

Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office. The items noted below are not correct on the attached form and should read as entered on this page.

BUILDING ADDRESS MUST BE ENTERED

| SECTION A - PROPERTY INFORMATION | | | | For Insurance Company Use: | |
|---|--|---|--|--|--|
| A1. Building Owner's Name Oak Shadows MLLC and Shadows ALLC | | | | Policy Number | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 500 Oak Shadow Dr | | | | Company NAIC Number | |
| City Gulfport MS | ZIP Code 39501 | | | | |
| | | | ber, Legal Description, etc.) | New Market State Control of the Cont | |
| A4. Building Use (e.g., R | Tax Parcel 0/11 | N-04-105.004 Lo | ot 4 Oak Shadows Sub. | | |
| A5. Latitude/Longitude: | | " Long | | ntal Datum: | NAD 1927 ⊠ NAD 1983 |
| | ographs of the buil | ding if the Certificate is | being used to obtain floodinsurar | nce. | NAD 1927 🛛 NAD 1983 |
| A8. For a building with a | | osure(s): | | | |
| | | nclosure(s) <u>n/a</u> | | v. | |
| b) Number of perma | nent flood opening | gs in the crawlspace or | enclosure(s) within 1.0 foot above | adjacentgrade <u>n/a</u> | - |
| c) Total net area of | | | sq in | | |
| d) Engineered floor | * · · · · · · · · · · · · · · · · · · · | ☐ Yes ☐ No | | | |
| A9. For a building with ar a) Square footage of | | n/a | sa ft | | |
| | | | e within 1.0 foot above adjacent g | urada n/a | |
| c) Total net area of | flood openings in A | 9.b _n/a | sa in | liade | , |
| d) Engineered flood | | ☐ Yes ☒ No | oq iii | | |
| | SECT | ION B - FLOOD INS | SURANCE RATE MAP (FIR | M) INFORMATIO | N |
| | | | | | |
| B1. NFIP Community Nam | e & Community N | umber B: | 2 County Name | I B | 3 State |
| B1. NFIP Community Nan City of Gulfport | e & Community No 285253 | | 2. County Name Harrison | В | 3. State MS |
| City of Gulfport | 285253 | | Harrison | | MS |
| | | | | B8. Flood Zone(s) AE | |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source | 285253 B5. Suffix G of the Base Flood | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or | Harrison B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item | B8. Flood Zone(s) AE B9: | MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source □ FIS Profile | B5. Suffix G of the Base Flood | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined | B8. Flood Zone(s) AE B9: urce: | MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source □ FIS Profile B11. Indicate elevation d | B5. Suffix G of the Base Flood \(\overline{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\texi}\text{\text{\text{\texi}\text{\text{\texi{\texi{\texi\texi{\text{\texi}\text{\texi}\tint{\text{\texit{\text{\texi}\texit{\text{\texi{\tex{ | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: | Harrison B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined | B8. Flood Zone(s) AE B9: purce: D88 | MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source □ FIS Profile B11. Indicate elevation d | B5. Suffix G of the Base Flood \(\overline{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\texi}\text{\text{\text{\texi}\text{\text{\texi{\texi{\texi\texi{\text{\texi}\text{\texi}\tint{\text{\texit{\text{\texi}\texit{\text{\texi{\tex{ | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined | B8. Flood Zone(s) AE B9: purce: D88 | MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source □ FIS Profile B11. Indicate elevation d B12. Is the building locat | B5. Suffix G of the Base Flood IX FIRM atum used for BFE ed in a Coastal Bar | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined Other/Sc NGVD 1929 XX NAVD 19 | B8. Flood Zone(s) AE B9: burce: 288 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 Durce: Yes 🗔 No |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source FIS Profile B11. Indicate elevation d B12. Is the building locat Designation Date: C1. Building elevations a | B5. Suffix