

ek 18514

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official LC

Building Official TM 2/21/18

AP# 1802-59 Date Received 2-19-18 By UH Permit # 36384

Flood Zone X Development Permit _____ Zoning A3 Land Use Plan Map Category A

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 1' above road River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☐ EH # 18-0131 ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment on Property ☐ Out County ☒ In County ☒ Sub VF Form

Property ID # 06-6S-17-09617-104 Subdivision Meadowlands PH 1 Lot# 4

▪ New Mobile Home _____ Used Mobile Home X MH Size 28 x 56 Year 2005

▪ Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311

▪ Address 546 SW Dortch Street, Fort White, FL, 32038

▪ Name of Property Owner Subrandy Limited Partnership Phone# 386-752-8585

▪ 911 Address 336 SW Meadowlands Dr Lake City fl 32024

▪ Circle the correct power company - FL Power & Light - (Clay Electric)
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home John "Kevin" Berry Phone # Same 386-984-9642

Address 336 SW Meadowlands Dr, Lake City, FL, 32024

▪ Relationship to Property Owner Contract for deed

▪ Current Number of Dwellings on Property 0

▪ Lot Size 350 x 615 Total Acreage 5.01

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home No

▪ Driving Directions to the Property 41 South, TR Tustenuggee Ave, TR Meadowlands Dr
4th Lot on left

▪ Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043

▪ Installers Address 1294 Hamp Farmer Road, LC, FL, 32055

▪ License Number IH-1104218 Installation Decal # 43508

SW spoke w/ UH 13 @ 1.05 - 2.27.18.

Installer Brent Strickland
License # IIH104218

Used for:

License # 1767114T

Home installed to the Manufacturer's Installation Manual

11-12-20

Volume is installed in accordance with Rule 15-C

011 Address where home is being installed
356 W. 3rd St. #2024

World Zone II

CK 1.00 1 length x width 28x56

Installation Decal # 43508

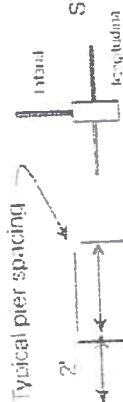
Manufacturer Skyline Length x width 20 x 30

Serial # 05-61-0241-T-AB

NOTE: if home is a single wide fill out one half of the drawing
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Air Systems cannot be used on any home (new or used)

Installer's initials



Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)

load bearing capacity	foot- er size (sq in)	15' x 16' (256)	18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)	2 1/2" x 2 1/2" (676)
1000 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4' 5"	6'	7'	8'	9'	10'	10'
2000 dsf	6'	8'	9'	10'	11'	12'	12'
2500 dsf	7' 6"	9'	10'	11'	12'	13'	13'
3000 dsf	8'	10'	11'	12'	13'	14'	14'
3500 dsf	8'	10'	11'	12'	13'	14'	14'

3000 feet
interpolated from Rule 15C-1 pier spacing table.

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
16.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	343
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

-beam pier pad size

17x25

Parameter per size

16x91

other pier pad sizes (required by the mfg.)

1000

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 feet and their pier pad sizes below.

Opening	Pier pad size
1	1000
2	1000
3	1000
4	1000
5	1000
6	1000
7	1000
8	1000
9	1000
10	1000
11	1000
12	1000
13	1000
14	1000
15	1000
16	1000
17	1000
18	1000
19	1000
20	1000
21	1000
22	1000
23	1000
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85	1000
86	1000
87	1000
88	1000
89	1000
90	1000
91	1000
92	1000
93	1000
94	1000
95	1000
96	1000
97	1000
98	1000
99	1000
100	1000

4 ft 5 ft

FRAME TIES

within 2" of end of home spaced at 5' 4" OC

FIELDWORK COMPONENTS

OTHER TIES

Number 23

Longitudinal Stabilizing Device (LSD)

Sidewall

Manufacturer

Longitudinal
Massing Wall

Longitudinal Stabilizing Device w/ Lateral Arms

Marriage Wall
Shearwall

OTI

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil without testing. ☒ without testing

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations
2. Take the reading at the depth of the footer
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 245 inch pounds or check here if you are declaring 5' anchors without testing. 245 A test showing 275 inch pounds or less will require 5 foot anchors

Note: A slate approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all cantentime tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Skilled

Date Tested 2-14-18

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units Pg _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg _____
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems Pg _____

Site Preparation

Debris and organic material removed ☒ Pad ☒ Other ☒

Fastening multi-wide units

Floor Walls Roof	Type Fastener	Length	Spacing
	lags	6"	24" O.C.
	5/16"	5"	12" O.C.
	1/2"	6"	24" O.C.

