

April 12, 2002

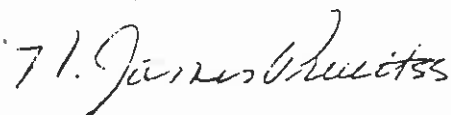
Ms. Catherine Gladstone
William C. Earhart Co., Inc.
P. O. Box 4148
Portland, Oregon 97208

Dear Ms. Gladstone:

This is to summarize our agreement with William C. Earhart Co., Inc. acting to reimburse Kaiser Permanente employees for \$25.00 charges from the Kaiser Dental Program:

1. Kaiser employees may submit \$25.00 co-pay receipts to William C. Earhart Co., Inc. by mail or fax.
2. Your correct address is Dental Co-Pay Reimbursement Plan, P. O. Box 4148, Portland, Oregon 97208; your correct fax number is (503) 284-9386.
3. The employee will provide the following additional information:
 - > Their full name, their address and their home telephone number
4. Your office will reimburse each of these claims.
5. Your office will send me a monthly report including:
 - > Name of the employee and date of reimbursement
6. Your office will bill me directly for the amount of reimbursements at the administrative fee of \$60.00 per hour.

Sincerely,



N. James Pruitt
Director, Labor Relations