NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number Inst:201312011842 Date:8/2/2013 Time:3.56 PM DC,P DeWitt Cason,Columbia County Page 1 of 1 B 1259 P 565 034-35-17-0727-000 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 34-35-17-07217-00°C 1. Description of property (legal description) a) Street (job) Address 639 5E 2 General description of improvements Renavation 3 Owner Information a) Name and address _ Columbia Count b) Name and address of fee simple titleholder (if other than owner) interest in property 100 9 4. Contractor Information (1) Name and address: 6/enwood King b) Telephone No Fax No (Opt) 5 Surcely Information a) Name and address b) Amount of Bonds c) Telephone No 6 Lender Name and address Phone No. 7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served n) Name and address. b) Telephone No. 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), Florida Statutes a) Name and address b) Telephone No Fax No (Opt) 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 713.13, 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 10B 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 O ROM Printed Name The foregoing instrument was acknowledged before me, a Florida Notary, this ___ (type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed). OR Produced Identification LAURIE HODSON MY COMMISSION # EE 214728 **EXPIRES: July 14, 2016 Notary Signature** Notary Stamp or Sea ---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 Reison Signing (in line #10 above)