



DLS GROUP, INC., CLIENT SIGN-OFF SHEET

Date Sent: 6/23/03

Requested Return 6/25/03

Date:

From: DLS staff member (email address)

Subject: (name of deliverable)

- Instructions:**
1. Please review the enclosed materials for their accuracy, completeness, and representativeness. For additional information, please refer to the revised Alignment Meeting Packet.
 2. Call DLS staff member at (303) 333-4513 with any questions or content concerns you may have during your review.
 3. Please email or fax this sign-off sheet and your revisions by requested return date, to:

DLS Group, Inc.
2774 E 2nd Avenue, Penthouse
Denver, CO 80206
Attention: DLS staff member
Fax: (303) 393-6320

Approval Signature:

I have reviewed the enclosed deliverable name, and believe that, with my attached changes (if any), it accurately reflects the information that I have provided to DLS Group, Inc., and is technically accurate. I understand that major changes to the content of this material after today may impact the project costs and schedules. I understand that late delivery of my review may also impact project costs and schedules.

Signature

Date