



Office of the Speaker
Judith T. Won Pat, Ed.D.

CHAIR, COMMITTEE ON EDUCATION, PUBLIC LIBRARY & WOMEN'S AFFAIRS

Ufisinan I Etmâs Ge'helo'Gi Liheslaturan Guåhan
32ND Guam Legislature
I Mina' Trentai Dos Na Liheslaturan Guåhan
155 HESLER PLACE HAGÁTÑA, GUAM 96910
TEL 671-472-3586/7 • FAX 671-472-3589
JUDIWPAT.COM • SPEAKER@JUDIWPAT.COM

COMMISSIONER
GUAM COMMISSION ON
DECOLONIZATION

February 21, 2013

GUAM FIRST
COMMISSION

The Honorable Judith T. Won Pat, Ed.D.
Speaker

PRESIDENT

I Mina'trentai Dos na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, Guam 96910

ASSOCIATION OF
PACIFIC ISLAND
LEGISLATURES
(APIL)

Hafa Adai:

BOARD MEMBER

Pursuant to §9106(a) of Chapter 9, Article 1, Title 12 Guam Code Annotated, relative to the nomination of the Alternate Director, to serve as a member of the Guam Visitors Bureau Board of Directors; please be advised that I have appointed the following individual to serve for the allotted two (2) year term:

PACIFIC RESOURCES FOR
EDUCATION
AND LEARNING
(PREL)

LEGISLATIVE
REPRESENTATIVE

- Ms. Annmarie T. Muna - Alternate Director, GVB Board of Directors
P.O. Box 2797
Hagåtña, Guam 96932
Email - amuna@amibrokers.com
Contact No. (671) 472-2642

PACIFIC ISLAND
DEVELOPMENT BANK
(PIDB)

FESTIVAL OF THE
PACIFIC ARTS
(FESTPAC)

Ms. Muna is subject to the consent of *I Liheslaturan Guåhan*. The Alternate Director shall have voting powers in the absence of any member of the board of directors of the Guam Visitors Bureau, including those appointed by the Governor who require the advice and consent of *I Liheslaturan Guåhan*. Ms. Muna's nomination packet is attached.

Senseramente,

Judith T. Won Pat, Ed.D.
Speaker

Office of the Speaker
Judith T. Won Pat, Ed. D.


Date 2/21/13
Time 10:50AM
Received by Jaluk
32-13-133

2013 FEB 21 AM 10:55

**I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
2013 (FIRST) REGULAR SESSION**

Resolution No.

Introduced by:

Judith T. Won Pat, Ed.D. 

**RELATIVE TO THE APPOINTMENT OF MS.
ANNMARIE T. MUNA TO SERVE AS THE
ALTERNATE DIRECTOR OF THE GUAM VISITORS
BUREAU BOARD OF DIRECTORS.**

1 **BE IT RESOLVED BY I MINA'TRENTAI DOS NA LIHESLATURAN**
2 **GUÅHAN:**

3 **WHEREAS**, the Speaker of I Liheslaturan Guåhan, pursuant to
4 §9106(a)(c)(2) of Chapter 9, Article 1, Title 12 Guam Code Annotated, with
5 regard to the appointment of Legislative Directors and the Alternate
6 Director to serve as members of the Board of Directors of the Guam
7 Visitors Bureau, is the appointing authority; and

8 **WHEREAS**, the Alternate Director's nomination is subject to the
9 consent of *I Liheslatura* as mandated by the enabling act of the Guam
10 Visitors Bureau; and

11 **WHEREAS**, the Speaker of I Liheslaturan Guåhan has submitted
12 notice to *I Maga'lahaen Guåhan, I Liheslaturan Guåhan* the Guam Visitors

1 Bureau, of the appointment of Ms. Annmarie T. Muna to serve as the
2 alternate director; now, therefore, be it

3 **RESOLVED**, that *I Mina'trentai Dos Na Liheslaturan Guåhan*, does
4 hereby, on behalf of the people of Guam, consent to and approve the
5 appointment of Ms Annmarie T. Muna to serve as the alternate director of
6 the Guam Visitors Bureau Board of Directors; and be it further

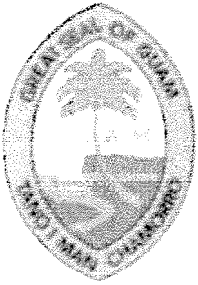
7 **RESOLVED**, that the Speaker and the Chairperson of the Committee
8 on Rules certify, and the Secretary of the Legislature attests to, the adoption
9 hereof, and that copies of the same of the same be thereafter transmitted to
10 Ms. Annmarie T. Muna; to Mr. Mark Baldyga, Chairman, Board of
11 Directors of the Guam Visitors Bureau; and to the Honorable Eddie J. B.
12 Calvo, *I Maga'lahaen Guåhan*.

