form number and the year(s) or period(s) applicable

Part IV Revocation or Termination of Notice

Section A—Total Revocation or Termination

- 7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship
- Reason for termination of fiduciary relationship. Check applicable box:
- | | |
|--|--|
| a <input type="checkbox"/> Court order revoking fiduciary authority | |
| b <input type="checkbox"/> Certificate of dissolution or termination of a business entity | |
| c <input checked="" type="checkbox"/> Other. Describe American Express Acct # 3715-338585-51006 | |

Section B—Partial Revocation

- 8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship
- b Specify to whom granted, date, and address, including ZIP code.

Section C—Substitute Fiduciary

- 9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies)

Part V Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)		Date proceeding initiated	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time	a.m. p.m.
Place of other proceedings			

Part VI Signature

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

Please Sign Here	<i>Charles Forsman</i>		<i>2/15/06</i>
	Fiduciary's signature	Title, if applicable	Date