

Total Vote Received	No.	Office	Name of Candidate	No.	Tally 25					Tally 50					No.	Tally 75					Tally 100				
					5	10	15	20	25	30	35	40	45	50		55	60	65	70	75	80	85	90	95	100
		Central S/D 13J Director, Pos. 1		784																					
				No Votes																					

I certify that the votes recorded on this abstract correctly summarize the tally of votes cast at the election indicated.

Signature of County Clerk: *[Signature]* Date of Abstract: 6/1/05

HEREBY CERTIFY THIS TO BE A TRUE, FULL AND CORRECT COPY OF THE DOCUMENT NOW ON RECORD IN MY OFFICE
 County Clerk
 BY _____ DEPUTY