APPLICATION AGENT AUTHORIZATION FORM

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

Authority to Act as Agent

On	mydaur	hahalf I	appoint	andy W	erth			
OII	my/our	benaii, i	appoint		of Person to	Act or my Ac	ont)	
	77	_ (, ,		
for	Alumni	Forest	Products,	LLC d	dba Idaho	Timber o	f Florida	
		(Company	Name for the A	gent, if	applicable)		•	
to a	ict as my	//our age	ent in the p	repara	ition and si	ubmittal o	this application	
for	Columb	ia Count	ounty Building Permit Application and Assoc. Issues					
		Type of Ap	plication)					
con	knowled ditions fo licant/O	or appro	all responsi val of this a	bility for	or complying Stion, still re	ng with the	e terms and n me as the	
Арр	licant/O	wner's N	lame: IDTH	olding, l	nc. ·			
Арр	licant/O	wner's T	itle: Sole M	lember				
On I	Behalf o	f: Alumn	i Forest I	roduc	ts, LLC d	ba Idaho	Timber of Florida	
		(Com	pany Name, if	applicat	ole)	· ·		
Tele	phone:	503	3 203	64	97 pat	e: <u>\ \ / </u>	0/23	
	Applica	nt/Owne	r's Signatu	re:	like	ish	Zulps	
			Print Nam	ne:\	114	SHI	AYLOR	
			4 Oregon Kington					
U whoi	m is per	ა Sonally k	,20 23	. by _ ne)	Vide OR pro	Shaylo.	this <u>l</u> day of ntification <u>.</u>	
1	Lax	- B.					V	
(No	tary Signa	ure)		((SEAL)		OFFICIAL STAMP KAITLIN MARIE BARTEL NOTARY PUBLIC - OREGOI COMMISSION NO. 100358	

MY COMMISSION EXPIRES AUGUST 31, 2024

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	<u> </u>						
(Name of Person to Act as my Age	ent)						
forfor							
(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)	(Type of Application)						
I acknowledge that all responsibility for complying with the conditions for approval of this application, still resides with 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: Ville SV	rdylor						
Print Name: VICKI SH	AYLOR						
STATE OF FLORIDA Oregon COUNTY OF <u>Washington</u>							
The Foregoing insturment was acknoeledged before me January, 20 23 by Visit Shaylor whom is personally known by me OR produced ide Type of Identification Produced NIA	this <u>lo</u> day of ntification <u></u> ,						
(Notary Signature) (SEAL)							
(ULAL)	OFFICIAL STAMP KAITLIN MARIE BARTEL NOTARY PUBLIC - OREGON COMMISSION NO. 1003584						

MY COMMISSION EXPIRES AUGUST 31, 2024