**DULY AND REGULARLY ADOPTED BY I MINA'TRENTAI DOS NA
LIHESLATURAN GUÅHAN ON THE ___ DAY OF _____ 2013.**

JUDITH T. WON PAT, ED.D.
Speaker

RORY J. RESPICIO
Chairperson, Committee on Rules

TINA ROSE MUÑA BARNES
Secretary of the Legislature



Appointment application

TODAY'S DATE: _____

POSITION APPLYING FOR:

Director

Deputy Director

Boards/Commission

Other _____

AGENCY/DEPARTMENT/BOARDS/COMMISSION DESIRED: List top 3 choices.

1. GVB Board

2. _____

3. _____

Would you consider any other positions than listed above? YES NO

GENERAL INFORMATION

NAME: Annamarie T. Muna

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL/PAGER:** _____

SOCIAL SECURITY NUMBER: _____

LICENSES:	TYPE	EXPIRATION DATE
<u>Insurance</u>	<u>Broker</u>	<u>June 30, 2011</u>
<u>Real Estate</u>	<u>Broker</u>	<u>2013</u>
_____	_____	_____

BACKGROUND INFORMATION

List your prior Government of Guam Appointments and dates of service:

Government of Guam Appointment	Dates of Service
<u>Guam Community College Bnd. of Trustees</u>	<u>2010 to present</u>
_____	_____
_____	_____
_____	_____

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

List three (3) character and family references (name, address, & telephone number):

NAME	ADDRESS	PHONE
1. Antonita Onedera Blas	[REDACTED]	[REDACTED]
2. Tricia Reyes Granillo		
3. Lucy Alcorn		

EDUCATION

Education (Circle highest grade completed & degree)

High School: 9 10 11 12 College: 1 2 3 4 AA BA BS Post-Grad: MBA JD MA MS PhD

Location: Academy of Our Lady of Guam School Attended: WOG School Attended: _____
Location: Mangilao, Guam Location: _____
Concentration: Business Mgmt. Concentration: _____
Degree: Mgmt. Degree: _____
Attended From: 9/78 to 6/83 Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

Include professional institutes, seminars, and on-the-job training attended with date:

INSTITUTE/SEMINARS/ON-THE-JOB

DATE

INSTITUTE/SEMINARS/ON-THE-JOB	DATE

AWARDS

List all educational, professional, civic awards, & recognition for public service:

Small Business "Women In Business Champion" 2008

PROFESSIONAL INVOLVEMENT

List involvement on a local/national/international level, list organizations, activities participated in, offices held:

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

American Red Cross - Vice Chairperson
Finam Chamber of Commerce - Board of Director
GEC Foundation - Director
Micronesian Cruise Association - Secretary / Treasurer

PUBLICATIONS & PRESENTATIONS

List published articles, papers delivered at professional meetings:

MILITARY SERVICE

List type of discharge, branch, rank at discharge, current status, record of any court marshals or non-judicial punishment under the Uniform Code of Military Justice, & special distinctions & honors. Please attach copy of DD214.

N/A

EMPLOYMENT HISTORY

EMPLOYMENT EXPERIENCE: Please begin with your present or last positions you have held for the past ten years. Account for all periods of employment including military service, volunteer work, self employment and periods of unemployment in separate blocks. Use separate blocks if your duties and responsibilities changed while working for the same employer. For volunteer work, write the word "Volunteer" in the salary section for that block. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and kinds of employees you supervised. If more space is needed, please use supplemental form attached. Your answers may be verified with former employers.

1	Employer: <u>Am Insurance</u>	From: <u>Jan. 1994</u>	To: <u>Present</u>
Address: <u>PO Box 2797</u>		<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
City: <u>Hagerstown</u> State: <u>Ga</u> Zip: <u>98932</u>		Average hours worked per week:	
Name of Supervisor:		Starting Salary:	per
Your Title: <u>President & General Manager</u>		Ending Salary:	per
Duties & Responsibilities:		<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Other	

May we contact your previous employer: <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

2	Employer: <u>Universe Insurance Ind.</u>	From: <u>6/99</u>	To: <u>12/93</u>
Address:		<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Cont'd.