For used homes a min 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket

Installer's initials BS

Type gasket	Installed	Between Floors	Yes	No
Roll Foam		Between Walls	Yes	No
		Bottom of ridgebeam	Yes	No

Weatherproofing

The bottomboard will be repaired and/or taped Yes ☒ Pg _____
Siding on units is installed to manufacturer's specifications Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water Yes ☒

Miscellaneous

Skirting to be installed Yes ☒ No ☒
Dryer vent installed outside of skirting Yes ☒ No ☒
Range downflow vent installed outside of skirting Yes ☒ No ☒
Drain lines supported at 4 foot intervals Yes ☒ No ☒
Electrical crossovers protected Yes ☒ No ☒
Other _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature BS

Date 2-15-18

[View](#) ([BuildingApplicationForm.aspx?AppID=36651&AppTypeID=17](#))

[Driving Directions](#)

[View On Web](#) (<http://www.columbiacountyfla.com/PermitSearch/PermitInfo.aspx?Id=>)

Requested Inspections on 2/21/2018

Completed Inspections

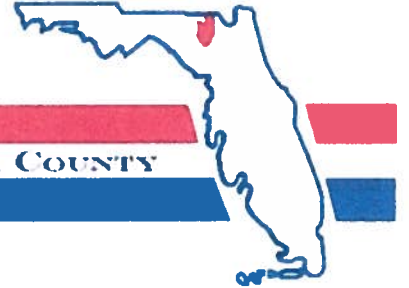
[Images](#)

Passed: Mobile Home - In County Pre-Mobile Home before set-up

2/21/2018 by TROY CREWS

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **2/22/2018 2:25:59 PM**
Address: **336 SW MEADOWLANDS Dr**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **09617-104**

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32065 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

