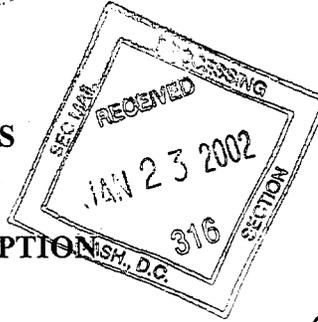


UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

1125503

U.S. POST OFFICE
DELAYED

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

21-38981

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Servicys, Inc.

Filing Under (Check box(es) that apply):
 Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment



02011565

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Servicys, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
2275 Half Day Road, Bannockburn, IL 60015 (847) 947-7600

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number
(if different from Executive Offices)

Brief Description of Business
Distributor of janitorial supplies and equipment and provider of services in connection therewith

Type of Business Organization
 corporation limited partnership, already formed other (please specify):
 business trust limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: [1] 1 [9] 9 [] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [D] [E]

PROCESSED
JAN 29 2002
THOMSON
FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Rouse, Edward B.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bain and Company; 233 South Wacker Drive, Suite 4400 Chicago, IL 60606

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Creasman, Ken

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Servicys, Inc.; 2275 Half Day Road, Bannockburn, IL 60015

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Bicknell, Martin

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o A.G. Edwards & Sons; 10790 Nall Avenue, Suite 100, Overland Park, KS 66211

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Camp, Leroy

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Servicys, Inc.; 2275 Half Day Road, Bannockburn, IL 60015

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Hines Investments, L.L.C.

Business or Residence Address (Number and Street, City, State, Zip Code)
100 Terrace Plaza, Suite 300, Muskegon, MI 49440; Attn: G. Thomas Doyal

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
BainLab, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bain & Company, Inc.; Two Copley Place, Boston, MA 02116

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Harbor Investments, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bain & Company, Inc.; Two Copley Place, Boston, MA 02116

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Jan San Investors, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bain and Company; 233 South Wacker, Suite 4400, Chicago, IL 60606

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Murphy, Thomas

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Servicys, Inc.; 2275 Half Day Road, Bannockburn, IL 60015

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Dillon, Robert

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Servicys, Inc.; 2275 Half Day Road, Bannockburn, IL 60015

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
O'Donnell, Thomas

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Servicys, Inc.; 2275 Half Day Road, Bannockburn, IL 60015

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Kathy A. Hemp-Topel Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
William F. Topel, Jr. Trust

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Scheyer-Austin, Ltd.; 3025 Highland Parkway, #160, Downers Grove, IL 60515

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
E-Squam Investors I, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bain & Company, Inc.; Two Copley Place, Boston, MA 02116

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Sunapee Securities, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Bain & Company, Inc.; Two Copley Place, Boston, MA 02116

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check-Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
New Market Ventures, L.L.C.

Business or Residence Address (Number and Street, City, State, Zip Code)
1400 Atkinson Avenue, PO Box 356, Pittsburg, KS 66762

Check-Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Impact Products, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
2890 Centennial Road, Toledo, OH 43617

Check-Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Doyle, John

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ascension Health; 4600 Edmundson Rd., St. Louis, MO 63134

Check-Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check-Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 20,000

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. None

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0.00	\$ 0.00
Equity	\$ 0.00	\$ 0.00
[] Common [] Preferred		
Convertible Securities (including warrants)	\$ 0.00	\$ 0.00
Partnership Interests	\$ 0.00	\$ 0.00
Other (Specify: Convertible Promissory Notes and Warrants)	\$ 3,300,000.00	\$ 3,300,000.00
Total	<u>\$ 3,300,000.00</u>	<u>\$ 3,300,000.00</u>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>4</u>	<u>\$ 3,300,000.00</u>
Non-accredited Investors	<u>0.00</u>	<u>\$ 0.00</u>
Total (for filings under Rule 504 only)	<u>0.00</u>	<u>\$ 0.00</u>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		<u>\$ 0.00</u>
<u>Regulation A</u>		<u>\$ 0.00</u>
Rule 504		<u>\$ 0.00</u>
Total		<u>\$ 0.00</u>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[] \$ 0.00
Printing and Engraving Costs	[] \$ 0.00
Legal Fees	[] \$ 30,000.00
Accounting Fees	[] \$ 0.00
Engineering Fees	[] \$ 0.00
Sales Commissions (specify finders' fees separately)	[] \$ 0.00
Other Expenses (identify)	[] \$ 0.00
Total	[] \$30,000.00