City: <u>Tamuning</u> State <u>GU</u> Zip _____		Average hours worked per week: _____
Name of Supervisor: _____		Starting Salary: _____ per
Your Title: <u>Production Manager</u>		Ending Salary: _____ per
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<u>Manage in-house sales force & in charge of all sales.</u> _____ _____ _____ _____ _____		
May we contact your previous employer: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reason(s) for Leaving:
What did you NOT like about your job? _____		
3 Employer: _____		From: _____ To: _____
Address: _____		<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____		Average hours worked per week: _____
Name of Supervisor: _____		Starting Salary: _____ per
Your Title: _____		Ending Salary: _____ per
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
_____ _____ _____ _____ _____ _____ _____		
May we contact your previous employer: <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason(s) for Leaving:
What did you NOT like about your job? _____		
4 Employer: _____		From: _____ To: _____
Address: _____		<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____		Average hours worked per week: _____

Cont'd.

Name of Supervisor:	Starting Salary:	per
Your Title:	Ending Salary:	per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:	
What did you NOT like about your job?		

5 Employer:	From: _____ To: _____
Address:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: State Zip	Average hours worked per week:
Name of Supervisor:	Starting Salary: per
Your Title:	Ending Salary: per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

Explain any periods of unemployment longer than thirty days: _____

MANAGEMENT EXPERIENCE

A Have you ever managed a Business, Department or an entire organization? YES NO
If YES, did you report to a Board of Directors? YES NO

If your answer is NO, please select the management position/title you held:

Lead Administrator Deputy Director
 Supervisor Superintendent Assistant General Manager
 Manager Director (under a GM/CEO, President) Vice President

B Number of years of service in the highest ranking management position you have held. (Please check one of the following)

under 1 year 9+ – 15 years
 1+ – 3 years 15+ – 20 years
 3+ – 5 years 20+ and up
 5+ – 9 years

C Sector of Organization you served with the most years. GOVERNMENT: Local Federal
 PRIVATE
 OTHER: _____

SUPERVISORY

A	Total number of employees in the organization/department you have managed:		
	<input checked="" type="radio"/> 50 and under	<input type="radio"/> 101 – 250	<input type="radio"/> 501 and up
	<input type="radio"/> 51 – 100	<input type="radio"/> 251 – 500	
	Average number of staff who reported directly to you:		
	<input checked="" type="radio"/> Under 25	<input type="radio"/> 201 – 300	<input type="radio"/> 501 and up
	<input type="radio"/> 26 – 50	<input type="radio"/> 301 – 400	
	<input type="radio"/> 51 – 200	<input type="radio"/> 401 – 500	
	Are you knowledgeable of the local and federal labor laws? <input checked="" type="radio"/> YES <input type="radio"/> NO		

PERFORMANCE RATING

A	Was the organization/department you managed "profitable" or did your organization perform as formally planned?		
	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
	Variance from projected income: <input type="radio"/> Below plan <input type="radio"/> Met plan <input checked="" type="radio"/> Above plan		
	Variance from projected expenses: <input type="radio"/> Below plan <input checked="" type="radio"/> Met plan <input type="radio"/> Above plan		

OTHER ABILITIES

A	Have you ever participated in a strategic planning process? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	If YES, please select one of the following to describe your participation. <input type="radio"/> Facilitated <input type="radio"/> Directed <input type="radio"/> Implemented		
	Do you have any experience with:	Restructuring an organization	<input checked="" type="radio"/> YES <input type="radio"/> NO
		Process Improvement	<input checked="" type="radio"/> YES <input type="radio"/> NO
		Re-engineering	<input checked="" type="radio"/> YES <input type="radio"/> NO
		Total Quality Management	<input checked="" type="radio"/> YES <input type="radio"/> NO
	Have you ever participated in formal negotiations with another organization? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	If YES, check the boxes describing your role: <input type="checkbox"/> Observer <input type="checkbox"/> Assistant <input checked="" type="checkbox"/> Chief Negotiator <input type="checkbox"/> Advisor/Consultant		
	Have you been involved in policy making process? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	If YES, please check the boxes which best describes your role: <input checked="" type="checkbox"/> Management <input type="checkbox"/> Board and/or Commission <input type="checkbox"/> Legislation (includes lobbying process)		

TECHNOLOGY

A	Have you been involved in promoting the use of Technology in your organization? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	Please select all items which describes your involvement: <input checked="" type="checkbox"/> Sponsor <input type="checkbox"/> Development <input type="checkbox"/> Planning <input type="checkbox"/> Design <input type="checkbox"/> Coordination <input type="checkbox"/> Implementation		

