

Traditional IRA Application

U.S. BANK, N.A.

0929 03439

IRA OWNER INFORMATION

IR
(Custodian's/Trustee's name, address, and phone number above)

NAME AND ADDRESS		IRA ACCOUNT NUMBER	
ELANA LAHAM 7104 LINDSEY AVE SE APT 207 AUBURN WA 98092-828		653503785962	
DAYTIME PHONE NUMBER		SOCIAL SECURITY NUMBER (SSN)	
253-657-4136			

CONTRIBUTION INFORMATION

ACCOUNT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR	FEE
653503785962	\$ 178312.84	07/03/06	2006	\$

CONTRIBUTION TYPE:

<input type="checkbox"/> Regular/Spousal	<input type="checkbox"/> Rollover from a Traditional IRA or SIMPLE IRA
<input type="checkbox"/> Catch-Up (age 50 and older)	<input type="checkbox"/> Rollover from an Eligible Retirement Plan
<input type="checkbox"/> Simplified Employee Pension (SEP)	<input type="checkbox"/> Direct Rollover from an Eligible Retirement Plan
<input type="checkbox"/> Recharacterization	<input checked="" type="checkbox"/> Transfer from a Traditional IRA or SIMPLE IRA

DESIGNATION OF BENEFICIARY (See Additional Information included with this form.)

At the time of my death, the primary beneficiaries named below will receive my IRA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my IRA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries which share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my IRA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification type does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier beneficiary designations which may apply to this IRA.

A. Primary Beneficiary

PERCENTAGE	NAME OF BENEFICIARY
100.0 %	MICHAEL S. LAHAM
%	
%	
Total 100%	

B. Contingent Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO IRA OWNER	BENEFICIARY DATE OF BIRTH
100.0 %	AUSTRALIA ZOO, GLASSHOUSE MOUNTAINS TOURIST ROUTE BEERWAH, QUEENSLAND 4519 AUSTRALIA		CHARITY ORGANIZATION	
%				
%				
Total 100%				

★ CONTACT PERSONS ARE STEVE IRWIN (THE "CROCODILE HUNTER") AND TERRI IRWIN, PHONE +61 7 5436 2024

SPOUSAL CONSENT

..... I Am Married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.
(IRA Owner Initials)

..... I Am Not Married. I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.
(IRA Owner Initials)

I am the spouse of the IRA owner. Because of the significant consequences associated with giving up my interest in the IRA, the custodian/trustee has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the IRA owner's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the IRA assets, I hereby give to the IRA owner such interest in the assets held in this IRA and consent to the beneficiary designation set forth in Section 3 of this form.

Signature of Spouse Date
 Signature of Witness (if required) Date

SIGNATURES

I certify that the information provided by me on this Application is accurate, and that I have received a copy of IRS Form 5305, Individual Retirement Trust Account or IRS Form 5305-A, Individual Retirement Custodial Account, Disclosure Statement, and Financial Disclosure. I agree to be bound by the terms and conditions found in the Plan Agreement, Disclosure Agreement, Financial Disclosure, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this IRA. I understand that I may revoke this IRA on or before seven (7) days after the date of the date of establishment. I have not received any tax or legal advice from the custodian/trustee, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the IRA custodian/trustee harmless against any and all claims or losses arising from my actions.

Signature of IRA Owner Date: 7/3/06
Signature of Custodian/Trustee Date: 7/3/06