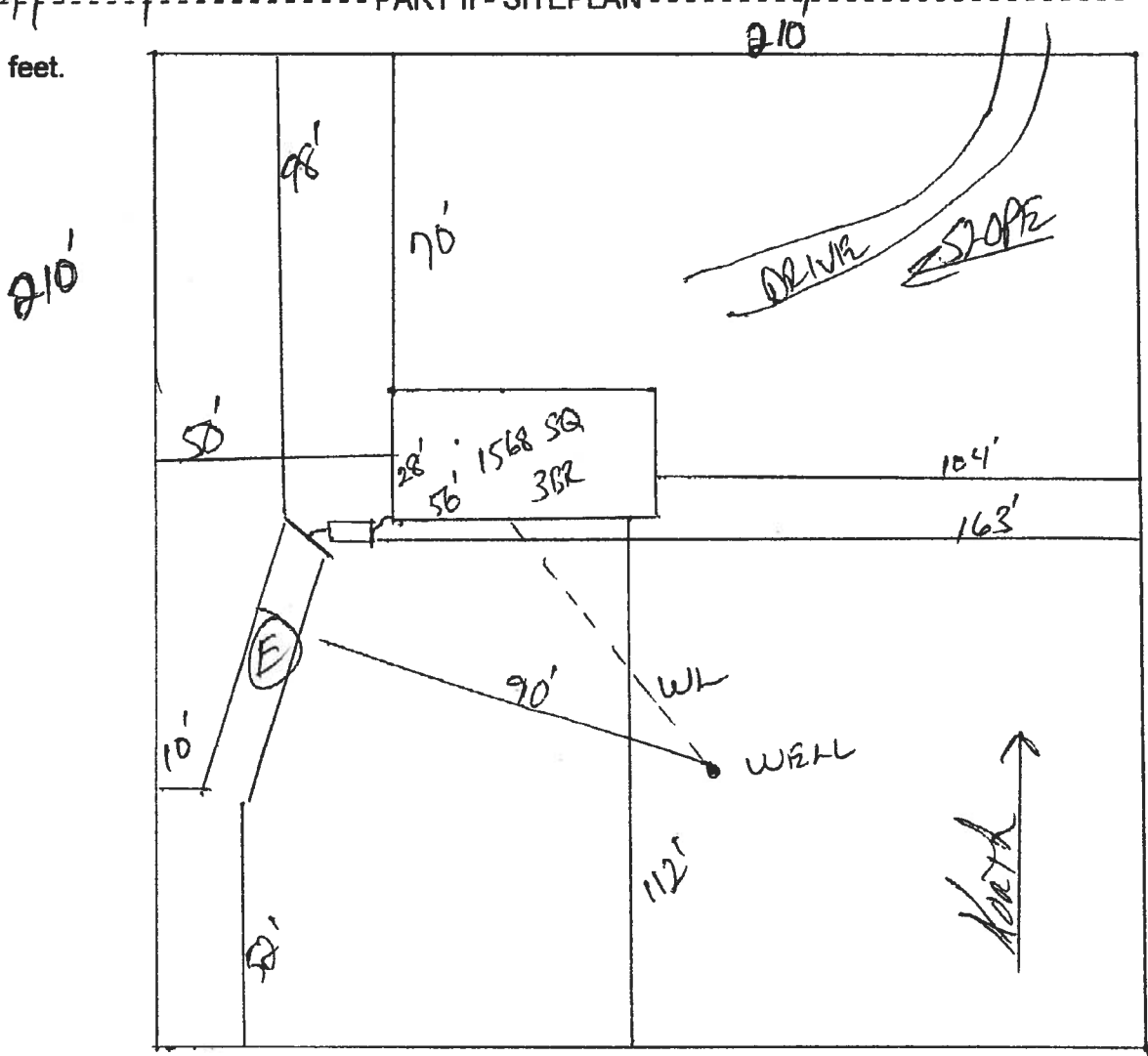
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Subsidiary/Barney

