OWNER'S SIGNATURE (Testifying ownership of aforementioned property):

Signature of the property owner

Signature of the property owner

TINA L. ALDERMAN NOTARY PUBLIC LOWNDES COUNTY, GEORGIA My Commission Expires 05-20-2019

NOTARIZATION FOR OWNER'S SIGNATURE

Tina Alderman 3/30/18
NOTARY PUBLIC

If the applicant or agent is a representative of the property owner, a notarized statement authorizing the representative to act as an agent of the property owner with regard to the application and associated procedure, shall be completed with this application.

Agent's Name: JOHN COURSON Agent's Street Address: 1810 N ASHLEY ST SUITE 5

City: VALDOSTA ST: GA Zip: 31602

Phone #: 229 245 1328 Cell Phone #: 229 251 4632 Fax # 229 245 9029

Email Address: jtcourson@gmail.com

AGENT AUTHORIZATION

JOHN COURSON, agent (name), is hereby authorized as my legal representative and designated agent to speak in my behalf for the subject matter.

Signature of the property owner

Signature of the property owner

TINA L. ALDERMAN NOTARY PUBLIC LOWNDES COUNTY, GEORGIA My Commission Expires 05-20-2019

NOTARIZATION FOR AGENT'S AUTHORIZATION

Tina Alderman 3/30/18
NOTARY PUBLIC

Thank you for the time and effort involved in the completion of this application. Your diligence will help to ensure that your application is reviewed as efficiently and effectively as possible.