

CROWN BANK

6600 France Avenue South, Suite 125 • Edina, MN 55435

07

WIRE TRANSFER REQUEST

Processing Deadline: 2:00 p.m.

****A TELEPHONE CALL TO 952-285-2755 MUST BE MADE PRIOR TO FAXING THIS WIRE REQUEST FOR AUTHORIZATION PURPOSES****

ORIGINATOR INFORMATION

Date 10/30/06 Amount \$1,167,188 ⁰⁰/_{xx}
 Debit Account Number [REDACTED]
 Name Thomas J Petters
 Address 4400 Baker Road
 City Minnetonka State/Country MN Zip 55343

I am authorized to initiate wire transfers for the above referenced Crown Bank account. I understand there is a fee for sending domestic or international wires and I authorize the bank to charge the account number listed above for the appropriate wire transfer fee. I have received a copy and read the Crown Bank Wire Transfer Agreement and agree to the terms and conditions contained therein.

Authorized Signer (Print Name): Thomas J Petters
 Authorized Signature: Thomas Petters by (ML)
 Title: CEO Telephone Number 952.936.5535

BENEFICIARY BANK INFORMATION

Bank Routing/ABA Number [REDACTED]
 Bank Name Alliance Bank
 City St. Paul State MN

BENEFICIARY INFORMATION

Account Number [REDACTED] Beneficiary Name MN Airlines, LLC
 Address _____
 City _____ State/Country _____ Zip _____

For further credit to (if applicable) _____
 Originator to Beneficiary Information _____

Domestic Transfer Fees: Outgoing \$16.00 (Fees subject to change)

GOVERNMENT EXHIBIT
 332
 08cr364(RHK/AJB)

TELEPHONE 952-285-5800 E-MAIL crown-bank.com FAX 952-285-5900

10/30/2006 MON 13:29 [JOB NO. 6619] 001

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