GRANTS

	Have you been involved in applying, administering, awarding Grants? <input type="radio"/> YES <input checked="" type="radio"/> NO		
--	---	--	--

Please check the boxes which best describes your involvement:

<input type="checkbox"/> Aide	<input type="checkbox"/> Administrator
<input type="checkbox"/> Researchers	<input type="checkbox"/> Reviewer
<input type="checkbox"/> Writer	<input type="checkbox"/> Funder

SKILLS

Indicate appropriate letter for your skill level:
C=Course only F-Fair G-Good E= Excellent

Windows Software:	Skill Level (C-F-G-E)	Version	Skill Level (C-F-G-E)	Version
MS Word	None	<u>E</u>	WordPerfect	<u>None</u>
Excel	None	<u>E</u>	Presentation	<u>None</u>
PowerPoint	None	<u>E</u>	Quattro Pro	<u>None</u>
			Lotus	<u>None</u>

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:
I started my own company & have experience in every aspect of the organization.

Of the jobs you have held, which did you like best? Why?
General Manager.

What do you feel are your outstanding strengths?
Marketing, Sales, Fundraising.

What do you feel are your primary weaknesses?
Punctuality.

What gives you the most satisfaction in your work?
Helping people & achieving goals.

What is your concept of success?
Setting goals, achieving & surpassing them.

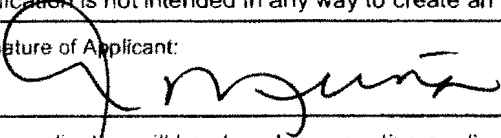
Cont'd.

Please write any additional information that you would like us to know about you (e.g. hobbies)

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission is sufficient to disqualify me for employment or may result in a discharge if employed. I authorize my former employers, schools, government agencies and other entities to give any information (including fact or opinion) they may have regarding me, whether or not it is on their record. I hereby release them and the company from all liabilities as a result of furnishing and receiving this information. I understand that any offer of employment is subject to satisfactory references. I understand and agree that I may be required to submit to pre-employment drug test and post-offer medical examination as part of my application for employment with the offer of employment conditioned on the result of such test and examination. I also understand and agree that at any time during my employment, I may be required to submit to a drug test and/or a medical examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the organization I am applying to. If employed, I agree to abide by my employer's policies and recognize that this application is not intended in any way to create an employment contract.

Signature of Applicant:



Date:

2/20/13

Your application will be placed in our active application files for twelve months. If you are not employed within six months but still wish to be considered for a specific opening, please contact the Governor's Office to inform us of the specific opening for which you wish to be considered.



STATEMENT OF FINANCIAL INTERESTS

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: Annmarie T. Muna

Social Security #: _____

- I have no financial interest in any business
- I do have interest(s) in the following business(es):

Name and address of business interest:

Type and amount of interest

Am Insurance

Insurance Broker 40%

Y magas Inc.

Administrative Services 5%

Sentada Inc.

Coffee Shop 8%

Ren Power Corporation

Power Consultants 33%

Am Properties

Real Estate Broker 100%

Annmarie T. Muna
Signature (sign in ink)

2, 20, 13
Date



STATEMENT OF TAX LIABILITIES

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: Ammarie T. Muna

Social Security #: _____

- I have no delinquent or past-due tax liabilities
- I do have delinquent or past due liabilities as follows:

Name and address of business interest:

Type and amount of interest

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Ammarie T. Muna
Signature (sign in ink)

2 / 20 / 17
Date

Cont'd.



**SUPPLEMENTAL
Appointment Application**

Employer:

Duties & Responsibilities:

Lined area for entering duties and responsibilities.

Cont'd.

Submit



GUAM ELECTION COMMISSION

Kumision Eleksion Guåhan

P.O. Box BG • Hagåtña, Guam 96932

Tel: (671) 477-9791/2 • Fax: (671) 477-1895

E-Mail: vote@gec.guam.gov Website: www.gec.guam.gov



FINANCIAL DISCLOSURE ACT CHAPTER 13, TITLE 4, GUAM CODE ANNOTATED (GCA)

Name: Annmarie T. Muna

Mailing Address: [REDACTED]

Name of Board or Commission: GVB Board

Term of Office: _____

STATEMENT OF DISCLOSURE OF CONFLICTS OF INTEREST FOR GOVERNMENT BOARD OR COMMISSION MEMBER

Public Law 24-91, Section 13104.1 of Title 4, Guam Code Annotated, requires that notwithstanding any other provision of Public Law, all appointees to Boards and Commissions of the Government of Guam shall be required to disclose and submit a report containing only information where conflicts of interest or possible conflicts of interest exists at the time of appointment. Or as may be expected to exist during their tenure of service on the Board or Commission to which they have been appointed. For purposes of this Section, conflicts of interest shall be defined under the provisions of Section 15205 of Title 4, Guam Code Annotated. Please refer to said statute for further particulars.

