

## Federal Emergency Management Agency

Washington, D.C. 20472

January 30, 2007

MR. PATRICK FISHER 328 MILES AVENUE TIPP CITY, OH 45371

CASE NO.: 07-05-1718A

COMMUNITY: AUGLAIZE COUNTY, OHIO

(UNINCORPORATED AREAS)

COMMUNITY NO.:

390761

### DEAR MR. FISHER:

This is in reference to a request that the Federal Emergency Management Agency (FEMA) determine if the property described in the enclosed document is located within an identified Special Flood Hazard Area, the area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood), on the effective National Flood Insurance Program (NFIP) map. Using the information submitted and the effective NFIP map, our determination is shown on the attached Letter of Map Amendment (LOMA) Determination Document. This determination document provides additional information regarding the effective NFIP map, the legal description of the property and our determination.

Additional documents are enclosed which provide information regarding the subject property and LOMAs. Please see the List of Enclosures below to determine which documents are enclosed. Other attachments specific to this request may be included as referenced in the Determination/Comment document. If you have any questions about this letter or any of the enclosures, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

Sincerely,

William R. Blanton Jr. CFM. Ch.

William R. Blanton Jr., CFM, Chief Engineering Management Section Mitigation Division

### LIST OF ENCLOSURES:

LOMA DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator Community Map Repository Region Date: January 30, 2007

Case No.: 07-05-1718A

LOMA



## Federal Emergency Management Agency

Washington, D.C. 20472

# LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL)

| COMMUNITY AND MAP PANEL INFORMATION   |   | LEGAL PROPERTY DESCRIPTION   |  |  |  |
|---------------------------------------|---|--|--|--|--|
| COMMUNITY                             | AUGLAIZE COUNTY, OHIO (Unincorporated Areas)  COMMUNITY NO.: 390761 | Lot 1, Klosterman Kove, Phase One, as described in the Survivorship Deed recorded as Instrument No. 200400009819, in Book 517, Page 2532, in the Office of the Recorder, Auglaize County, Ohio |  |  |  |
| AFFECTED<br>MAP PANEL                 | NUMBER: 39011C0090C   |  |  |  |  |
|                                       | DATE: 9/6/1989  |  |  |  |  |
| FLOODING SOURCE: GRAND LAKE ST. MARYS |   | APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 40.512, -84.442 SOURCE OF LAT & LONG: PRECISION MAPPING STREETS 4.0 DATUM: NAD 83  |  |  |  |

### **DETERMINATION**

| LOT | BLOCK/<br>SECTION | SUBDIVISION                      | STREET             | OUTCOME<br>WHAT IS<br>REMOVED FROM<br>THE SFHA | FLOOD<br>ZONE   | 1% ANNUAL<br>CHANCE<br>FLOOD<br>ELEVATION<br>(NGVD 29) | LOWEST ADJACENT GRADE ELEVATION (NGVD 29) | LOWEST<br>LOT<br>ELEVATION<br>(NGVD 29) |
|-----|-------------------|----------------------------------|--------------------|--|-----------------|--|---|---|
| 1   |                   | Klosterman<br>Kove, Phase<br>One | 00881 Willie's Way | Structure                                      | X<br>(unshaded) | 873.0 feet   | 873.8 feet                                |   |

Special Flood Hazard Area (SFHA) - The SFHA is an area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood).

ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)

PORTIONS REMAIN IN THE SFHA

This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Amendment for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are not located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). This document amends the effective NFIP map to remove the subject property from the SFHA located on the effective NFIP map; therefore, the Federal mandatory flood insurance requirement does not apply. However, the lender has the option to continue the flood insurance requirement to protect its financial risk on the loan. A Preferred Risk Policy (PRP) is available for buildings located outside the SFHA. Information about the PRP and how one can apply is enclosed.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

William R. Blanton Jr., CFM, Chief Engineering Management Section

Mitigation Division

Date: January 30, 2007

Case No.: 07-05-1718A

LOMA



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Washington, D.C. 20472

# LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL)

ATTACHMENT 1 (ADDITIONAL CONSIDERATIONS)

PORTIONS OF THE PROPERTY REMAIN IN THE SFHA (This Additional Consideration applies to the preceding 1 Property.)

