

EXHIBIT A

Financial Information

Type of Business: Not-for-Profit Organization

Approximate annual income from all sources:
 Under \$20,000 (please state amount \$ _____) \$20,000 to \$50,000 \$50,000 to \$100,000

Federal Tax Bracket: 15% 28% greater than 28%

Estimated Net Worth: Please indicate combined net worth exclusive of home and term life insurance.
 Under \$30,000 \$30,000-\$50,000 \$50,000-\$100,000 \$100,000+

Estimated Liquid Net Worth:
 Under \$15,000 \$15,000-\$50,000 \$50,000-\$100,000 \$100,000+

(please state amount \$ _____)

Preservation of Capital Income Growth

Affiliations and acknowledgments

I am affiliated with, or work for Fidelity an exchange or a member firm of an exchange.

I am a director, 10% shareholder, policyholder, or trustee of a company, trust, or other entity. (If so, provide name of company and stock symbol.)

Transaction money market choice

Choose between taxable and tax-free money market portfolios. Your account balance from the previous procedure and earnings will be automatically transferred to the selected portfolio.

Fidelity Daily Income Taxable Money Market Portfolio

Fidelity Tax-Free Money Market Portfolio

Fidelity New York Tax-Free Money Market Portfolio

Fidelity Massachusetts Tax-Free Money Market Portfolio

Fidelity New Jersey Tax-Free Money Market Portfolio

The tax-free portfolios are only available to legal residents of that state.

Checkstyle instructions

1. Standard Check Orders: Wallet sized, 100 checks per order, no charge.

2. Special Orders: If you check this box we will mail you a check selection brochure and price list. Special orders include one-write and computer checks. 100 wallet sized checks will be mailed to your address free of charge for use in the interim until you receive the special order checks.

How to open your account

Open your account by one or a combination of these easy methods:

The minimum initial investment is \$25,000 in a combination of cash and securities.

Enclosed is a check made payable to Fidelity USA in the amount of \$ 75,000

Please sell my shares in my account.

Please transfer securities from my Fidelity Brokerage account.

Please deposit my equity and/or bond mutual funds from my mutual fund account.

Please send me a transfer form so I can authorize you to transfer my account.

* Account registrations must be identical when transferring securities. A guaranteed letter of instruction from all authorized individuals is required.

Adding other Fidelity accounts to your Fidelity Business USA investment (optional)

To report other Fidelity accounts (Fidelity mutual funds, brokerage accounts, etc.) on your statement, list the fund(s) and account number(s) below:

Fund Name: _____

Fund Name: _____

Fund Name: _____

Note: This is an added convenience for reporting all of your Fidelity business. The minimum initial investment of \$25,000 in a combination of cash and securities is required for this feature. Contact a Fidelity USA representative for more information.

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823-196134

Please read and sign below

This Agreement and its enforcement shall be governed by the laws of the Commonwealth of Massachusetts; shall cover individually and collectively all accounts which the undersigned may open or reopen with Fidelity; and shall inure to the benefit of Fidelity's successors, whether by merger, consolidation or otherwise, and assigns and Fidelity may transfer the account of the undersigned to your successors and assigns, and this Agreement shall be binding upon the heirs, executors, administrators, successors and assigns of the undersigned.

AFTER YOU HAVE READ THE APPLICABLE CUSTOMER AGREEMENTS, PLEASE SIGN BELOW

To: Fidelity Brokerage Services, Inc., and National Financial Services Corporation

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS SET FORTH IN THE CUSTOMER AGREEMENT AND MARGIN ACCOUNT AGREEMENT (if applicable) AND REQUEST THAT YOU ACCEPT ONE OR MORE ACCOUNTS IN MY NAME. I am at least 18 years of age and of full legal age in the state in which I reside. I understand you will supply my name to issuers of any securities held in my account so I might receive any important information regarding them, unless I notify you in writing not to do so. I certify under penalty of perjury that (1) I have provided the correct Social Security or Taxpayer Identification Number; (2) the IRS has never notified me that I am subject to 20 percent backup withholding, or has notified me I am no longer subject to such. (NOTE: If part 2 does not apply, please strike out before signing.) I understand that telephone calls to Fidelity may be recorded and consent to such recording.

Tax Withholding Information: As required by federal law, I (we) certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided herein is correct and (please check only if appropriate):

Yes, the IRS has notified me (us) that I (we) are subject to 20% backup withholding. (20% of all dividend payments, interest payments and proceeds will be automatically withheld.)


