U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program.

OMB No. 1660-0008 Expiration Date: November 30, 2022

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			,		ANCE COMPANY USE
SECTION A – PROPERTY INFORMATION A1. Building Owner's Name			Policy Numb		
9P HOLDING LLC					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Number: 8829 LORRAINE ROAD				AIC Number:	
City		State		ZIP Code	
GULFPORT		Mississip	•	39503	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL NO. 1010D-01-008.001 LOT "B" OF THE RESUBDIVISION OF SAID PARCEL, KNOWN AS BUILDING 5					
A4. Building Use (e.g., Residential, No	n-Residential, Addition	, Accessory,	etc.) NON-RES	DENTIAL	
A5. Latitude/Longitude; Lat. 30 24'31.	.9" Long	089 01'40.4"	Horizontal	Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photographs of th		-			
A7. Building Diagram Number 1A		•			
A8. For a building with a crawlspace or	r enclosure(s);				
a) Square footage of crawlspace of			0,00 sq ft		
b) Number of permanent flood ope		~· ·	······································	above adiacent gra	de 0
c) Total net area of flood openings					
d) Engineered flood openings?					
	, — ,				
A9. For a building with an attached gara	-	· •.			
a) Square footage of attached gara	age	0.00 sq ft	• •		
b) Number of permanent flood ope	enings in the attached (garage within '	i.0 foot above adja	cent grade 0	
 c) Total net area of flood openings 	in A9.b	0.00 sq	in		·
d) Engineered flood openings?	☐ Yes ⊠ No				
	B-FLOOD INSURA	NCE RATE	MAP (FIRM) INFO	ORMATION	
B1. NFIP Community Name & Community Number B2. County Name B3. State					
CITY OF GULFFORT, 285253 HARRISON Mississippi					
6 8	ate Eff	RM Panel lective/ vised Date	B8, Flood Zone(s)	89. Base Flood E (Zone AO, use	evation(s) Base Flood Depth)
28047C0266 G 12-21-			AE	15	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item 89:					
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:					
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 Protected Area (OPA)? [] Yes 🗵 No					
Designation Date: CBRS OPA					
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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8829 LORRAINE ROAD	Policy Number:			
City State ZIP Code GULFPORT Mississippi 39503	Company NAIC Number			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on:				
g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including	15.8 feet meters			
structural support	N/A feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFIED This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by a certify that the information on this Certificate represents my best efforts to interpret the data available statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor?	y law to certify elevation information			
Certifier's Name CLIFFORD A. CROSBY, P.L.S. Title OWNER Company Name CROSBY SURVEYING Address 716 LIVE OAK DRIVE City BILOXI License Number MS 2539 State State ZIP Code Mississippi 39532	Place ()			
Signature Date Telephone 12-01-2021 (228) 234-1649	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) LOWEST MACHINERY IS APPLIANCES ON FINISHED FLOOR.				

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, an 8829 LORRAINE ROAD	d/or Bldg, No.) or P.O. R	Route and Box No.	Policy Number:		
		IP Code 9503	Company NAIC Number		
SECTION E – BUILDING EL FOR ZON	EVATION INFORMAT E AO AND ZONE A (V	TON (SURVEY NOT VITHOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	t–E5. If the Certificate is natural grade, if available	intended to support a e. Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,					
crawispace, or enclosure) is b) Top of bottom floor (including basement, crawispace, or enclosure) is		_			
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	ppenings provided in Se				
the diagrams) of the building is E3. Attached garage (top of slab) is		_			
E4. Top of platform of machinery and/or equipment servicing the building is		feet _ meter	s ☐ above or ☐ below the HAG.		
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.					
SECTION F PROPERTY OW	NER (OR OWNER'S RE	PRESENTATIVE) CI	ERTIFICATION		
SECTION F PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
community-issued BFE) or Zone AO must sign here. T	he statements in Section	ns A, B, and E are cor	rect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative	he statements in Section	ns A, B, and E are cor	rect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here, T	he statements in Section		rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative	he statements in Section 's Name	St	rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative Address	he statements in Section 's Name City	St	rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative Address Signature	he statements in Section 's Name City	St	rect to the best of my knowledge.		
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Property Owner or Owner's Authorized Representative Address Signature	he statements in Section 's Name City	St	rect to the best of my knowledge.		

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the co			FOR INSURANCE COMPANY US	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8829 LORRAINE ROAD			Policy Number:	
City GULFPORT	State ZIP Code Mississippi 39503)	Company NAIC Number	
SECT	ION G - COMMUNITY INFORMATION ((OPTIONAL)		
The local official who is authorized by law or Sections A, B, C (or E), and G of this Elevations used in Items G8–G10. In Puerto Rico only, or	on Certificate. Complete the applicable its	floodplain mai em(s) and sign	nagement ordinance can complete n below. Check the measurement	
	aken from other documentation that has bitzed by law to certify elevation information			
G2. A community official completed Ser or Zone AO.	ction E for a building located in Zone A (v	vithout a FEM/	A-issued or community-issued BFE	
G3. The following information (items G	4-G10) is provided for community floodpl	lain managem	ent purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. [Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Imp	provement		
 Elevation of as-built lowest floor (including) 	ing basement)	feet	meters Datum	
39. BFE or (in Zone AO) depth of flooding a	it the building site:	feet	meters Datum	
G10. Community's design flood elevation:	terrestricteren er er terrestricteren der den er den e	feet	meters Datum	
ocal Official's Name	Title			
Community Name	Telephone			
Signature	Date			
Comments (including type of equipment and t	ocation, per C2(e), if applicable)			
			_	
			6	
			Check here if attachmen	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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			•
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 8829 LORRAINE ROAD	Policy Number:		
City GULFPORT	State Mississippi	ZIP Code 39503	Company NAIC Number

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.

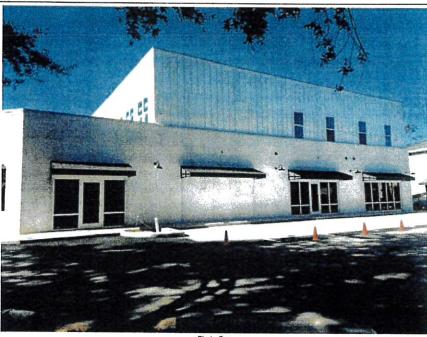


Photo One

Photo One Caption FRONT VIEW 11/30/2021

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 11/30/2021

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8829 LORRAINE ROAD			FOR INSURANCE COMPANY USE Policy Number:	
GULFPORT	Mississippi	39503		

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 Three

Photo Three Caption RIGHT SIDE VIEW 11/30/2021

Clear Photo Three

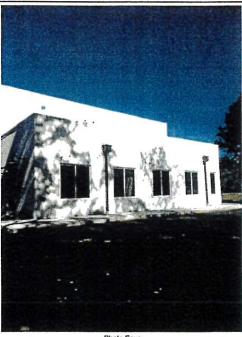


Photo Four

Photo Four Caption LEFT SIDE VIEW 11/30/2021

Clear Photo Four