

## APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department  
135 NE Hernando Avenue  
Lake City, FL 32055

### Authority to Act as Agent

On my/our behalf, I appoint Randy Werth  
(Name of Person to Act as my Agent)

for Alumni Forest Products, LLC dba Idaho Timber of Florida  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for Columbia County Building Permit Application and Assoc. Issues  
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: IDT Holding, Inc.

Applicant/Owner's Title: Sole Member

On Behalf of: Alumni Forest Products, LLC dba Idaho Timber of Florida  
(Company Name, if applicable)

Telephone: 503 203 6497 Date: 1/10/23

Applicant/Owner's Signature: Vicki Shaylor

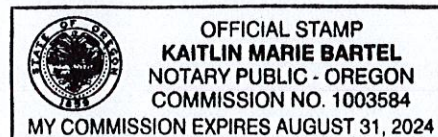
Print Name: VICKI SHAYLOR

STATE OF ~~FLORIDA~~ Oregon  
COUNTY OF Washington

The Foregoing instrument was acknowledged before me this 10 day of  
January, 20 23 by Vicki Shaylor  
whom is personally known by me ☒ OR produced identification ☐  
Type of Identification Produced N/A

[Signature]  
(Notary Signature)

(SEAL)





## APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department  
135 NE Hernando Avenue  
Lake City, FL 32055

### Authority to Act as Agent

On my/our behalf, I appoint Tony Richards  
(Name of Person to Act as my Agent)  
for Pierce Construction  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for Columbia County Building Permit Application and Assoc. Issues  
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: IDT Holding, Inc.

Applicant/Owner's Title: Sole Member

On Behalf of: Alumni Forest Products, LLC dba Idaho Timber of Florida  
(Company Name, if applicable)

Telephone: 503 203 6497 Date: \_\_\_\_\_

Applicant/Owner's Signature: Vicki Shaylor  
Print Name: VICKI SHAYLOR

STATE OF ~~FLORIDA~~ Oregon  
COUNTY OF Washington

The Foregoing instrument was acknowledged before me this 10 day of  
January, 20 23, by Vicki Shaylor,  
whom is personally known by me ☒ OR produced identification ☐.  
Type of Identification Produced N/A

[Signature]  
(Notary Signature)

(SEAL)