Portions of this property, but not the subject of the Determination/Comment document, may remain in the Special Flood Hazard Area. Therefore, any future construction or substantial improvement on the property remains subject to Federal, State/Commonwealth, and local regulations for floodplain management.

This attachment provides additional information regarding this request. If you have any questions about this attachment, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

William R Blanton A



### **AUGLAIZE COUNTY**

### Engineering Department P.O. Box 59

1014 S. Blackhoof Street Wapakoneta, Ohio 45895

TELEHONE 419-739-6520 FAX 419-739-6521 Email: augcoeng@augcoeng.com



Douglas Reinhart COUNTY ENGINEER

December 20, 2006

00881 Willie's Way St. Marys, OH 45885

To Whom It May Concern:

This letter is in response to a request for verifying the 100-year flood elevation at 00881 Willie's Way. The 100-year flood elevation for this site has been set at 873.0 ft. This elevation has been used as the BFE of all the lots in Southmoor Shores, and around Grand Lake St. Marys.

Should any future construction take place on your parcel, the lowest adjacent grade to the structure should be no less than 873.0 feet. In the event that the lowest adjacent grade to the structure drops below this elevation, the structure will than be certified in the 100-year flood zone.

Sincerely,

Douglas Reinhart, P.E. P.S. Auglaize County Engineer

Auglaize County Flood Plain Coordinator

# FEDERAL EMERGENCY MANAGEMENT AGENCY PROPERTY INFORMATION FORM

O.M.B. NO. 3067-0147 Expires September 30, 2005

### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.63 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address.

Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address. This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. Please check the item below that describes your request: A letter from FEMA stating that an existing structure or parcel of land that has not been elevated by fill LOMA (natural grade) would not be inundated by the base flood. A letter from FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) CLOMA would not be inundated by the base flood if built as proposed. A letter from FEMA stating that an existing structure or parcel of land that has been elevated by fill LOMR-F would not be inundated by the base flood. A letter from FEMA stating that a parcel of land or proposed structure that will be elevated by fill would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is CLOMR-F built as proposed. Fill is defined as material from any source placed to raise the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade. If yes, when was fill placed? Has fill been placed on your property? month/year Will fill be placed on your property? If yes, when will fill be placed? month/year Street Address of the Property (if request is for multiple structures, please attach additional sheet): OOBBI WILLIE'S WAY, ST.MARY'S, OH 45885 Legal description of Property (Lot, Block, Subdivision) (if a street address cannot be provided): KLOSTERMAN KOVE PHASE | LOT 1 Are you requesting that the SFHA designation be removed from (check one): the entire legally recorded property? a portion of land within the bounds of the property (a certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are required)? structures on the property? What are the dates of construction? Is this request for a (check one): single structure single lot multiple structures (How many structures are involved in your request? List the number: multiple lots (How many lots are involved in your request? List the number:

