Inst. Number: 201312012334 Book: 1259 Page: 1981 Date: 8/13/2013 Time: 12:42:12 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number: 201312012334 Date 8/13/2013 Time 12 42 PM DC, P'DeWitt Cason, Columbia County Page 1 of 1 B.1259 P 1981 274516-0319*9* THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT. 1. Description of property (legal description): (b) a) Street (Job) Address: 400 5 w 2. General description of improvements: Feroe a) Name and address: b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4. Contractor information a) Name and address: Day Rood Construction b) Telephone No.: 386-753-407 A 5. Surety information a) Name and address: b) Amount of Bond: c) Telephone No.; 6. Lender Name and address: 7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served: a) Name and address: __ Fax No. (Opt.) 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(i)(b), Fiorida Statutes: a) Name and address: b) Telephone No.: 9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 718.18, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Owner or Owner's Authorized Office/Director/Partner/Manager Shannon Allison Printed Name The foregoing instrument was acknowledged before me, a Florida Notary, this (type of authority, e.g. officer, trustee, attorney fact) for (name of party on behalf of whom instrument was executed). **OR** Produced Identification Personally Known Notary Signature Notary Stamp or Seal: -AND-11. Verification pursuant to Section 92,525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing (in line #10 above)