

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2009

PRODUCER Phone: 972-770-1600 Fax: 972-770-1699
 McQueary Henry Bowles Troy LLP
 12700 Park Central Drive
 17th Floor
 Ft. Worth, TX 75251-0470

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 Alpha Testing, Inc
 2209 Wisconsin St.
 Dallas TX 75229

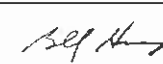
| INSURERS AFFORDING COVERAGE | NAIC # |
|--|--------|
| INSURER A: Hartford Underwriters Insurance | 30104 |
| INSURER B: Hartford Accident & Indemnity | 22357 |
| INSURER C: Hartford Casualty Insurance C | 29424 |
| INSURER D: HCC Specialty Insurance Compa | 11243 |
| INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------------|--|---------------|----------------------------------|-----------------------------------|---|----------------------------------|
| A | GENERAL LIABILITY | 46UUNPN3943 | 4/15/2009 | 4/15/2010 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | |
| B | AUTOMOBILE LIABILITY | 46UENPN4064 | 4/15/2009 | 4/15/2010 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | GARAGE LIABILITY | | | | OTHER THAN AUTO ONLY | EA ACC AGG \$ |
| C | EXCESS/UMBRELLA LIABILITY | 46XHUPN3092 | 4/15/2009 | 4/15/2010 | EACH OCCURRENCE | \$ 6,000,000 |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 6,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$10,000 | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 46WEPO3428 | 4/15/2009 | 4/15/2010 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | E L EACH ACCIDENT | \$ 1,000,000 |
| | | | | | E L DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | E L DISEASE - POLICY LIMIT | \$ 1,000,000 |
| D | OTHER Professional Liability Claims Made | S70910198 | 4/15/2009 | 4/15/2010 | \$2,000,000 \$2,000,000 \$100,000 | Limit Aggregate Deductible |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Supplemental Named Insured
 Environmental Drillers, Inc.
 JPH Investments, L.P.
 Additional Insured form #HG 00 01 edition 06 05 applies to the General Liability policy
 Additional Insured form #HA 99 16 edition 07 06 applies to the Business Auto policy
 Continued...

| CERTIFICATE HOLDER | CANCELLATION |
|--|---|
| BID PURPOSES ONLY SAMPLE Dallas TX 75251 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
| | AUTHORIZED REPRESENTATIVE  |

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / SPECIAL PROVISIONS

Waiver of subrogation form #HG 00 01 edition 06 05 applies to the General Liability policy
Waiver of subrogation form #HA 99 16 edition 07 06 applies to the Business Auto policy
Waiver of subrogation form #WC 42 03 04 A applies to the Workers Compensation policy
Primary & Non-Contributory General Liability form #HG 00 01 edition 06 05.

Cr...icate Holder is named as an Additional Insured per the above forms on the General Liability, Business Automobile
ar...mbrella policies of insured with Primary and Non Contributory status per the above General Liability form and
Waiver of Subrogation per the above forms on the General Liability, Business Automobile, Workers Compensation and
Umbrella policies of insured, but only to the extent that the limits and forms are required to satisfy the terms of a
written contract.

10 day notice of cancellation applies for non-payment of premium.

BID PURPOSES ONLY SAMPLE