



The Next Stage

Education Financial Services
P.O. Box 5185
Sioux Falls, SD 57117-5185
1-800-658-3567
FAX: 1-800-456-0561

November 11, 2008

KATHLEEN E SPAIN
1439 VERNON RIDGE CT
DUNWOODY GA 30338

Re: Application ID # 13190356

Dear Kathleen,

Attached is the indemnity agreement you requested to stop payment on the check for the *Wells Fargo Education Connection*SM Loan Program referenced above. Please follow these instructions to complete the form:

1. Carefully read the INDEMNITY AGREEMENT and check one of the boxes.
2. Complete Part B of the MISSING INSTRUMENT INFORMATION section.
3. Print your name, address, and phone number in the CUSTOMER INFORMATION section and then sign and date the form.
4. Fax the form to 1-800-456-0561 and write "Attention: Special Projects" on the cover sheet or mail the form to:

Wells Fargo Education Financial Services
P.O. Box 5185
Sioux Falls, SD 57117-5185

If you have questions, email us by going to www.wellsfargo.com/student and clicking "Contact Us." Call us at 1-800-658-3567 to talk with one of our representatives between 8:00 a.m. and 8:00 p.m., Central Time, Monday through Friday or to access account information, forms, and other documents anytime.

Thank you for choosing Wells Fargo. We are committed to providing you with the best possible customer service along with the products and services you need. We look forward to working with you to meet your financial needs — for education and for life.

Sincerely,
Wells Fargo Education Financial Services
rzs/SS

INDEMNITY AGREEMENT

Application ID: 13190356

In this agreement, I, ME, and MY, refer to the customer(s) whose signature(s) appears below. YOU and YOUR refer to the bank listed below. The instrument refers to a promise to pay from the bank listed below in the form of a check for a certain amount that's easily transferable to the customer.

The instrument described below was lost, stolen, or destroyed. I have not transferred, negotiated, pledged, or assigned any of my title or right to this instrument. I have not encumbered or disposed of any of the funds represented by this instrument.

In exchange for a duplicate of the missing instrument or the instrument paying funds, I agree to indemnify you against loss, damage, claim or expense which you incur, including reasonable attorney's fees, because of the issuance of a duplicate instrument or payment of the funds. If you request, I will supply you with a lost instrument bond for the amount of the instrument. I also agree that if I find the original instrument, or if it is returned to me, I will promptly notify you and return it to you unendorsed and not cashed. You may use any funds that I may have on deposit with you to offset any loss, damage, claim, or expense incurred in connection issuing a duplicate instrument or the instrument paying funds.

I want you to: Pay the instrument Refund the instrument
 Issue a duplicate instrument Cancel the loan

MISSING INSTRUMENT INFORMATION — Part A			
Type of Instrument	<u>Check</u>	Account #	Holder #
Serial Number		Amount	<u>\$0.00</u>
Issued or Payable To:			
MISSING INSTRUMENT INFORMATION — Part B			
Date the instrument was lost, stolen, or destroyed: _____			
Location where the instrument was lost, stolen or destroyed: _____			
The instrument was lost, stolen, or destroyed under the these circumstances: _____ _____			
The instrument was: <input type="checkbox"/> Not endorsed <input type="checkbox"/> Endorsed exactly like this: _____			

BANK INFORMATION	
Bank Name	_____
Address	_____
Office Phone Number	_____
Banker Phone Number	_____

CUSTOMER INFORMATION	
Name	<u>KATHLEEN E SPAIN</u>
Address	<u>1439 VERNON RIDGE CT</u> <u>DUNWOODY GA 30338</u>
Phone	_____
Signature	_____ Date _____