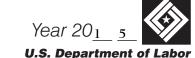
OSHA's Form 300A (Rev. 01/2004)



Summary of Work-Related Injuries and Illnesses

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)
Number of D	ays		
Total number of da from work		otal number of days of job ansfer or restriction	
0	_	0	
(K)		(L)	
Injury and II	Iness Types		
Total number of (M)			
Injuries	0	(4) Poisonings	0
		(5) Hearing loss	0
Skin disorders	_0	(6) All other illnesse	es0
Respiratory condit	ions 0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information Ecolgical Estates LLC Your establishment name	C dba Eco Estates Internationa
Street 14812 Avery Ranch Blvd St	uite 52
City Austin St	ate <u>TX</u> ZIP <u>78717</u>
Industry description (e.g., Manufacture of motor true Custom Homes Builder an Standard Industrial Classification (SIC), if know	d Renewable Energy Systems
Standard industrial Classification (SIC), if know	n (e.g., 9719)
OR	
North American Industrial Classification (NAIC	CS), if known (e.g., 336212)
2 3 8 2 1 0	
Employment information (If you don't Worksheet on the back of this page to estimate.)	t have these figures, see the
Annual average number of employees	10
Total hours worked by all employees last year	<u>19,200 hou</u> rs
Sign here	
Knowingly falsifying this document ma	ay result in a fine.
I certify that I have examined this documen knowledge the entries are true, accurate, an	
Lu Cuy Pour	President
Company executive	Title