

BEFORE THE
DIVISION OF SECURITIES
DEPARTMENT OF FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

In the Matter of
MED-LINK INTERNATIONAL, INC.,

WAIVER AND CONSENT
TO ORDER

Respondent.

File No. S- 02050(EX)

The undersigned Respondent, having decided not to contest the issuance of the attached Order, hereby waives its right to a hearing with respect to this matter and hereby consents to the issuance of the Order;

The undersigned Respondent understands that the Order is effective when signed by the Administrator of the Division of Securities and that a wilful violation of an Order signed by the Administrator is a criminal offense.

EXECUTED this ___ day of _____, 2002.

MED-LINK INTERNATIONAL, INC.

by *Paul R. W. [Signature]*

(Type name and title)

State of _____ }
County of _____ }

Subscribed before me this
_____ day of _____, 2002.

Notary Public _____

My commission expires _____



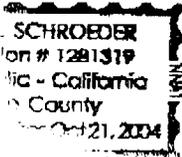
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of ORANGE } ss.

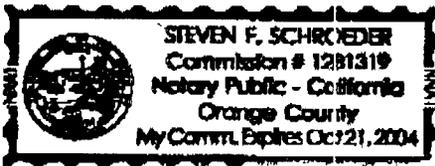
On August 12, 2002 before me, Steven F. Schroeder
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Michael F. DiBiaccio
Name(s) of Signor(s)



personally known to me
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) ~~(I)~~ subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ ~~they~~ executed the same in ~~his~~ ~~her~~ ~~their~~ authorized capacity(ies), and that by ~~his~~ ~~her~~ ~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument



Place Notary Seal Above

WITNESS my hand and official seal.

Steven F. Schroeder
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Waiver and Consent to Order

Document Date: _____ Number of Pages: 1

Signer(s) Other Than Named Above: Michael F. DiBiaccio

Capacity(ies) Claimed by Signer

Signer's Name: Michael F. DiBiaccio

- Individual
- Corporate Officer — Title(s): President
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer is Representing: _____

