

EXHIBIT 2

**THE NBA REFEREES' PENSION PLAN
APPLICATION FOR PENSION BENEFITS**

Participant Terry Durham Date of Birth 05/03/45 Soc. Sec. No. 544-42-4441

Address 13215 NW Logie Trail Road Hillsboro OR 97124
Street City State Zip Code

Beneficiary or Joint Annuitant (if applicable) Lesley DURHAM Date of Birth 7/18/50 Soc. Sec. No. 546-55-1279

Address 13215 NW Logie TR. Rd. Hillsboro, OR. 97124
Street City State Zip Code

I. REASON FOR PAYMENT

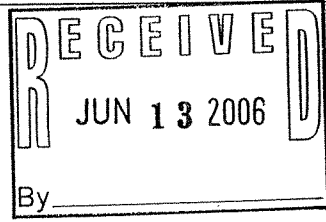
<input type="radio"/> Normal Retirement	<input type="radio"/> Early Retirement	<input checked="" type="radio"/> Deferred Retirement	<input type="radio"/> Disability Retirement
Date of Termination <u>12/24/01</u>	Payment Determination Date <u>May 01, 2006</u>	To be completed by Plan Representative	

II. FORM OF PAYMENT

Applicant, please select one option.

	Participant's Benefit*	Survivor's Benefit*
<input type="checkbox"/> Qualified Joint and 50% Survivor Annuity to Spouse	\$9,393.66	\$4,696.83
<input type="checkbox"/> Straight Life Annuity	\$10,326.08	None
<input type="checkbox"/> Life Annuity Guaranteed for 120 months	\$9,919.39	Remaining balance of guaranteed payments.
<input type="checkbox"/> Joint and 100% Survivor Annuity to Spouse	\$8,649.71	\$8,649.71
<input type="checkbox"/> Periodic Payments not to Exceed Referee's Life Expectancy	N/A	Remaining balance, if any.
<input checked="" type="checkbox"/> Single Lump Sum Payment	\$1,654,339.33	None.
	* Amount to be inserted by Plan representative.	* Amount to be inserted by Plan representative

Note: If you are married, your pension will be paid to you as a Qualified Joint and 50% Survivor Annuity unless your spouse consents to your selection of one of the other optional forms of payments. Please read the attached Qualified Joint and 50% Survivor Annuity Explanation before you select a form of payment and then complete the necessary forms with your spouse. If you are not married, your pension will be paid to you as a Life Annuity Guaranteed for 120 months unless you select an optional form of payment and complete and return the necessary forms.



THE NBA REFEREES' PENSION PLAN
DIRECT ROLLOVER ELECTION

I have elected in my Pension Application to receive my pension benefit from the National Basketball Association Referees' Pension Plan in a single lump sum payment. I further direct the Plan to transmit:
 100% of my single lump sum as a Direct Rollover to; or [] \$ _____ of my single lump sum payment as a Direct Rollover (with the remainder paid directly to me) to:

- FIDELITY ROLLOVER IRA 146585629
Name of Plan or IRA IRA Account No. (If applicable)
- TERRY J. DURHAM
For the Benefit of
- FIDELITY MANAGEMENT TRUST Co.
Name of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made
- P.O. Box 770001, CINCINNATI OH 45277-0037
Address of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made.

If I am directing the rollover of my benefit to a tax-qualified plan, I have attached a statement from that plan that (1) it is a qualified plan described in Section 401(a) of the Internal Revenue Code, annuity plan described in Section 403(b), or eligible deferred compensation plan described in Section 457(b) sponsored by a governmental employer, and (2) it will accept the direct rollover of your pension benefit.

I hereby acknowledge that I have received and read the Special Tax Notice Regarding Plan Payments and understand that the 20% of the payment made directly to me will be deducted and withheld for federal income taxes.

6/9/06
Date

Terry Durham
Participant's Signature

TERRY DURHAM
Name (Please Print)

STATE OF Oregon,
COUNTY OF Washington) ss.:

I, Jennifer Jackson, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Terry J. Durham is personally known to me to be the same person whose name is subscribed to the foregoing, and acknowledges that he appeared before me this day in person and that he signed, sealed, and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 9th day of June 2006

NOTARY PUBLIC *Jennifer Jackson*
Commission expires May 31, 2007




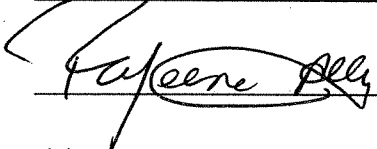
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APPLICATION FOR PENSION BENEFITS

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I hereby apply for my pension benefit to be paid to me in the Form of Payment I selected above. I understand that by selecting any optional form of payment, I have automatically waived the standard form of payment applicable to me and must complete and timely return the Waiver Form that applies to my choice. In addition, I understand that I must obtain timely written spousal consent if I am married and that such consent must be notarized. I understand that neither I nor my beneficiary or beneficiaries have any other claim for benefits under the Plan except as designated above. I agree to submit more information if needed to process my benefit payment(s). I understand that I have the right to a period of 30 days following receipt of the benefit election forms to consider my benefit election and that if I return the completed election forms before the 30 day period has elapsed I am waiving this right.

I hereby confirm that no portion of the pension benefit that I am applying for is subject to a Domestic Relations Order that could affect the payment of all or any portion of my pension benefit.

To the best of my knowledge, I have provided accurate information and I understand that the Plan has the right to recover any benefits paid to me as a result of any incorrect information I provided.

Participant's Signature	<u></u>	Date	<u>5/30/06</u>
Plan Representative	<u></u>	Date	<u>6-13-06</u>
Forms mailed or delivered to Participant		Date	<u>May 24, 2006</u>

THE NBA REFEREES' PENSION PLAN
WAIVER OF QUALIFIED JOINT AND 50% SURVIVOR ANNUITY
AND ELECTION OF IMMEDIATE LUMP SUM DISTRIBUTION

I hereby elect to waive my right to receive my pension benefit under the National Basketball Association Referees' Pension Plan in the form of a Joint and 50% Survivor Annuity with my spouse as beneficiary and elect to receive, in lieu thereof, an immediate distribution of my benefits in a lump sum cash payment (that I can further elect to rollover in whole or in part) and also waive my right to the minimum 30 day election period. I understand that upon payment of my pension benefit I will not be entitled to any further benefits under the National Basketball Association Referees' Pension Plan. I also understand that my spouse must consent to my election at the time it is made and that his/her consent must be witnessed by a Notary Public.

5/30/06
Date

[Signature]
Participant's Signature

Name: TERRY DURHAM
(Please Print)

CONSENT OF SPOUSE
TO WAIVER OF QUALIFIED JOINT AND 50% SURVIVOR ANNUITY
AND ELECTION OF IMMEDIATE LUMP SUM PAYMENT

I hereby consent to my spouse's election to waive payment of his pension benefit from the National Basketball Association Referees' Pension Plan in the form of a Joint and 50% Survivor Annuity. I understand that benefits under the Plan will be paid to my spouse as a lump sum cash payment and, as a result, I will not be entitled to any death benefits under the Plan in the event of my spouse's death.

6/9/06
Date

[Signature]
Spouse's Signature

Name: LESLEY JEAN DURHAM
(Please Print)

STATE OF Oregon)
COUNTY OF Washington) ss.:

I, Jennifer Jackson, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Lesley J. Durham is personally known to me to be the same person whose name is subscribed to the foregoing, and acknowledges that She appeared before me this day in person and that She signed, sealed, and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 9th day of June 2006.

NOTARY PUBLIC [Signature]
Commission expires May 31, 2007

