

EXHIBIT 7

2007 USDA AGREEMENT FOR CONTROL OF ANIMAL DAMAGE ON NON-PRIVATE PROPERTY

**AGREEMENT FOR CONTROL OF ANIMAL DAMAGE
ON NON-PRIVATE PROPERTY**

Agreement

Date
MM DD YY

TYPE OF AGREEMENT - "✓" ALL THAT APPLY

1. Temporary Agreement 3. Continuation Form 5. Addendum on File
 2. Urban Agreement 4. Amendment of an Existing Agreement 6. Supplement is not Required
 7. Special Considerations in Section 6

PLEASE PRINT CLEARLY

SECTION 1

Cooperator's Name: Municipality of Mt Lebanon

Cooperator's Address: 710 Washington Rd. Pittsburgh PA 15228
Street City/State/Zip Code

Common Name: _____

Representative's Name: Tom Kelley 412 343 - 3849
Area Code Telephone Number

SECTION 2

A. ADC Employee Name, ADC Code, State Code, and County Code <u>Tony Roland</u> ADC Employee Name ADC Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ADC Employee Name ADC Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> County <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. List each Land Class with its Corresponding Acreage <table border="1"> <thead> <tr> <th>LAND CLASS</th> <th>ACRES</th> </tr> </thead> <tbody> <tr> <td>1st <input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><u>253</u></td> </tr> <tr> <td>2nd <input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>3rd <input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>4th <input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Total Acreage Protected <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </tbody> </table>	LAND CLASS	ACRES	1st <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>253</u>	2nd <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3rd <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4th <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Total Acreage Protected <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		C. If this is an Adjoining Property Agreement, List the Properties Protected <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. List all Species to be Targeted During Damage Control Activities <table border="1"> <thead> <tr> <th>SPECIES</th> <th>CODE</th> </tr> </thead> <tbody> <tr> <td><u>WT Deer</u></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </tbody> </table>	SPECIES	CODE	<u>WT Deer</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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SECTION 3

In consideration of the benefits to be derived from the proper control of damage caused by those species listed in Section 2(D) of the agreement, I the undersigned authorized representative of the above listed cooperator, do hereby give my consent, and concurrence, to the Animal and Plant Health Inspection Service (APHIS), (to include its officials, employees, and agents) to use, upon lands owned, leased, or otherwise controlled by the cooperator I represent, and identified by this agreement, the following methods and devices:

METHOD	CODE	METHOD	CODE	METHOD	CODE	METHOD	CODE
<u>Shooting</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Topping</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Cage traps</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Posting</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Fences</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Clow traps</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Trap Euthanize</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Stouls</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 4

I, as representative of the cooperator, have been informed of the methods and the manner in which the control materials and devices listed in Section 3 will be used, and of the possible hazards associated with their use. I understand that APHIS, again to include its officers, employees, and agents will: exercise reasonable precautions to safeguard all persons and to prevent injury to animal life other than those listed in Section 2(D) above; guard against the mishandling of control devices and materials; and exercise due caution and proper judgment in all control operations.

SECTION 5

In consideration of these understandings and of the benefits to be derived, the cooperator that I represent, agrees to: take reasonable precautions to prevent injury to livestock and other domestic animals; assume responsibility for injury to property owned by the cooperator or under the cooperator's control, when said injury is not the result of negligence on the part of APHIS; assist in maintaining such warning signs as APHIS may place out for the purpose of notifying persons entering onto such lands of the possible hazards associated with animal control measures in use thereon; and to give adequate warning to persons authorized by the cooperator to enter onto such lands, of these possible hazards.

In recognition of the benefits to be derived from the use of the specified methods and devices authorized by this agreement, the cooperator that I represent agrees not to concurrently use or allow to be used upon lands covered by this agreement, any toxic material that might reasonably be expected to take a species listed in the above Section 2(D) unless such use of said toxicant is agreed to by APHIS in writing.

This agreement may be revoked by either party by a 30-day written notice.

SECTION 6

Special Considerations: _____

SIGNATURE AND TITLE (Cooperator's Representative) <u>Tom Kelley</u>	ADDRESS <u>710 Washington Rd</u>	DATE <u>2/9/07</u>
SIGNATURE AND TITLE (APHIS Representative) <u>Tony Roland</u>	ADDRESS <u>4820 Rt. 711 Bolivar PA 15923</u>	DATE <u>2/6/07</u>