

Claim for Reimbursement

Company Name Caza Drilling Plan Year: 2004
 Employee Name _____ SS# _____
 Check if New Address Employee Address _____
 City _____ State _____ Zip _____ Email _____

Health Care Flexible Spending Account
 (Medical, dental, vision expenses not covered by your insurance.)

Date Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
Total Health Care FSA Claim				

Dependent Care Flexible Spending Account Claims
 (Expenses paid by you for the care of a legal dependent in order to be gainfully employed)

Date Incurred	Name of Dependents	Provider of the Service	Net Amount
Total Dependent Care FSA Claim			

The undersigned participant in the Plan certifies the following:

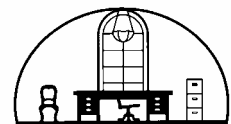
- All expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Flexible Spending Account with respect to such expenses.
- All expenses were incurred (service provided) in the Plan Year indicated above.
- Both medical expenses and dependent care expenses are "qualifying" expenses.
- Medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage.
- The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.
- Denver Reserve is a mere claims paying agent of the employer. All reimbursements are paid out of the general assets of the employer. There is no separate fund or account for the plan. There is no separate fund or account that secures Cafeteria Plan benefits.

We commit to paying your claim 7 business days from the date we receive the claim or the company contribution to pay the claim.

A copy of a third party receipt, bill or statement showing an amount and proof of incurment (not payment) must be included in order to process this claim.

Employee's Signature

Date



DENVER RESERVE
CORPORATION

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