PART II - SITEPLAN

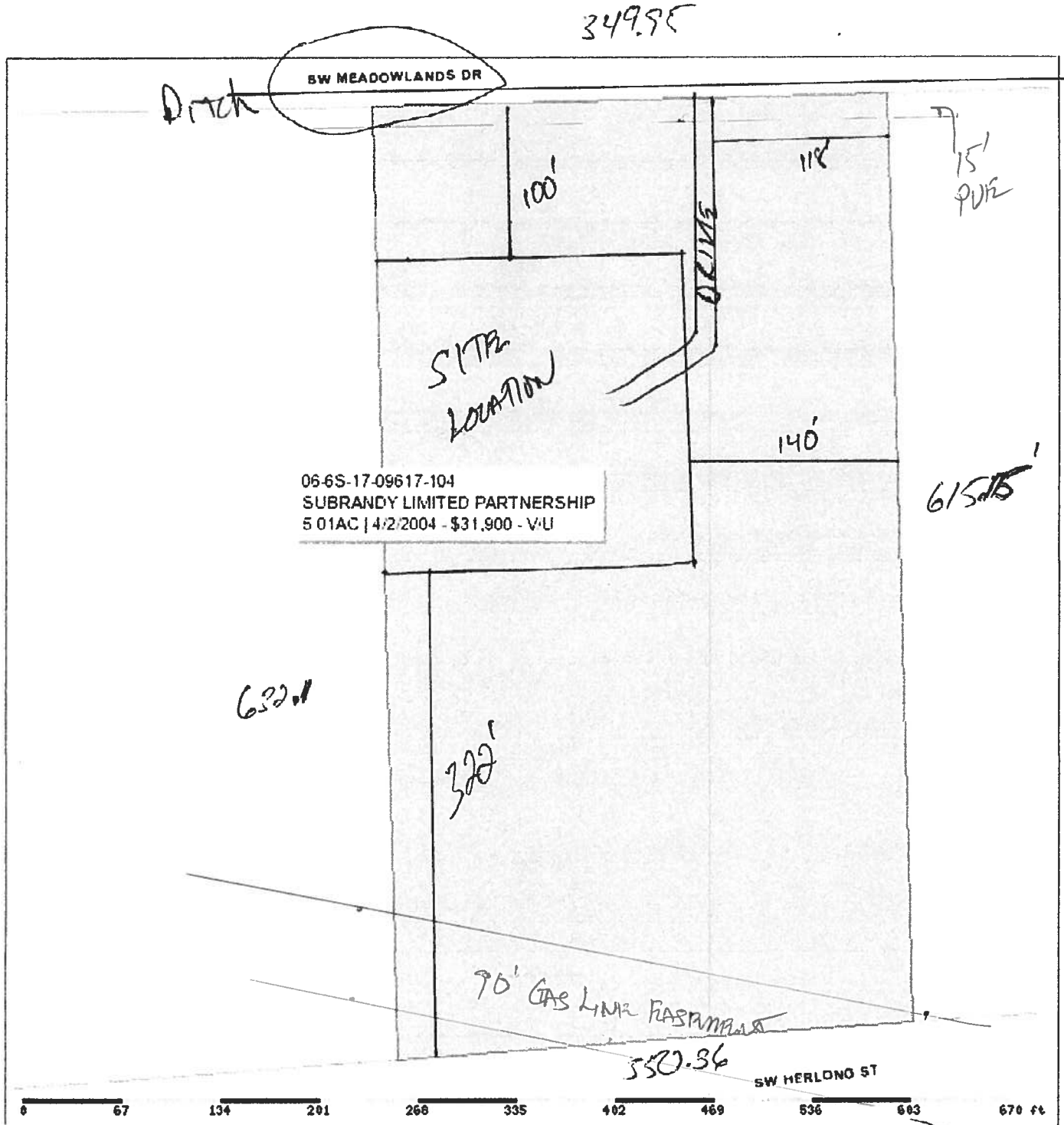
Scale: 1 inch = 40 feet.



Notes: 1 of 5.01 Acres

Site Plan submitted by: *Rocky D F* MASTER CONTRACTOR
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Columbia County Property Appraiser

Jeff Hampton - Lake City, Florida 32055 | 388-758-1083

PARCEL: 06-6S-17-09617-104 - VACANT (000000)

LOT 4 MEADOWLANDS S/D PHS 1 AND 1027-832, QCD 1210-853,

Name: SUBRANDY LIMITED PARTNERSHIP

Site:

P O BOX 513
LAKE CITY, FL 32056

Mail:

Sales

1/19/2011

\$100.00 V/U

Info

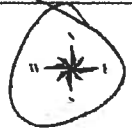
4/2/2004

\$31,900.00 V/U

2017 Certified Values

Land	\$28,000.00
Bldg	\$0.00
Assd	\$28,000.00
Exmpt	\$0.00
Other	\$28,000 Schl: \$28,000

NOTES:



This information, updated: 2/1/2018, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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Columbia County Property

Appraiser

updated: 2/1/2018

2017 Tax Year

Parcel: 06-6S-17-09617-104

Owner & Property Info

Search Result: 1 of 1

Owner's Name	SUBRANDY LIMITED PARTNERSHIP		
Mailing Address	P O BOX 513 LAKE CITY, FL 32056		
Site Address			
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	6617
Land Area	5.010 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 4 MEADOWLANDS S/D PHS 1 AFD 1027-632, QCD 1210-653,			

Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$28,000.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$28,000.00
Just Value		\$28,000.00
Class Value		\$0.00
Assessed Value		\$28,000.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$28,000 Other: \$28,000 Schl: \$28,000	

2018 Working Values (...Hide Values)		
Mkt Land Value	cnt: (0)	\$29,000.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$29,000.00
Just Value		\$29,000.00
Class Value		\$0.00
Assessed Value		\$29,000.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$29,000 Other: \$29,000 Schl: \$29,000	