G of the Base Flood FIRM atum used for BFE ad in a Coastal Bar SECTION Te based on: | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System (I C – BUILDING EL | Harrison B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined □ Other/Sc □ NGVD 1929 XX NAVD 19 (CBRS) area or Otherwise Prote CBRS □ OPA EVATION INFORMATION (| B8. Flood Zone(s) AE B9: burce: 288 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 Durce: Yes 🗔 No |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source FIS Profile B11. Indicate elevation d B12. Is the building locat Designation Date: C1. Building elevations a | B5. Suffix G of the Base Flood FIRM atum used for BFE ad in a Coastal Bar SECTION Te based on: | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System (I C – BUILDING EL | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined Other/Sc NGVD 1929 XX NAVD 19 (CBRS) area or Otherwise Prote CBRS OPA EVATION INFORMATION (Drawings* Building Und | B8. Flood Zone(s) AE B9: burce: B88 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 purce: Yes No |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source FIS Profile B11. Indicate elevation d B12. Is the building locat Designation Date: C1. Building elevations a *A new Elevation Ce | B5. Suffix G of the Base Flood FIRM atum used for BFE ad in a Coastal Bar SECTION Te based on: | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System (I C – BUILDING EL | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined Other/Sc NGVD 1929 XX NAVD 19 (CBRS) area or Otherwise Prote CBRS OPA EVATION INFORMATION (Drawings* Building Und | B8. Flood Zone(s) AE B9: burce: B88 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 purce: Yes No |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source FIS Profile B11. Indicate elevation d B12. Is the building locat Designation Date: C1. Building elevations a *A new Elevation Ce | B5. Suffix G of the Base Flood FIRM atum used for BFE ad in a Coastal Bar SECTION Te based on: | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System (I C – BUILDING EL | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined Other/Sc NGVD 1929 XX NAVD 19 (CBRS) area or Otherwise Prote CBRS OPA EVATION INFORMATION (Drawings* Building Und of the building is complete. | B8. Flood Zone(s) AE B9: Durce: D88 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 purce: Yes No |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source FIS Profile B11. Indicate elevation d B12. Is the building locat Designation Date: C1. Building elevations a *A new Elevation Ce | B5. Suffix G of the Base Flood IN FIRM atum used for BFE ed in a Coastal Bar SECTION re based on: rtificate will be requ | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System (I C – BUILDING EL | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined Other/Sc CBRS) area or Otherwise Prote CBRS OPA EVATION INFORMATION (Drawings* Building Und of the building is complete. | B8. Flood Zone(s) AE B9: Durce: D88 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 purce: Yes No |
| City of Gulfport B4. Map/Panel Number 28047C 0376 B10. Indicate the source FIS Profile B11. Indicate elevation d B12. Is the building locat Designation Date: C1. Building elevations a *A new Elevation Ce Local Official's Name Mic. Community Name City | B5. Suffix G of the Base Flood FIRM atum used for BFE ad in a Coastal Bai SECTION re based on: rtificate will be requared. | B6. FIRM Index Date 12/21/2017 Elevation (BFE) data or Community in Item B9: rrier Resources System (I C – BUILDING EL | B7. FIRM Panel Effective/Revised Date 06/16/2009 base flood depth entered in Item Determined Other/Sc NGVD 1929 XX NAVD 19 (CBRS) area or Otherwise Prote CBRS OPA EVATION INFORMATION (Drawings* Building Unco | B8. Flood Zone(s) AE B9: DUTCE: D88 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19 purce: Yes No |

