

Exhibit 2

<p>Commonwealth of Virginia ABSENTEE BALLOT APPLICATION</p> <p><i>A SEPARATE FORM MUST BE SUBMITTED FOR EACH PERSON FOR EACH ELECTION</i></p> <p><input type="checkbox"/> I AM A REGISTERED VOTER IN THE COUNTY/CITY OF _____ I AM APPLYING TO VOTE BY ABSENTEE BALLOT IN THE FOLLOWING ELECTION . . . <input type="checkbox"/> GENERAL OR SPECIAL OR <input type="checkbox"/> DEMOCRATIC PRIMARY OR <input type="checkbox"/> REPUBLICAN PRIMARY TO BE HELD ON _____, 20_____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">OFFICE USE ONLY</td> <td style="text-align: center;">APPLICATION NO.</td> </tr> <tr> <td>PCT _____</td> <td>DIST _____</td> </tr> <tr> <td colspan="2">DATE RECEIVED _____</td> </tr> <tr> <td><input type="checkbox"/> IN PERSON</td> <td><input type="checkbox"/> IN PERSON - BALLOT TO BE MAILED</td> </tr> <tr> <td><input type="checkbox"/> BY MAIL</td> <td><input type="checkbox"/> BY FAX</td> </tr> <tr> <td colspan="2">APPLICATION ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2">REASON DENIED _____</td> </tr> <tr> <td colspan="2">REVIEWED BY _____</td> </tr> </table>	OFFICE USE ONLY	APPLICATION NO.	PCT _____	DIST _____	DATE RECEIVED _____		<input type="checkbox"/> IN PERSON	<input type="checkbox"/> IN PERSON - BALLOT TO BE MAILED	<input type="checkbox"/> BY MAIL	<input type="checkbox"/> BY FAX	APPLICATION ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON DENIED _____		REVIEWED BY _____	
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BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED. MAXIMUM PENALTY FOR ANY FALSE STATEMENT: \$2500 FINE AND/OR 10 YRS IN JAIL.

PART A *I will be absent on election day or I cannot go to the polls because:* [Check one box only in Part A. Provide required information.]
EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY IF THE REASON CODE IN PART A IS 1A, 2A, 6A, 6B, 6C OR 6D.

<p>STUDENT 1A <input type="checkbox"/> I am a student attending OR 1B <input type="checkbox"/> I am the spouse of a student attending</p> <p>NAME AND ADDRESS OF SCHOOL OUTSIDE MY COUNTY/CITY [REQUIRED FOR 1A AND 1B]</p>	<p>CARE GIVER 2E <input type="checkbox"/> I am the primary care giver for a family member whose name is _____</p> <p>[REQUIRED] and whose illness or disability is _____ [REQUIRED]</p>
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<p>BUSINESS 1C <input type="checkbox"/> I will be outside my county/city of residence on business</p> <p>NAME OF EMPLOYER OR BUSINESS [REQUIRED]</p>	<p>CONFINEMENT 3A <input type="checkbox"/> I am confined, awaiting trial, OR 3B <input type="checkbox"/> I am confined, having been convicted of a misdemeanor in . . .</p> <p>PLACE OF CONFINEMENT AND ADDRESS [REQUIRED FOR 3A AND 3B]</p>
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<p>PERSONAL BUSINESS OR VACATION 1D <input type="checkbox"/> I will be traveling outside my county/city on personal business or vacation PLACE OF TRAVEL: _____ [REQUIRED]</p>	<p>ELECTION OFFICIAL 4A <input type="checkbox"/> I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment</p>
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<p>WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM 1E <input type="checkbox"/> I will be working and commuting on election day From _____ AM to _____ PM [REQUIRED]</p> <p>NAME OF EMPLOYER OR BUSINESS [REQUIRED]</p> <p>ADDRESS OF EMPLOYER OR BUSINESS [REQUIRED]</p>	<p>RELIGION 5A <input type="checkbox"/> I have a religious obligation</p> <p>RELIGION AND NATURE OF OBLIGATION [REQUIRED]</p>
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<p>DISABILITY OR ILLNESS 2A <input type="checkbox"/> I have a physical disability or physical illness</p> <p>NATURE OF PHYSICAL DISABILITY OR PHYSICAL ILLNESS [REQUIRED]</p>	<p>U.S. UNIFORMED SERVICES 6A <input type="checkbox"/> I am on active duty in the Merchant Marine or Armed Forces, OR 6B <input type="checkbox"/> I am the spouse or a dependent residing with the above 6A</p> <p>BRANCH OF SERVICE, RANK, GRADE OR RATE, SERVICE ID [REQUIRED FOR 6A AND 6B]</p>
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<p>TEMPORARILY RESIDING OUTSIDE U.S. 6C <input type="checkbox"/> I am temporarily residing outside the continental limits of the U.S. 6D <input type="checkbox"/> I am temporarily residing outside the continental limits of the U.S. for the purposes of employment or I am the spouse or dependent thereof LAST DATE OF RESIDENCE IN VIRGINIA: _____ [ONLY REQUIRED IF YOUR RESIDENCE IS NO LONGER AVAILABLE TO YOU]</p>
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<p>PART B Ballot can be mailed only to:</p> <p> - Address where you are registered, OR - Address while absent from county/city The ballot cannot be sent "in care of"</p>	<p>See Absentee Voting IN PERSON on reverse side and where ballot can be mailed information at left. I am voting BY MAIL. Send the ballot to me at the following address</p>
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PART C Assistance: I will need help in marking my ballot because of a physical disability, blindness, or inability to read or write.
 Yes No [If Yes, a required form is sent with the ballot]