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I. (We), Bradley Dicks (Subrandy Limited Partnership),

as the owner of the below described property:

Property tax Parcel ID number 06-6S-17-09617-104

Subdivision (Name, lot, Block, Phase) Meadowlands PH 1 Lot 4

Give my permission for John "Kevin" Berry to place a

Circle one (Mobile Home) Travel Trailer / Utility Pole Only / Single Family Home /
~~Burn Shed~~ Garage / Culvert / Other

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Bradley Dicks
Owner Signature

2-15-18
Date

Owner Signature

Date

Owner Signature

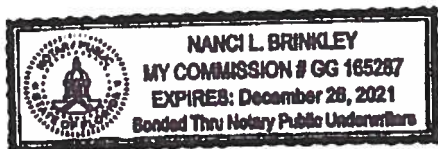
Date

Sworn to and subscribed before me this 15th day of February, 2018. This

(These) person(s) are personally known to me or produced ID _____ (Type)

Nanci L. Brinkley Nanci L. Brinkley
Notary Public Signature Notary Printed Name

Notary Stamp/





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Limited Partnership

SUBRANDY LIMITED PARTNERSHIP

Filing Information

Document Number A93000001221
FEI/EIN Number 59-3211208
Date Filed 11/22/1993
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 10/30/2001

Principal Address

1286 W U.S. HWY. 90
LAKE CITY, FL 32055

Changed: 05/14/2003

Mailing Address

P.O. BOX 513
LAKE CITY, FL 32056

Registered Agent Name & Address

DICKS, BRADLEY N
1286 U.S. 90 WEST
LAKE CITY, FL 32055

Address Changed: 04/25/2007

General Partner Detail

Name & Address

DICKS, BRADLEY N
1286 W U.S. HWY. 90
LAKE CITY, FL 32055

Annual Reports

Report Year	Filed Date
2016	03/03/2016
2017	04/14/2017
2018	02/09/2018



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 18-0131
DATE PAID: 2/15/18
FEE PAID: 2000
RECEIPT #: 1329069

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Subrandy Limited PartnershipAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 4 BLOCK: na SUB: Meadowlands PH 1 PLATTED: _____PROPERTY ID #: 09617-104 ZONING: RS I/M OR EQUIVALENT: [Y] NPROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y] N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 236 SW Meadowlands Dr, LC

DIRECTIONS TO PROPERTY: US 41 South, TR Tustenuggee Ave, TR SW Meadowlands, 4th lot
on left

