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SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not (6-02) required to respond unless the form displays a currently valid OMB control number.

**ATTENTION**  
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

MAIL RECEIVED  
MAY 25 2004  
187  
SECTION

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

**FORM D**

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

OMB APPROVAL  
OMB Number: 3235-0076  
Expires: May 31, 2005  
Estimated average burden hours per response... 1

SEC USE ONLY  
Prefix      Serial  
DATE RECEIVED

PROCESSED  
MAY 28 2004  
THOMSON FINANCIAL

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

**DT Search & Designs LLC**

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

*mm*

Type of Filing:  New Filing     Amendment

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**A. BASIC IDENTIFICATION DATA**

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1. Enter the information requested about the issuer

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

**DT Search & Designs LLC**

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Address of Executive Offices      (Number and Street, City, State, Zip Code)      Telephone  
Number (Including Area Code)

**4605 N. Lakewood Drive  
St. Joseph, MO 64506  
(816) 294-2314**

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

**3745 S. Hanway Road  
St. Joseph, MO 64507  
(816) 232-3944**

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Brief Description of Business

**Research, design, marketing and sale of new inventions.**

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Type of Business  
Organization

corporation

limited partnership, already formed

other (please specify):  
limited liability company

business trust

limited partnership, to be formed

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Month Year

Actual or Estimated Date of Incorporation or Organization: [ 06 ] [ 02 ] [X] 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) [M] [O]

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## 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.

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**A. BASIC IDENTIFICATION DATA**

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

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Full Name (Last name first, if individual)

**Junk, William P.**

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

**4605 N. Lakewood Dr., St. Joseph, Missouri 64506**

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

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Full Name (Last name first, if individual)

**Hill, Richard P.**

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

**3708 Grain View Terrace, St. Joseph, MO 64506**

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

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Full Name (Last name first, if individual)

**Thompson, Alvin Dean**

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

**3745 S.E. Hanway Rd., St. Joseph, MO 64507**

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

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Full Name (Last name first, if individual)

**Butler, Ron H.**

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

**4841 N. Scottsdale Rd., Suite 100, Scottsdale, AZ 85251**

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

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Full Name (Last name first, if individual)

**Remington, C. Wesley**

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

**4841 N. Scottsdale Rd., Suite 100, Scottsdale, AZ 85251**

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

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Full Name (Last name first, if individual)

**Thompson, Eva M.**

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

**3745 S.E. Hanway Rd., St. Joseph, MO 64507**

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

---

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Full Name (Last name first, if individual)

**Rem Tech I LLC**

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

**P.O. Box 6007, St. Joseph, MO 64506**

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

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**B. INFORMATION ABOUT OFFERING**

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

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

2. What is the minimum investment that will be accepted from any individual?..... \$10,000

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

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.

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Full Name (Last name first, if individual)

N/A

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

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Name of Associated Broker or Dealer

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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]

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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]

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

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

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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<br>Offering Price | Amount Already<br>Sold |
|--|-----------------------------|------------------------|
| Debt .....   | \$ N/A                      | \$ _____               |
| Equity .....   | \$ N/A                      | \$ _____               |
| <input type="checkbox"/> Common <input type="checkbox"/> Preferred |                             |                        |
| Convertible Securities (including warrants) .....                  | \$ N/A                      | \$ _____               |
| Partnership Interests .....  | \$ N/A                      | \$ _____               |
| Other (Specify <b>limited liability company interest</b> ).        | <b>\$500,000</b>            | <b>\$213,000</b>       |
| Total .....  | <b>\$500,000</b>            | <b>\$213,000</b>       |

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<br>Dollar Amount<br>of Purchases |
|---|------------------|--|
| Accredited Investors .....                    | <b>6</b>         | <b>\$213,000</b>                           |
| Non-accredited Investors .....                | <b>0</b>         | <b>\$0</b>                                 |
| Total (for filings under Rule 504 only) ..... | <b>6</b>         | <b>\$213,000</b>                           |

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 .....            | <b>Membership in limited liability company</b> | <b>\$213,000</b>   |
| <u>Regulation A</u> ..... | N/A  | \$ _____           |
| Rule 504 .....            | N/A  | \$ _____           |
| Total .....               | _____  | <b>\$213,000</b>   |

