EXHIBIT B REFERENCES

REFERENCE 1

COMPANY: ADDRESS: CITY, STATE, ZIP: WEBSITE:	PHONE NUMBER: FAX NUMBER:	
GOODS OR SERVICES PROVIDED:		
REFERENCE 2		
COMPANY:	CONTACT NAME:	
ADDRESS:	PHONE NUMBER:	
CITY, STATE, ZIP:	FAX NUMBER:	
WEBSITE:	E-MAIL:	
GOODS OR SERVICES PROVIDED:		
REFERENCE 3		
COMPANY:	CONTACT NAME:	
ADDRESS:	PHONE NUMBER:	
CITY, STATE, ZIP:	FAX NUMBER:	
WEBSITE:	E-MAIL:	
GOODS OR SERVICES PROVIDED:		