STATE OF FLORIDA COUNTY OF COLUMBIA

This is to certify that I, (We), Diocese of St. Augustine (Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation Name (include Corp Officer) as it appears of the Owners Name or State Corporation	roperty Appraiser)
as the owner of the below described property:	
Property tax Parcel ID number 36-4S-16-03299-000	
Subdivision (Name, Lot, Block, Phase) 194 SW Wester DR Lake City, FL	
Give my permission for Billy Steedley, Advanced Project Solutions, LLC to place a (Name of person authorized to sign as owner or place a structure) Select one: Mobile Home Travel Trailer Utility Pole Only Single Fair	
OBarn OShed OGarage OCulvert OOther (specify)Demolition H	ouse and Barn
I (We) understand that the named person(s) above will be allowed to receive a build on the parcel number I (we) have listed above and this could result in an assessment waste and fire protection services levied on this property.	7.6
Printed Name of Signor Signature Signature	24
May Kathun Modich May Kuthryn Nedrick 2/6 Printed Name of Signor Wholes Signature Signature Name of Signor Wholes Signature	alay
Printed Name of Signor Signature Date	e de la companya de La companya de la co
Sworn to and subscribed before me this day of Felman, 20 14 by	
physical presence or online notarization and this (these) person(s) are pe	ersonally
known to me or produced ID	
Mon Kathryn Nedrich May Yathryn Neduch Printed Name of Notary Signature	
Notary Stamp MARY KATHRYN NEDRICH MY COMMISSION # HH 247737 EXPIRES: July 31, 2026	Created 12/202