

Name: Mrs. SALIMA FERCHICHI

Address:

By signing below, you agree to the following:

- (i) You are confirming that you will not need an airline ticket for your son, Mounib, or yourself to return to Algeria;
- (ii) You are authorizing the Algerian American Association of Greater Washington to release the remaining funds from the Mounib Fund to pay for medical expenses for your son Mounib;
- (iii) You will not hold the Algerian American Association of Greater Washington or any of its officers, directors or members, past, present or future, responsible or liable for any direct, indirect, incidental, consequential expenses, medical or otherwise, for your son Mounib;



SALIMA FERCHICHI

WITNESS (optional)

STATE OF MINNESOTA

I HEREBY CERTIFY that before me, the undersigned Notary Public, personally appeared SALIMA FERCHICHI, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and who, after being duly sworn, made the foregoing Agreement with respect to items listed above are accepted as therein stated, and acknowledge said Agreement to be her act.

WITNESS my hand and official seal this 12 day of November, 2010.


Rochester, MN Olmsted

