IOWA REAL ESTATE COMMISSION 200 E Grand Suite 350 Des Moines, IA 50309

CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT

(NAME OF SOLE PRO	OPRIETOR, PARTNE	RSHIP, OR CORE	PORATION FILING THIS FORM)			
having filed an application for a real estate by Chapter 543B.46, Code of lowa, 2003, does re applicant now maintains a real estate trust a money, rentals, or other trust funds received by behalf of their principals or any other person account is carried with said depository under the	gister with th account in what y said broken as pending the	e lowa Reanich the broom, or the broom	al Estate Commission a oker shall deposit all oker associate or sales mation or termination	as the depository in which down payments, earnest person of said broker, on		
(NAME OF DEPOSITORY)*				, lowa		
(WAINE OF DEFOSITION)				(GITT)		
(EXACT NAME OF ACCOUNT ACCORDING TO DEPOS		JST ACCOUN	T <u>**</u>	(ACCOUNT NUMBER		
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(NAME OF SOLE PROPRIETOR, PARTNERSHIP OR CORPOR	ATION FILING THIS	FORM)	does hereby co	ovenant and agree to authorize		
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		t	o allow at any time any duly	authorized representative		
(NAME OF DEPOSITORY)						
of the Iowa Real Estate Commission to examine and audit	the aforementio	ned trust acco	ount.			
Executed at	,	this	day of	, 20 .		
This account is:	(STATE					
 Interest bearing with interest to be transfern Interest bearing with interest to buyer and/o by written agreement of all parties. Non-interest bearing property management 	r seller or pro		er, or to			
(SIGNATURE OF SOLE PROPRIETOR)			(SIGNATURE OF LICENSED OFFICER OR PARTNER)			
			(SIGNATURE OF LICE	ENSED OFFICER OR PARTNER)		
CERT	TIFICATION (OF DEPOS	SITORY			
The undersigned, a duly authorized official of s above applicant or licensee does maintain a depository will allow a duly authorized represe aforementioned real estate trust account upon a	a real estate entative of th	trust acco	ount as set forth above	ve and agrees that said		
Executed at		this	dav of	. 20		
Executed at(CITY)	(STATE	<u></u>				
(SEAL OF DEPOSITORY)			(NAME OF DEPOSITORY)			
			(SIGNATURE AND TITLE OF	(SIGNATURE AND TITLE OF DEPOSITORY OFFICER)		

^{*}TRUST ACCOUNT MUST BE IN IOWA BANK, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK OR CREDIT UNION
**TRUST ACCOUNT MUST BE PART OF THE TITLE OF THE ACCOUNT

"The information you provide will be open for public inspection under lowa Code 22.