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    |
| Printing and Engraving Costs .....                         | [ X] | \$ 500  |
| Legal Fees .....   | [ X] | \$2,000 |
| Accounting Fees .....                                      | [ ]  | \$ 0    |
| Engineering Fees .....                                     | [ ]  | \$ 0    |
| Sales Commissions (specify finders' fees separately) ..... | [ ]  | \$ 0    |
| Other Expenses (identify) _____ .....                      | [ ]  | \$ 0    |
| Total .....  | [ X] | \$2,500 |

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." ..... **\$497,500**

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<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                         |
|---|--|---|
| Salaries and fees .....   | <input checked="" type="checkbox"/> \$144,000          | <input checked="" type="checkbox"/> \$128,000 |
| Purchase of real estate .....   | <input type="checkbox"/> \$0                           | <input type="checkbox"/> \$0                  |
| Purchase, rental or leasing and installation of machinery<br>and equipment .....  | <input type="checkbox"/> \$0                           | <input checked="" type="checkbox"/> \$ 15,000 |
| Construction or leasing of plant buildings and facilities.....  | <input type="checkbox"/> \$0                           | <input type="checkbox"/> \$0                  |
| Acquisition of other businesses (including the value of<br>securities involved in this offering that may be used in<br>exchange for the assets or securities of another issuer<br>pursuant to a merger) ..... | <input type="checkbox"/> \$0                           | <input type="checkbox"/> \$0                  |
| Repayment of indebtedness .....   | <input type="checkbox"/> \$0                           | <input checked="" type="checkbox"/> \$ 60,000 |
| Working capital .....   | <input type="checkbox"/> \$ _____                      | <input checked="" type="checkbox"/> \$150,500 |
| Other (specify): _____  | <input type="checkbox"/> \$ _____                      | <input type="checkbox"/> \$ _____             |
| _____   | <input type="checkbox"/> \$ _____                      | <input type="checkbox"/> \$ _____             |
| _____   | <input type="checkbox"/> \$ _____                      | <input type="checkbox"/> \$ _____             |
| Column Totals .....   | <input type="checkbox"/> \$ _____                      | <input checked="" type="checkbox"/> \$353,500 |
| Total Payments Listed (column totals added) .....   | <input checked="" type="checkbox"/> \$497,500          |   |

**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)<br>DT Search & Designs LLC | Signature<br> | Date<br>May 21, 2007 |
| Name of Signer (Print or Type)<br>William P. Junk | Title of Signer (Print or Type)<br>President/Managing Member                                   |                      |

**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)<br><b>DT Search &amp; Designs LLC</b> | Signature<br> | Date<br><b>5/21/04</b> |
| Name of Signer (Print or Type)<br><b>William P. Junk</b>     | Title (Print or Type)<br><b>President/Managing Member</b>                                      |                        |

*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.

**APPENDIX**

| 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   |
| AL    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| AK    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| AZ    | X   |    |   | 0  |  | 0                                  |        |     | X  |
| AR    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| CA    | X   |    |   | 0  |  | 0                                  |        |     | X  |
| CO    | X   |    |   | 0  |  | 0                                  |        |     | X  |
| CT    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| DE    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| DC    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| FL    | X   |    |   | 0  |  | 0                                  |        |     | X  |
| GA    |   | X  |   | 0  |  | 0                                  |        |     | X  |
| HI    |   | X  |   | 0  |  | 0                                  |        |     | X  |

|    |   |   |  |   |         |   |  |  |   |
|----|---|---|--|---|---------|---|--|--|---|
| ID |   | X |  | 0 |         | 0 |  |  | X |
| IL | X |   |  | 0 |         | 0 |  |  | X |
| IN |   | X |  | 0 |         | 0 |  |  | X |
| IA |   | X |  | 0 |         | 0 |  |  | X |
| KS | X |   |  | 0 |         | 0 |  |  | X |
| KY |   | X |  | 0 |         | 0 |  |  | X |
| LA |   | X |  | 0 |         | 0 |  |  | X |
| ME |   | X |  | 0 |         | 0 |  |  | X |
| MD | X |   |  | 0 |         | 0 |  |  | X |
| MA | X |   |  | 0 |         | 0 |  |  | X |
| MI | X |   |  | 0 |         | 0 |  |  | X |
| MN | X |   |  | 0 |         | 0 |  |  | X |
| MS |   | X |  | 0 |         | 0 |  |  | X |
| MO | X |   |  | 6 | 213,000 | 0 |  |  | X |
| MT |   | X |  | 0 |         | 0 |  |  | X |
| NE | X |   |  | 0 |         | 0 |  |  | X |
| NV | X |   |  | 0 |         | 0 |  |  | X |
| NH |   | X |  | 0 |         | 0 |  |  | X |
| NJ |   | X |  | 0 |         | 0 |  |  | X |
| NM |   | X |  | 0 |         | 0 |  |  | X |
| NY |   | X |  | 0 |         | 0 |  |  | X |
| NC |   | X |  | 0 |         | 0 |  |  | X |
| ND |   | X |  | 0 |         | 0 |  |  | X |