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$3,270,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Purchase of real estate	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Purchase, rental or leasing and installation of machinery and equipment	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Construction or leasing of plant buildings and facilities.....	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Repayment of indebtedness	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Working capital	<input checked="" type="checkbox"/> \$ <u>3,270,000.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Other (specify): _____	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
_____	<input checked="" type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Column Totals	<input checked="" type="checkbox"/> \$ <u>3,270,000.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u>
Total Payments Listed (column totals added)	[] \$ <u>3,270,000.00</u>	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Servicys, Inc.	Signature <i>KC Ken Creasman</i>	Date November 9, 2001
Name of Signer (Print or Type) Ken Creasman	Title of Signer (Print or Type) Chief Executive Officer	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No
[] [X]

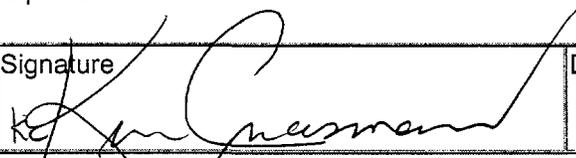
See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Servicys, Inc.	Signature 	Date November 9, 2001
Name of Signer (Print or Type) Ken Creasman	Title of Signer (Print or Type) Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NC									
ND									
OH		X	\$250,000.00	1	\$250,000.00	0	0.00		X
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									
Totals as of 11/ 9 /01				4	\$3,300,000.00	0	\$0.00		

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned Servicys, Inc. , a corporation organized under the laws of Delaware , for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Ken Creasman
 Servicys, Inc.
 c/o Servicys, Inc.; 2275 Half Day Road
 Suite 333
 Bannockburn, IL 60015

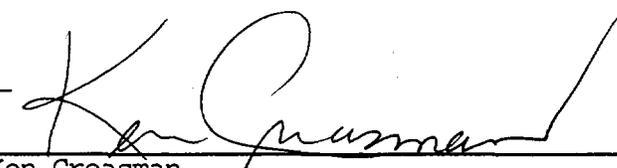
Place an "X" before the names of all the States for which the person executing this form is appointing the designated

Officer of that State as its attorney in that State for receipt of service of process:

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> ALABAMA | Secretary of State. | <input type="checkbox"/> DELAWARE | Securities of Commissioner. |
| <input type="checkbox"/> ALASKA | Administrator of the
Division of Banking and
Corporations, Department
of Commerce and
Economic Development. | <input type="checkbox"/> DISTRICT OF
COLUMBIA | Public Service Commission. |
| <input type="checkbox"/> ARIZONA | The Corporation
Commission. | <input type="checkbox"/> FLORIDA | Department of Banking and
Finance. |
| <input type="checkbox"/> ARKANSAS | The Securities
Commissioner. | <input type="checkbox"/> GEORGIA | Commissioner of Securities. |
| <input type="checkbox"/> CALIFORNIA | Commissioner of
Corporations | <input type="checkbox"/> GUAM | Administrator, Department
of Finance. |
| <input type="checkbox"/> COLORADO | Securities Commissioner. | <input type="checkbox"/> HAWAII | Commissioner of Securities |
| <input type="checkbox"/> CONNECTICUT | Banking Commissioner. | <input type="checkbox"/> IDAHO | Director, Department of
Finance. |
| <input type="checkbox"/> IOWA | Commissioner of
Insurance. | <input type="checkbox"/> ILLINOIS | Secretary of State. |
| | | <input type="checkbox"/> INDIANA | Secretary of State. |
| | | <input type="checkbox"/> NORTH DAKOTA | Securities Commissioner. |