Yes, the IRS has notified me (us) that I (we) are no longer subject to such backup withholding. (20% backup withholding will not be withheld.)

If you do not wish to have the ability to margin your securities, check this box.

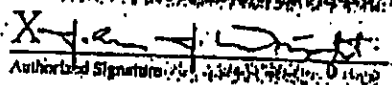
I represent that I have read the terms and conditions concerning this account and agree to be bound by such terms and conditions as are currently in effect and as may be amended from time to time.

Lending Authority (for margin accounts only). YOU ARE HEREBY AUTHORIZED TO LEND SEPARATELY, OR WITH THE PROPERTY OF OTHERS, EITHER TO YOURSELVES OR TO OTHERS, ANY PROPERTY YOU MAY BE CARRYING FOR ME ON MARGIN. THIS AUTHORIZATION APPLIES TO ALL MY ACCOUNTS YOU CARRY AND SHALL REMAIN IN FORCE UNTIL YOU RECEIVE WRITTEN NOTICE OF REVOCATION AT YOUR MAIN OFFICE IN BOSTON, MA.

THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION CLAUSE, WHICH IS FOUND IN PARAGRAPH 17 OF THE CUSTOMER AGREEMENT. I ACKNOWLEDGE RECEIPT OF THE PRE-DISPUTE ARBITRATION CLAUSE.


Authorized Signature
Trenner
Title

3/27/96
Date


Authorized Signature
Secretary
Title

3/27/96
Date

All accounts are carried with our subsidiary, National Financial Services Corporation, member of the New York Stock Exchange, other principal exchanges and SIPC.

Signature Card

Important: Please complete signature card in order to enjoy unlimited check writing.



X23-196134

Fidelity Brokerage Services, Inc.
Attn: Brokerage Operations
PO Box 2151
Boston, MA 02108-9907

RESOLUTION OF UNINCORPORATED BUSINESS

B.605-FORM-492

Please complete all sections. Section 1 must be signed by an officer other than listed in Section 2.
Section 2 identifies those officers or individuals authorized by Resolution to transact business on the account.
If you have any questions, please call our Brokerage Account Assistance Line, 24 hours a day, at 1-800-544-8668.

1 CERTIFICATION This certification must be signed by an Officer other than those named in Section 2 unless you have designated that you are the sole officer of the Organization.

Name
JOHN J WRIGHT
hereby certify that the Organization identified is duly organized and existing under the laws of the State of

OHIO
governing body of the named Organization at a meeting duly held on

Date
03-27-1996, at which a quorum was present and voting and that the same has not been rescinded or amended and remains in full force and effect and does not conflict with the by-laws of said Organization as stated in

Name of Document under which Organization is operating
RESOLUTION

Signature of Authorized Officer (not named below)
John J. Wright
Date
03-27-1996

SECRETARY
TREASURER

2 AUTHORIZED INDIVIDUALS Please choose A or B and list those Officers or Individuals authorized by the Resolution to transact business on behalf of the Organization.

A. Be it resolved that:
Name(s)
JOHN J WRIGHT
JOSEPH H. SMITH

or any one of them acting individually be, and they hereby are, authorized to purchase, sell, assign, transfer and/or deliver any and all stocks, bonds, options, CDs or other securities now or hereafter registered in the name of this Organization, and to execute any and all instruments necessary, proper and desirable for the purpose, including executing any and all documentation necessary to establish cash margin option account (check all that apply) further, that any past action in accordance herewith is hereby ratified and confirmed, and further, that any officer of this Organization (other than those listed here) hereby authorized to carry this resolution to Fidelity Brokerage Services, Inc.

OR
B. Be it resolved that:
Organization and as such is authorized to purchase, sell, assign, transfer and/or deliver any and all stocks, bonds, options, CDs or securities, now or hereafter registered in the name of this Organization, and to execute any and all instruments necessary, proper and desirable for the purpose, further, that any past action in accordance herewith is hereby ratified and confirmed.

3 NOTARIZATION

State of **OHIO**
County of **CUYAHOGA**
Date

On **03-27-1996**, before me personally appeared **JOSEPH H. SMITH** and to me known to be the person(s) described in, and executing the foregoing instrument, and acknowledged that he/she/they executed the same voluntarily.

Notary Public
Janice A. Hesselton
Commission Expires: _____
JANICE A. HESSELTON
Notary Public, State of Ohio
Recorded in Cuyahoga County

Fidelity Brokerage Services, Inc., 101 Devonshire Street, Boston, MA 02109
Member NYSE, SIPC



