Inst. Number: 201312008716 Book: 1256 Page: 247 Date: 6/10/2013 Time: 9:35:00 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE	OF	COMME	NCEMENT
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Clerk's Office Stamp

Tax Parcel Identification Number:

hst:201312008716 Date:6/10/2013 Time:9:35 AM

R09030-041	DCP. Devviit Cason Columny Page 10110 1230 1277
THE UNDERSIGNED hereby gives notice that improvement	ts will be made to certain real property, and in accordance with Section 713.13 of the
1. Description of property (legal description): NE /g	I OF SWILL OF SWILL SECTION 35 TG 45 RAIGE 17E
2. General description of improvements: MeT	AL BUILDING
3. Owner Information	
a) Name and address: TREOENIC	
Name and address of fee simple titleholder (i     Interest in property	ii other than owner)
4. Contractor Information  ii) Name and address:	
b) Telephone No.: 5. Surety Information	Fax No. (Opt.)
a) Name and address	a second-library for the Year Control of the Second of the
b) Amount of Bond: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The second of th
c) Telephone No.:	Fax No. (Opt.)
b) Phone No	
	f by owner upon whom notices or other documents may be served:
a) Name and address: b) Telephone No.:	Fay No. (Ont.)
The state of the s	rax ivo. (opt.)
713 13/II/b) Clorida Statutori	person to receive a copy of the Lienor's Notice as provided in Section  Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration specified):	ation date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	Wher after the expiration of the notice of commencement are considered tion 713.13, florida statutes, and can result in your paying twice for immencement must be recorded and posted on the job site before the first your lender or an attorney before commencing work or recording
STATE OF FLORIDA	SOLVE
COUNTY OF COLUMBIA 10	Signature of Owner's Authorized Office/Director/Partner/Manager
	,
	Printed Name
The foregoing instrument was acknowledged before me, a Flo	orida Notary, this 10th day of Jone 20 13 by:
Frederick Eger as_	Self (type of authority, e.g. officer, trustee, attorney
fact) for self	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification X Typ	se FL Drivers License
Notary Signature Souch H. Steph	Notary Stamp or Seal:  Notary Public - State of Florida  My Comm. Expires Jul 21, 2015  Commission # EE 114728
11. Verification pursuant to Section 92 525, Florida Stat	utes. 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 know	Frield L. K. &
	Supporture of National Participan Circumstation and America