Comments

Corrections: A8 (a) - (b) - (c) - (d) = na

A9 = No, the garage is not attached. B6 the Index date is 12-21-2017

OMB No. 1660-0008 Expiration Date: November 80, 2018

ELEVATION CERTIFICATE Important: Follow the Instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner,

| SECTION A - PROPERTY INFORMATION | FOR INSURANCE COMPANY USE |
|--|--|
| A1, Bullding Owner's Name OAK SHADOWS-MLLC & SHADOWS A LLC | Polloy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. | Company NAIC Number: |
| 600 OAK SHADOW DRIVE | |
| City State GULFPORT Mississippl | ZIP Code 39501 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Harrison County Tax Parcel # 0711N-04-105:004 (Lot 4 Oak Shadows Subd.) | paren de la comencia |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | The state of the s |
| A5, Latitude/Longitude: Lat. 30°21' 23,1" Long. 89°07'21.8" Horizontal Dat | tum: 🔲 NAD 1927 🖾 NAD 1983 |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins | urance. |
| A7. Building Diagram Number 1b | |
| A8. For a building with a crawlspace or enclosure(s): | Ale Modern Communication Communication |
| a) Square footage of crawispace or enclosure(s) sq ft | pesibane de la |
| b) Number of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot about | ove adjacent grade |
| c) Total net area of flood openings in A8.bsq in | n gebenner, er bine pregentiger Grennere blike i vilkeren og bliker |
| d) Engineered flood openings? Yes No | ा अधिक विकास सम्बद्धाः । अस्य कृति । अस्य स्थापना स्थापना । |
| A9. For a building with an attached garage; | |
| a) Square footage of attached garage | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjaces | To Alexandria Maria and Alexandria (Alexandria) |
| and the second | M. Grade |
| c) Total net area of flood openings in A9.b 0 sq in | |
| d) Englineered flood openings? 🗵 Yes 🔲 No | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORI | MATION |
| B1. NFIP Community Name & Community Number B2. County Name | B3, State |
| GULFPORT - 285253 HARRISON | Mississippi |
| B4. Map/Panel B5. Suffix B6. FIRM Index Date Date Date O6/16/2009 B7. FIRM Panel Effective/ Revised Date O6/16/2009 AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in it | |
| FIS Profile FIRM Gommunity Determined Other/Source: | aw pa: |
| B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ | Other/Source: |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Pr | afactad Area (OBA)a IT Von IVA |
| | atected Area (OPA)? [_] Yes 🔀 No |
| Designation Date: CBRS COPA | |
| | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information from S | FOR INSURANCE COMPANY USE | |
|--|---|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. R 500 OAK SHADOW DRIVE | Policy Number: | |
| | P Code 9501 | Company NAIC Number |
| SECTION C - BUILDING ELEVATION INFORM | ATION (SURVEY R | EQUIRED) |
| C1. Building elevations are based on: Construction Drawings* B *A new Elevation Certificate will be required when construction of the buil C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specifie Benchmark Utilized: CITY GPT BM# S-297-07 (18.42) Vertical Datum Indicate elevation datum used for the elevations in items a) through h) be | iding is complete. BFE), AR, AR/A, AR d in Item A7. In Puer m: NAVD 1988 | R/AE, AR/A1-A30, AR/AH, AR/A0. |
| ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ¥. |
| Datum used for building elevations must be the same as that used for the | BFE. | Check the measurement used. |
| a) Top of bottom floor (including basement, crawlspace, or enclosure flo | or) 20_37 | |
| b) Top of the next higher floor | 33, 87 | |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | X feet meters |
| d) Attached garage (top of slab) | N/A | X feet _ meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 20 35 | ⊠ feet ☐ meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 16, 1 | 🔀 feet 🗌 meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u> </u> | ✓ feet ☐ meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> . | x feet meters |
| SECTION D - SURVEYOR, ENGINEER, OR A | RCHITECT CERTI | FICATION |
| This certification is to be signed and sealed by a land surveyor, engineer, or I certify that the information on this Certificate represents my best efforts to in statement may be punishable by fine or imprisonment under 18 U.S. Code, S. | iteroret the data avai | by law to certify elevation information. ilable. I understand that any false |
| Were latitude and longitude in Section A provided by a licensed land surveyor | r? ⊠Yes □No | ☐ Check here if attachments. |
| Certifier's Name License Number LARRY SMITH MS- 02695 | - | ROGER SAL |
| Title OWNER | | LAND LAND SUFFICIENT S |
| Company Name LARRY SMITH LAND SURVEYING | | PLS 92595 |
| Address 105 N. KERN DRIVE | | OF MISS 59 |
| City State GULFPORT Mississippi | ZIP Code 39503 | |
| Signature Date 06/22/2018 | Telephone (228) 832-9643 | } |
| Copy all pages of this Elevation Certificate and all attachments for (1) community | y official, (2) insuranc | e agent/company, and (3) building owner. |
| Comments (including type of equipment and location, per C2(e), if applicable THIS STRUCTURE IS AN ELEVATED SLAB WITH A CHAIN WALL ON COI THE BENCHMARK USED FOR THIS SURVEY IS A CITY OF GULFPORT E AN UNATTACHED, 620 SQ FT GARAGE, @ (FF 16.20) LIES IN ZONE AE 800 SQ IN | MPACTED FILL (EN BM#S-297-07 @ EL | _EVATION 18.42 , NAVD 88 |
| | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the | | | FOR INSURANCE COMPANY USE |
|--|--|--|--|
| Building Street Address (including Apt., 500 OAK SHADOW DRIVE | Unit, Suite, and/or Bidg, No.) | or P.O. Route and Box No. | Pollcy Number: |
| City GULFPORT | State Mlasissippi | ZIP Code 39601 | Company NAIC Number |
| SECTION E - | BUILDING ELEVATION IN FOR ZONE AO AND ZO | FORMATION (SURVEY NO DNE A (WITHOUT BFE) | T REQUIRED) |
| For Zones AO and A (without BFE), con complete Sections A, B, and C. For Item enter meters. | plete Items E1–E5. If the Ce s E1–E4, use natural grade, i | rtificate is intended to support f available. Check the measu | a LOMA or LOMR-F request, ement used. In Puerto Rico only, |
| E1. Provide elevation information for the the highest adjacent grade (HAG) ea) Top of bottom floor (including bacrawispace, or enclosure) is Top of bottom floor (including bacrawispace, or enclosure) is | nd the lowest adjacent grade sement, | oropriate boxes to show wheth (LAG). feet met | ers □ above or □ below the HAG. |
| E2. For Building Diagrams 6–9 with per the next higher floor (elevation C2.k the diagrams) of the building is | manent flood openings provid in | | or 9 (see pages 1-2 of instructions), ers above or below the HAG. |
| E3. Attached garage (top of slab) is | | | ers above or below the HAG. |
| E4. Top of platform of machinery and/or | equipment | e History Common Company | |
| servicing the building is E5. Zone AO only: If no flood depth num | there is greatlable to the ten of | feet met | |
| floodplain management ordinance? | Yes No Unit | mown. The local official mus | t certify this information in Section G. |
| SECTION F - PR | OPERTY OWNER (OR OWI | VER'S REPRESENTATIVE) | CERTIFICATION |
| The property owner or owner's authorize | d representative who comple | tes Sections A. B. and E for | Zone A (without a FEMA issued or |
| community-issued or E) of Zone AO mu | st sign here. The statements | in Sections A, B, and E are c | orrect to the best of my knowledge. |
| Property Owner or Owner's Authorized F | lepresentative's Name | | |
| Address | | City | State ZIP Code 3 3 |
| Signature . | 200 - 100 - | Date | l'elephone |
| | and the second s | wist. | contraction of the second seco |
| Comments | VIII CONTRACTOR OF THE CONTRAC | | |
| | | and the second s | |
| | | 4.1.487 | |
| | • • | | |
| | . , | | |
| | , | | |
| • | , | | |
| • | | | |
| • • | | | |
| • • | | | |
| | | | |
| | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | | |
|--|---|-------------------|--|--|--|
| Building Street Address (including Apt., Unit, Su 500 OAK SHADOW DRIVE | Policy Number: | | | | |
| City GULFPORT | State ZIP C Mississippi 3950 | | Company NAIC Number | | |
| SECTIO | N G - COMMUNITY INFORMATION | N (OPTIONAL) | | | |
| The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en | dinance to administer the communi Certificate, Complete the applicable | ty's floodplain m | anagement ordinance can complete | | |
| G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) | | | | | |
| G2. A community official completed Section or Zone AO. | on E for a building located in Zone | A (without a FEI | MA-issued or community-issued BFE) | | |
| G3. X The following information (Items G4- | G10) is provided for community flo | odplain manage | ment purposes. | | |
| G4. Permit Number | G5. Date Permit Issued | G6. | Date Certificate of Compliance/Occupancy Issued | | |
| 201702379 | 10-30-2017 | 07- | 18-2018 | | |
| G7. This permit has been issued for: | New Construction Substantia | I Improvement | | | |
| G8. Elevation of as-built lowest floor (including of the building: | basement) | N/A fe | et meters Datum | | |
| G9. BFE or (in Zone AO) depth of flooding at t | he building site: | 19.0 X fe | et 🗌 meters Datum | | |
| G10. Community's design flood elevation: | | N/A fe | et meters Datum | | |
| Local Official's Name Mike Edwards | Title CFM | | | | |
| Community Name City of Gulfport | Telephon (228) 868 | | | | |
| Signature | Date 07-18-20 ⁻ | 18 | | | |
| Comments (including type of equipment and loc | cation, per C2(e), if applicable) | | | | |
| | | | | | |
| Garage is detached - this note is to clarify pictures. | | | | | |
| and the second s | 1507g | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Check here if attachments. | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the co | FOR INSURANCE COMPANY USE Policy Number: | | |
|--|--|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 500 OAK SHADOW DRIVE | | | |
| City | State | ZIP Code | Company NAIC Number |
| GULFPORT | Mississippi | 39501 | |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption REAR VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the co | FOR INSURANCE COMPANY USE Policy Number: | | |
|--|--|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 500 OAK SHADOW DRIVE | | | |
| City | State | ZIP Code | Company NAIC Number |
| GULFPORT Mississippi 39501 | | | |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption

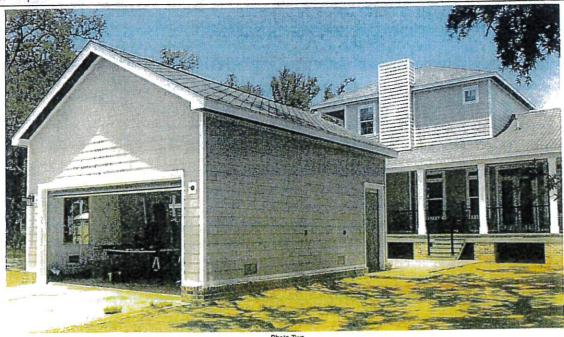


Photo Two Caption