Please answer the following:

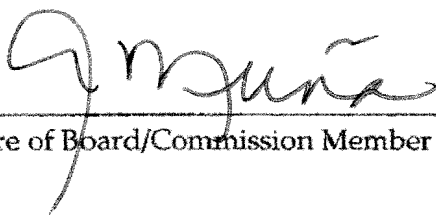
1. Do you have any present conflicts of interest or expect any conflicts of interest to exist during your tenure of service on the Board or Commission in which you presently serve?

Yes

No

2. If so, please provide full disclosure below.

I declare under penalty of perjury pursuant to the laws of Guam, that the above Statement of Disclosure of Conflicts of Interest is true and accurate pursuant to Section 13104.1, Title 4, Guam Code Annotated.

A handwritten signature in cursive script, appearing to read "G. M. Guina", written over a horizontal line.

Signature of Board/Commission Member

A handwritten date "2/20/13" written in cursive script over a horizontal line.

Date



**Government of Guam
 GUAM POLICE DEPARTMENT
 RECORDS & IDENTIFICATION SECTION
 P.O. Box 23909
 Guam Main Facility, Guam 96921**



February 20, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Annmarie Therese MUNA		
DATE OF BIRTH:	██████████	FINGERPRINT #:	75-466
██████	The individual has no record of criminal conviction(s) in GPD files that are subject to Guam law and rules and regulations of the Department.		

*****NOTHING FOLLOWS*****

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY. THIS CLEARANCE DOES NOT REFLECT ARREST(S) PENDING ADJUDICATION.

By Direction: BARBIE

The absence of an original GUAM POLICE seal invalidates this police clearance.
 REVISED: 07/12/2011

**FRED E. BORDALLO, JR.
 CHIEF OF POLICE**



SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

Telephone (671) 475-3370
Fax (671) 477-1500

RICHARD B. MARTINEZ
Clerk of Courts

Name: ANNMARIE T MUNA



CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

Criminal Cases:

- A. No Case Found.
- B. 1. Criminal Case No.
- 2. Criminal Case No.
- 3. Criminal Case No.
- 4. Criminal Case No.
- 5. Criminal Case No.

Criminal Record: Page of

Civil Cases:

- A. No Case Found
- B. 1. Civil Case No.
- 2. Civil Case No.
- 3. Civil Case No.
- 4. Civil Case No.
- 5. Civil Case No.

Civil Record: Page of

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagatna, Guam. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: February 20, 2013

RICHARD B. MARTINEZ
Clerk of Courts

BY: JOSEPH S RIVERA
Deputy Clerk

Prepared By: JML



The absence of an original Court Seal invalidates this document

February 21, 2013

Honorable Edward B. Calvo
Governor of Guam
Ufisinan Maga'Lahi
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

Office of the Speaker
Judith T. Wood Pat, Ed. D.
Date 2/21/13
Time 11:06
Received by fen

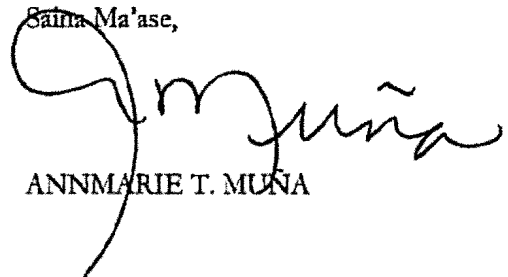
Re: Resignation from the Board of Commissioners of the Hagatña Restoration & Redevelopment Authority

Dear Governor Calvo:

I would like to thank you for your trust and confidence in my ability to serve as a member of the Board of Commissioners of the Hagatña Restoration & Redevelopment Authority. It is with great regret that I tender my resignation from this Board effective immediately. I wish the remaining Commissioners well as they continue their very important work in this area.

Please do not hesitate to contact me if you should require my service in the future.

Saina Ma'ase,



ANNMARIE T. MUÑA