| Facility Audited: | y Plus Ti | -Auditor Credentials Form v mium , Cadillac (CA) | UDate: Ay 1st, 1006 | |
|--|---|---|-----------------------------------|------|
| Certifying Organization | n: Name: | Ent Tleo Auditor Certifications GmbH Teleph | oneNumber.: + 49 [61 - 35427 - 37 | 0 |
| Address: 6043 | 3 trankt | mrt / Main Web Site Addres | s: www. dys.de | |
| | | 7 years as Lead Auditor | Control & State / Province | |
| Year | | y, Type of Audit Led | Country & State/Province | |
| | see Lifferent lists submitted to 10171 | | | |
| 2006 - Demssa AG, 150 2001 + 14021 Wesselin 1652 | | | | |
| 2006 - Demssa AG, 150 2001 + 14001 Wesselin 1 462 " - Nordenia Likuwhinad AG, " Grever, Tadsoul USA Presland | | | | צ עי |
| - Linde Gas 150 2001 + 14001 Duisburg, Koly 1'GER | | | | |
| 2005 - CyPlus, Vesseling + Honau, ", KAC Wesseling, Homen 1408 | | | | |
| " - 3ay | r , | by Strices Go Soon+ | Levelaser Dormap Medinger | |
| | 4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1405 | 1 | |
| Cyanide-related Operations Experience | | | | |
| | at least 3 year | s; at least one auditor must have a | | |
| Auditor | Yrs. | Relevant Position Titles | Types of Operations | |
| Dr. Klinke | | Production Mgr. | UKSA-CHEMIE, GER. | |
| ¥ | 1997 - ytd | Production Mgr. Lead Andidor | Deas, Fractout | |
| * | 2501 - ytd. | v | Deposea + Gillus rikes | |
| | | | | |
| Statement of No Conflict I certify that I have not audited any component of this facility for which I was responsible for design or development; nor have I within the past year been an employee of the facility, its parent company, or associated affiliates. Excluding audits, I have not derived more than 30% of my income within the past 5 years from the facility, its parent, or associated affiliates. I have not participated in more than two consecutive Cyanide Code audits of this facility. I have participated in at least 3 health, safety, and/or environmental audits in the past 7 years and am familiar with standard audit procedures as well as with the protocols developed by the International Cyanide Management Institute for implementation of the Code. | | | | |
| Signed, Lead Auditor* Auditor 1 Auditor 2 Name Name Signature Lead Signature Le | | | | |
| CONTRACTOR OF THE CONTRACTOR O | | 10.480 | | |
| Auditor 3 | | | | |
| Auditor 4 | | | | |
| Use additional pages if *The lead auditor's s | | be certified by notarization or | equivalent. | |

Page 1 of 1

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