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	1568	ORIGINALLY INSTALLED FOR 4BR
2				INSTALLING 3BR
3				

[N] Floor/Equipment Drains [N] Other (Specify) _____

SIGNATURE: Rocky Ford DATE: 2/14/2018

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

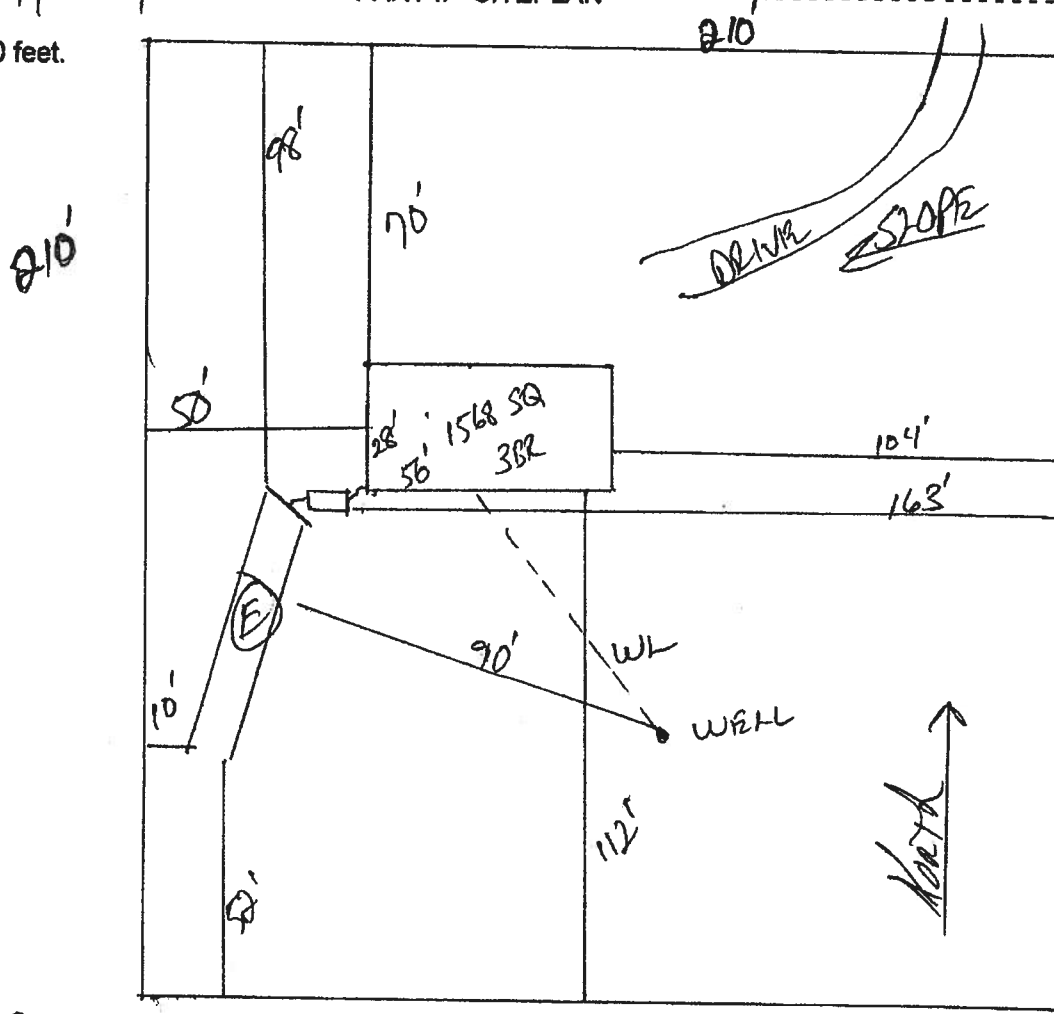
Permit Application Number _____

78-8131

Substanty / Bienen

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

1 of 5.01 Acres

Site Plan submitted by:

Plan Approved

Not Approved

MASTER CONTRACTOR

Date 2.23.18

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Brent Strickland give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form is/are under my direct supervision and control and
is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Rocky Ford	<i>Rocky Ford</i>	AA B Const
Dale Bird	<i>Dale Bird</i>	AA B Const

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Brent Strickland License Holders Signature (Notarized) 2H1104218 License Number 4/14/16 Date

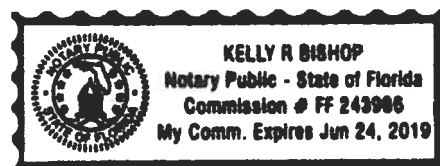
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 14 day of April, 2016.

Kelly Bishop
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

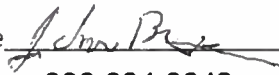

APPLICATION NUMBER 1802-59 CONTRACTOR Brent Strickland PHONE 386-365-7043

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Berry / Subrandy

IN COLUMBIA COUNTY one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>John "Kevin" Berry</u> License #: <u>Owner (contract for deed)</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u></u> Phone #: <u>386-984-9642</u>
MECHANICAL/ A/C <u>980</u> ✓	Print Name <u>Michael Boland / Ace A/C of Ocala</u> License #: <u>CAC1817716</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u></u> Phone #: <u>352-274-9326</u>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave. Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael A. Boland (license holder name), licensed qualifier for ACE A/C & OCA LLC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>DALE BIRD</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>Kelly Bishop</u>
3. <u>Larry Ford</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature] License Qualifiers Signature (Notarized) License Number CAC1817716 Date 11/17/15

NOTARY INFORMATION
STATE OF Florida COUNTY OF Marion

The above license holder whose name is Michael A. Boland personally appeared before me and is known by me or has produced identification (type of ID) DM on this 17th day of November 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)