|    |   |   |  |   |  |   |  |  |   |
|----|---|---|--|---|--|---|--|--|---|
| OH | X |   |  | 0 |  | 0 |  |  | X |
| OK | X |   |  | 0 |  | 0 |  |  | X |
| OR |   | X |  | 0 |  | 0 |  |  | X |
| PA |   | X |  | 0 |  | 0 |  |  | X |
| RI |   | X |  | 0 |  | 0 |  |  | X |
| SC |   | X |  | 0 |  | 0 |  |  | X |
| SD |   | X |  | 0 |  | 0 |  |  | X |
| TN |   | X |  | 0 |  | 0 |  |  | X |
| TX | X |   |  | 0 |  | 0 |  |  | X |
| UT |   | X |  | 0 |  | 0 |  |  | X |
| VT |   | X |  | 0 |  | 0 |  |  | X |
| VA |   | X |  | 0 |  | 0 |  |  | X |
| WA |   | X |  | 0 |  | 0 |  |  | X |
| WV |   | X |  | 0 |  | 0 |  |  | X |
| WI | X |   |  | 0 |  | 0 |  |  | X |
| WY |   | X |  | 0 |  | 0 |  |  | X |
| PR |   | X |  | 0 |  | 0 |  |  | X |

<http://www.sec.gov/divisions/corpfin/forms/formd.htm>  
Last update: 06/06/2002

Uniform Corporate Resolution  
Uniform Form of Corporate Resolution of

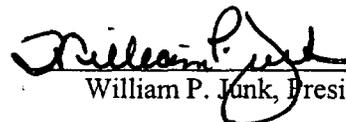
DT SEARCH & DESIGN LLC  
(Name of Company)

RESOLVED, that it is desirable and in the best interest of this Company 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 Company as said officers may deem advisable; that said officers are hereby authorized to perform on behalf of this Company 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 Company and the approval and ratification by this Company of the papers and documents so executed and the action so taken.

CERTIFICATE

The undersigned hereby certifies that he is the President/Manager of DT Search & Design LLC, a limited liability company organized and existing under the laws of the State of Missouri; that the foregoing is a true and correct copy of a resolution duly adopted by unanimous consent of the Board of Directors of said company dated the 15<sup>th</sup> day of May, 2004; that the passage of said resolution was in all respects legal; and that said resolution is in full force and effect.

Dated this 15<sup>th</sup> day of May, 2004.

  
\_\_\_\_\_  
William P. Junk, President/Manager

Form U-2

Form U-2 Uniform Consent to Service of Process

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned **DT Search & Designs LLC, a limited liability company**, organized under the laws of **Missouri** 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:

William P. Junk  
4605 N. Lakewood Drive  
St. Joseph, MO 64506

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of each State as its attorney in that State for receipt of service of process:

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> AL | Secretary of State   | <input checked="" type="checkbox"/> FL   | Dept. of Banking and Finance         |
| <input checked="" type="checkbox"/> AK | Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development | <input checked="" type="checkbox"/> GA   | Commissioner of Securities           |
| <input checked="" type="checkbox"/> AZ | The Corporation Commission   | <input checked="" type="checkbox"/> GUAM | Administrator, Department of Finance |
| <input checked="" type="checkbox"/> AR | The Securities Commissioner  | <input checked="" type="checkbox"/> HI   | Commissioner of Securities           |
| <input checked="" type="checkbox"/> CA | Commissioner of Corporations   | <input checked="" type="checkbox"/> ID   | Director, Department of Finance      |
| <input checked="" type="checkbox"/> CO | Securities Commissioner  | <input checked="" type="checkbox"/> IL   | Secretary of State                   |
| <input checked="" type="checkbox"/> CT | Banking Commissioner   | <input checked="" type="checkbox"/> IN   | Secretary of State                   |
| <input checked="" type="checkbox"/> DE | Securities Commissioner  | <input checked="" type="checkbox"/> IA   | Commissioner of Insurance            |
| <input checked="" type="checkbox"/> DC | Dept. of Insurance & Securities Regulation   | <input checked="" type="checkbox"/> KS   | Secretary of State                   |
| <input checked="" type="checkbox"/> KY | Director, Division of Securities   | <input checked="" type="checkbox"/> OH   | Secretary of State                   |
| <input checked="" type="checkbox"/> LA | Commissioner of Securities   | <input checked="" type="checkbox"/> OR   | Director, Department of              |

|             |  |             |   |
|-------------|--|-------------|---|
|             |  |             | Insurance and Finance   |
| <u>X</u> ME | Administrator, Securities Division                       | <u>X</u> OK | Securities Administrator  |
| <u>X</u> MD | Commissioner of the Division of Securities               | <u>X</u> PA | Pennsylvania does not require filing of a Consent to Service of Process |
| <u>X</u> MA | Secretary of State                                       | <u>X</u> PR | Commissioner of Financial Institutions                                  |
| <u>X</u> MI | Commissioner, Office of Financial and Insurance Services | <u>X</u> RI | Director of Business Regulation   |
| <u>X</u> MN | Commissioner of Commerce                                 | <u>X</u> SC | Securities Commissioner   |
| <u>X</u> MS | Secretary of State                                       | <u>X</u> SD | Director of the Division of Securities                                  |
| <u>X</u> MO | Securities Commissioner                                  | <u>X</u> TN | Commissioner of Commerce and Insurance                                  |
| <u>X</u> MT | State Auditor and Commissioner of Insurance              | <u>X</u> TX | Securities Commissioner   |
| <u>X</u> NE | Director of Banking and Finance                          | <u>X</u> UT | Director, Division of Securities  |
| <u>X</u> NV | Secretary of State                                       | <u>X</u> VT | Commissioner of Banking, Insurance, Securities & Health Administration  |
| <u>X</u> NH | Secretary of State                                       | <u>X</u> VA | Clerk, State Corporation Commission                                     |
| <u>X</u> NJ | Chief, Securities Bureau                                 | <u>X</u> WA | Director of the Department of Licensing                                 |
| <u>X</u> NM | Director, Securities Division                            | <u>X</u> WV | Commissioner of Securities  |
| <u>X</u> NY | Secretary of State                                       | <u>X</u> WI | Department of Financial Institutions, Division of Securities            |
| <u>X</u> NC | Secretary of State                                       | <u>X</u> WY | Secretary of State  |
| <u>X</u> ND | Securities Commissioner                                  |             |   |

Dated this 19<sup>TH</sup> day of May, 2004  
(SEAL)

DT SEARCH & DESIGN LLC

  
William P. Junk, President and Managing Member

**INSTRUCTIONS TO FORM U-2  
UNIFORM CONSENT TO SERVICE OF PROCESS**

1. The name of the issuer is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate black spaces at the end of page 1 of the Form.
5. An "X" is to be placed in the space before the names of all States which the person executing this Form lawfully is appointing the officer of each State so designed on the Form as its attorney in that State for receipt of service of process.
6. A manually signed Form must be filed with each State requiring a Consent to Service of Process on Form U-2 at the office so designated by the laws or regulations of that State and must be accompanied by the exact filing fee, if any.
7. The Form must be signed by the issuer. If the issuer is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
8. If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepared, return receipt requested.

CORPORATE ACKNOWLEDGMENT

State or Province of Missouri )  
County of Buchanan ) ss.

On this 19<sup>th</sup> day of May, 2004 before me \_\_\_\_\_ the undersigned officer,  
personally appeared WILLIAM P. JUNK known personally to me to be the President/Manager of the above  
named limited liability company and acknowledged that he, as an officer being authorized so to do, executed  
the foregoing instrument for the purposes therein contained, by signing the name of the company by himself as  
an officer.

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

Robert C. Sanger  
Notary Public/Commissioner of Oath  
My Commission Expires 8-7-05

(SEAL)

