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July 23, 2002

Stone & Hiles, LLP
Suite 1515 Wilshire Boulevard
Los Angeles, California, 90024

Attention: David Schaffer

Re: Kramer Residence

Conclusion:

Mr. Cohen's measurements indicate that there does not appear to be a greatly [illegible] risk over outside air for occupants of this building. A physician, with detailed knowledge of the clinical condition of the child involved, must be consulted for specific determination of the safety of this environment for this patient.

Sincerely,

GlobalTox, Inc.

Bruce J. Kelman

Bruce Kelman, Ph.D., DABT
Principal

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EXHIBIT 7
Deponent Kelman
Date 12/20/07 Rptr. Hesloth
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July 23, 2002

Stone & Hiles, LLP
Suite 1515 Wilshire Boulevard
Los Angeles, California, 90024

Attention: David Schaffer

Re: Kramer Residence

Dear Mr. Schaffer:

On July 9, 2002, you requested Bruce Kelman, Ph.D. of GlobalTox to evaluate air sample results collected from the Kramer Residence by Joel Cohen of The Cohen Group on June 20, 2002.

Background:
On June 20, 2002, Joel Cohen collected air samples and took photographs of the home and reported that the house had been unoccupied for several months prior to his visit. Mr. Cohen observed that there was substantial dust and debris in the home and remediation of the kitchen wall and floor was unfinished. Visible mold growth was reported in the bathroom, in the peeling paint around several bedroom windows and on the wooden doors of the garage but was not observed in the kitchen. Mold growth observed in and around the home was unrelated to the work in the kitchen and in the below level garage.

Two types of air sampling were conducted. The first was for culturable fungal spores[1] (spores that are "viable" and can grow in a culture medium) using an Andersen Microbial Sampler. Although this method will miss non-viable spores, it is used to distinguish *Aspergillus* from *Penicillium* and to identify more molds to the species level. The second type of air sampling was for non-viable mold particles. This method allows detection of spores whether or not they are viable (able to grow in culture); however, this method generally allows identification of mold spores only to the level of genus, and spores of *Aspergillus* and *Penicillium* cannot be distinguished. This method is used to estimate the total number of airborne mold particles.

Air sampling is a snapshot in time of airborne mold spores when the sample was collected. It does not reflect past or future conditions. Variation is an inherent part of biological air sampling and the presence or absence of a few genera in small numbers is normal and not suggestive of a problem.

Two samples each of viable and non-viable sample types were obtained in the following locations:

- Outdoors 20 ft from front entrance
- Kitchen eating area
- Near bookcase between living room and sitting area
- East bedroom
- Outdoors toward the back of the house on the east side in walkway

[1] The word "spore" has a specific definition in mycology, but here it is used to denote mold particles in general.

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Sampling Results:
Air sampling results (attached) show that the total levels and types of airborne mold in the occupied areas of the home were generally similar to that found outdoors. One culturable air sample, taken from the kitchen when the HVAC system was not turned on, shows that the level of total mold was similar to outside air but that the specific mold, Penicillium, was higher than outside air. Comparatively, when the HVAC system was later turned on, and air sampling repeated in the kitchen area, the results show that the kitchen had mold levels, including Penicillium, similar to the outside. The non-viable air sample results also indicate that the kitchen had similar mold types and levels to outside air. The non-viable air sample results collected near the book case between the living room and sitting area have similar proportions to the outside but show slightly higher levels. This increase is not significant, given the inherent variation in air sample results.

Conclusions:
The air sampling results suggest a potential low level source of Penicillium mold in the kitchen area. However, the sample that showed Penicillium levels higher than outside air was the first sample taken in the home (based on the numbering scheme) and, at the time of sampling, substantial dust and debris was observed, the walls and floors were not replaced, and the unit was unoccupied. Further, the second viable air sample and the two non-viable air samples that were collected in the kitchen show mold levels similar to outside and do not confirm that Penicillium was elevated in the kitchen. Therefore, the additional testing did not confirm elevated levels of Penicillium.

Mr. Cohen's measurements indicate that there does not appear to be a greatly increased level of risk over outside air for occupants of this building. A physician, with detailed knowledge of the clinical condition of the child involved, must be consulted for specific determination of the safety of this environment for this patient.

Sincerely,

GlobalTox, Inc.

Bruce J. Kelman

Bruce Kelman, Ph.D., DABT
Principal

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