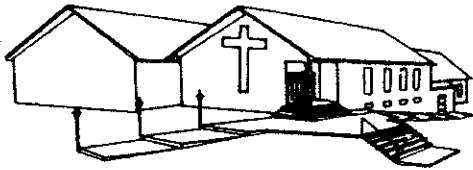


Ezra Church of God



Ezra Christian School **Ex. F**



1345 EZRA STREET, WEST FRANKFORT, ILLINOIS 62896 • PHONE (618) 932-6988 • PASTOR'S OFFICE (618) 932-6909

May 14, 2003

Dr. Walter Thompson
174 Foxborough Place
Burr Ridge, Illinois 60527

Dear Dr. Thompson:

Greetings in the holy name of our Lord Jesus!

It is my understanding that you serve as chairman of the board of directors of Three Angels Broadcasting Network. From 3ABN's web site it appears an invitation to minister has been extended to this congregation's former pastor, Tommy Ray Shelton.

Constrained by an ethical, if not legal, obligation, I am compelled to advise you that Tommy Ray Shelton is not in good standing with either of the two associations by which he was first presented with ministerial credentials. At least six boys in our community were sexually abused by Tommy Ray Shelton during the periods he served as pastor of this congregation.

Some of these young men and some parents are willing to corroborate the information I am giving you, if necessary. Please contact me for their phone numbers that I may alert them to a pending call. I also will put you in touch with the two associations referenced above.

Either I or members of this congregation's leadership will answer any questions you may have regarding this correspondence.

In our Lord's service,

Pastor Glenn Dryden

Pastor Glenn Dryden

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery <i>5-16-03</i>
1. Article Addressed to: <i>Dr. Walter Thompson 174 Foxborough Place Burr Ridge, IL 60527</i>	C. Signature <i>*W. Thompson</i>	
2. <i>7002 2410 0000 5395 1421</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	