<p>PART D Absentee Voter's Statement</p> <p>I declare under penalty of law that, to the best of my knowledge, . . .</p> <ul style="list-style-type: none"> The facts contained in this application are true and correct I have not and will not vote in this election at any other place in Virginia or in any other state <p>*Printed Full Name of Absentee Voter [Required]</p> <p>*Legal Virginia Residence Address [Required]</p> <p>City/Town [Required] Zip [Required]</p> <p>Last 4 digits of your Social Security Number [Required] Area Code Daytime Phone</p> <p>Signature of Applicant [Required] Date [Required]</p> <p>Check here - if this is a change of NAME or ADDRESS * <input type="checkbox"/> Then, complete PART F on the reverse side of this form.</p>	<p>PART E Assistant's Statement REQUIRED ONLY IF VOTER CANNOT SIGN OR WRITE FOR REASONS STATED IN PART C</p> <p>I declare, under penalty of law, that . . .</p> <ul style="list-style-type: none"> I have written on applicant's signature line: "Applicant Unable to Sign" I have signed and provided requested information below <p>Printed Full Name of Witness</p> <p>Address of Witness</p> <p>City/Town Zip</p> <p>Signature of Assistant (18 or older)</p> <p>Knowingly giving any untrue information in this document is a felony under Virginia law. The maximum penalty is a fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote.</p> <p>SBE-701 REV 8/07</p>
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INSTRUCTIONS: APPLICATION FOR ABSENTEE BALLOT

§§ 24.2-700 and 24.2-701, Code of Virginia

Complete all required information in Parts A – E, and Part F, if applicable. *Otherwise, your application cannot be processed.*

EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail **MAY VOTE BY MAIL ONLY** if the reason code in Part A is **1A, 2A, 6A, 6B, 6C or 6D.**

Top of Form

- Complete the information at the top. You **must** . . .
 - be a registered voter in the locality where you are applying
 - identify the election in which you are applying

Part A

- Check only one reason for applying to vote.
- Enter the required information to support the reason.
[This information is **required** by state law.]

Part B

- Print the address where your absentee ballot is to be sent, if voting by Mail. [Note the **restrictions** in the left-hand box.]

Part C

- Indicate if assistance **from another person** will be needed to vote the ballot. If Yes is checked, an **ASSISTANCE** form will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

Part D

- **Absentee Voter:** Read the Statement in Part D. Then, print your full name, **current** LEGAL resident address, the last 4 digits of your social security number and a daytime telephone number. **SIGN YOUR NAME.**

NOTE: No witness is required to be present when you sign. A signature, based on "use of power of attorney", **CANNOT** be accepted.
[Also See Part E below.]

Part E

- **Assistant:** IF THE ABSENTEE VOTER IS UNABLE TO SIGN his/her name and complete the information in Part D **due to a physical or educational disability**, write on the voter's signature line: "*Applicant Unable to Sign*". Then, print the voter's full name, residence address, social security number and telephone number. **Sign and complete Part E.**

Part F [BELOW]

- To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address. Print any **new** information in Part F and **sign your name**. [The change will not be effective during the 28 days before a general or primary election.]

<p>ATTENTION VOTERS:</p> <ul style="list-style-type: none"> ➤ Apply early! Allow enough time for your application to be processed and your ballot to be mailed to you. Your voted ballot must be received by your Electoral Board before 7:00 PM on election day. ➤ In the next column, please provide your e-mail address, if you have one. ➤ Also in the next column, please provide your fax number, if you have one. <p>ATTENTION MILITARY and OVERSEAS VOTERS You are encouraged to use the Federal Post Card Application (FPCA) which also serves as a voter registration application. For the form and information visit the following website: WWW.FVAP.GOV</p>	<p>THIS INFORMATION WILL ENABLE YOUR GENERAL REGISTRAR TO CONTACT YOU, IF NECESSARY.</p> <p>ENTER YOUR E-MAIL ADDRESS BELOW</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>ENTER YOUR FAX NUMBER BELOW</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>FOR THE LATEST ELECTION INFORMATION Visit the state website: WWW.SBE.VIRGINIA.GOV</p>	<p>PLACE YOUR APPLICATION IN AN ENVELOPE AND MAIL TO:</p> <p style="text-align: center;">City of Alexandria Office of Voter Registration 132 North Royal Street, Suit 100 Alexandria, VA 22314</p> <p>OR FAX YOUR APPLICATION TO:</p> <p style="text-align: center;">703-838-6449</p> <p style="text-align: center;">City of Alexandria website: www.alexandriavoter.org</p>
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PART F CHANGE OF NAME OR ADDRESS			Absentee Voting Deadlines
Full Name			▶ ABSENTEE VOTING BY MAIL . . . Application must be received in the Registrar's Office no later than 5:00 p.m. 7 days before election day. Ballots will be mailed upon receipt of this application.
IF NAME CHANGED, Former Full Name			
NEW Virginia Residence Address			▶ ABSENTEE VOTING IN PERSON . . . Absentee Voting Begins: - 45 days (approx.) before a November election - 30 days (approx.) before other elections If your application is made at least 7 days before election day, you can have ballot mailed to you.
Apartment, Suite or Lot No.	Date moved from old address		
City or Town	State	Zip	
New Mailing Address [if different from the third line above]			
OLD Virginia Residence Address			Absentee Voting Ends: - 5:00 p.m. on the Saturday before election day SBE-701 REV 8/07
City or Town	State	Zip	
Signature	Social Security Number [See SSN Note on front of form]		