<input checked="" type="checkbox"/> KANSAS	Secretary of State	<input checked="" type="checkbox"/> OHIO	Secretary of State.
<input type="checkbox"/> KENTUCKY	Director, Division of Securities.	<input type="checkbox"/> OREGON	Director, Department of Insurance and Finance.
<input type="checkbox"/> LOUISIANA	Commissioner of Securities.	<input type="checkbox"/> OKLAHOMA	Securities Administrator.
<input type="checkbox"/> MAINE	Administrator, Securities Division.	***PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process.
<input type="checkbox"/> MARYLAND	Commissioner of the Division of Securities.	<input type="checkbox"/> PUERTO RICO	Commissioner of Financial Institutions.
<input type="checkbox"/> MASSACHUSETTS	Secretary of State.	<input type="checkbox"/> RHODE ISLAND	Director of Business Regulation.
<input checked="" type="checkbox"/> MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce.	<input type="checkbox"/> SOUTH CAROLINA	Attorney General.
<input type="checkbox"/> MINNESOTA	Commissioner of Commerce.	<input type="checkbox"/> SOUTH DAKOTA	Director of the Division of Securities.
<input type="checkbox"/> MISSISSIPPI	Secretary of State.	<input type="checkbox"/> TENNESSEE	Commissioner of Commerce and Insurance.
<input checked="" type="checkbox"/> MISSOURI	Securities Commissioner.	<input type="checkbox"/> TEXAS	Securities Commissioner.
<input type="checkbox"/> MONTANA	State Auditor and Commissioner of Insurance	<input type="checkbox"/> UTAH	Director, Division of Securities.
<input type="checkbox"/> NEBRASKA	Director of Banking and Finance.	<input type="checkbox"/> VERMONT	Commissioner of Banking, Insurance and Securities.
<input type="checkbox"/> NEVADA	Secretary of State.	<input type="checkbox"/> VIRGINIA	Clerk, State Corporation Commission.
<input type="checkbox"/> NEW HAMPSHIRE	Secretary of State.	<input type="checkbox"/> WASHINGTON	Director of the Department of Licensing.
<input type="checkbox"/> NEW JERSEY	Chief, Securities Bureau.	<input type="checkbox"/> WEST VIRGINIA	Commissioner of Securities.
<input type="checkbox"/> NEW MEXICO	Director, Securities Division.	<input type="checkbox"/> WISCONSIN	Commissioner of Securities.
<input type="checkbox"/> NEW YORK	Secretary of State.	<input type="checkbox"/> WYOMING	Secretary of State.
<input type="checkbox"/> NORTH CAROLINA	Secretary of State.		

Dated this 9 November, 2001.

(CORPORATE SEAL) By: Servicys, Inc.
 By: 
 Ken Creasman

Chief Executive Officer

CORPORATE ACKNOWLEDGMENT

State of Illinois)
County of Cook) ss.

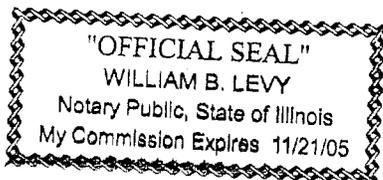
On this November 9, 2001 before me William B. Levy the undersigned,
personally appeared Ken Creasman, known personally to me to be the Chief Executive Officer
of the above named corporation and acknowledged that he, being authorized so to do,
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by himself as Ken Creasman,
Chief Executive Officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

William B. Levy
Notary Public/~~Commissioner of Oaths~~

(NOTARY SEAL)

My Commission Expires 11/21/05



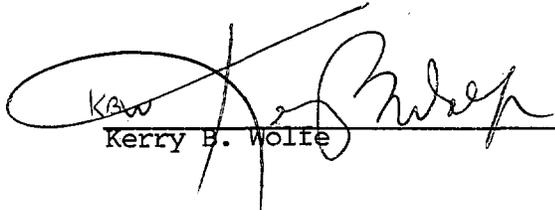
Uniform Form of Corporate Resolution of
Servicys, Inc.

RESOLVED, that it is desirable and in the best interest of this Corporation that its securities be qualified or registered for sale in various states; that the President or any Vice President and the Secretary or any Assistant Secretary hereby are authorized to determine the states in which appropriate action shall be taken to qualify or register for sale all or such part of the securities of this Corporation as said officers may deem advisable; that said officers are hereby authorized to perform on behalf of this Corporation any and all such acts as they deem necessary or advisable in order to comply with the applicable laws of any such states, and in connection therewith to execute and file all requisite papers and documents, including, but not limited to, applications, reports, surety bonds, irrevocable consents and appointments of attorneys for service of process; and the execution by such officers of any such paper or document or the doing by them of any act in connection with the foregoing matters shall conclusively establish their authority from this Corporation and the approval and ratification by this Corporation of the papers and documents so executed and the action so taken.

CERTIFICATE

The undersigned hereby certifies that he is the Assistant Secretary of Servicys, Inc., a corporation organized and existing under the laws of the State of Delaware; that the foregoing is a true and correct copy of a resolution duly adopted ~~at a meeting~~ of the Board of Directors of said corporation held on the 11/9/01, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and that said resolution is in full force and effect. **by unanimous written consent*

Dated this November 9, 2001.


Kerry B. Wolfe

Assistant Secretary

(CORPORATE SEAL)