| In addition to this form (MT-1 Form 1), ALL requests must include the following:   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| <ul> <li>Copy of the Plat Map for the property (with recordation data and stamp of the Recorder's Office)         OR</li> </ul>  |  |  |  |  |  |  |  |  |
| <ul> <li>Copy of the property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses</li> </ul>    |  |  |  |  |  |  |  |  |
| Copy of the effective FIRM panel and/or Flood Boundary and Floodway Map (FBFM) (if applicable) on which the property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3) |  |  |  |  |  |  |  |  |
| • Form 2 – Elevation Form. If an Elevation Certificate has already been completed for this property, it may be submitted in addition to Form 2.  |  |  |  |  |  |  |  |  |
| Please include a map scale and North arrow on all maps submitted.  |  |  |  |  |  |  |  |  |
| For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:   |  |  |  |  |  |  |  |  |
| Form 3 – Community Acknowledgment Form   |  |  |  |  |  |  |  |  |
| Processing Fee (see instructions for appropriate mailing address; or, visit http://www.fema.gov/fhm/frm_fees.shtm for the most current fee schedule)   |  |  |  |  |  |  |  |  |
| Revised fee schedules are published periodically, but no more than once annually, as noted in the <u>Federal Register</u> . Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:      |  |  |  |  |  |  |  |  |
| Check the fee that applies to your request:  |  |  |  |  |  |  |  |  |
| \$325 (single lot/structure LOMR-F following a CLOMR-F)  |  |  |  |  |  |  |  |  |
| \$425 (single lot/structure LOMR-F)  |  |  |  |  |  |  |  |  |
| \$500 (single lot/structure CLOMA or CLOMR-F)  |  |  |  |  |  |  |  |  |
| \$700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)   |  |  |  |  |  |  |  |  |
| \$800 (multiple lot/structure LOMR-F or CLOMR-F)   |  |  |  |  |  |  |  |  |
| Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to: <u>National Flood</u><br>Insurance Program.  |  |  |  |  |  |  |  |  |
| All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.                              |  |  |  |  |  |  |  |  |
| Applicant's Name: PATRICK FISHER Company: Please Print or Type   |  |  |  |  |  |  |  |  |
| Mailing Address: 325 MILES AUE Daytime Telephone No.: 937 - 657-5753  E-Mail Address: TIPP CITY 537   Fax No.:   |  |  |  |  |  |  |  |  |
| E-Mail Address: TIPP C: TL/5-37/ Fax No.:  |  |  |  |  |  |  |  |  |
| Date /2/8/06 Signature of Applicant (required)   |  |  |  |  |  |  |  |  |
| f you have any questions concerning FEMA policy, or the NFIP in general, please contact the FEMA Map Assistance Center toll free at 1-877-FEMA MAP (1-877-336-2627), or visit the Flood Hazard Mapping website at www.fema.gov/fhm/.                             |  |  |  |  |  |  |  |  |

### FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

**ELEVATION CERTIFICATE** 

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number PATRICK FISHER BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number WILLIE'S CITY ZIP CODE 4-5885 STATE ST. MARVS OH PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 1 KLOSTERMAN KOVE BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: ( ##° - ##' - ##.##" or ##.####") SOURCE: GPS (Type): NAD 1927 **IX** NAD 1983 USGS Quad Map Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME B3. STATE** AUGLAIZE COUNTY 390 761 AUGLAIZE **B4. MAP AND PANEL** B5. SUFFIX B6. FIRM INDEX **B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 39011C0090 SEPT. 6, 1989 SEPT. 6, 1989 873 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. \_\_ FIS Profile |X| FIRM |\_\_| Community Determined | Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: |X| NGVD 1929 | NAVD 1988 | Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? | | Yes Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: |\_\_|Construction Drawings\* Building Under Construction\* |X|Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Conversion/Comments Elevation reference mark used <u>SAN MANHOLE</u> Does the elevation reference mark used appear on the FIRM? | Yes a) Top of bottom floor (including basement or enclosure) 872 / ft.(m) b) Top of next higher floor . 2\_ft.(m) Embossed and Date c) Bottom of lowest horizontal structural member (V zones only) ft.(m) d) Attached garage (top of slab) ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) Number ft.(m) f) Lowest adjacent (finished) grade (LAG) . 8 ft.(m) g) Highest adjacent (finished) grade (HAG) 4.8 ft.(m) icense h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade ☐ i) Total area of all permanent openings (flood vents) in C3.h \_ N/A \_ sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME LICENSE NUMBER THOMAS OVERSTONE TITLE COMPANY NAME DIR CHOICE ONE ENGINEERING ADDRESS CITY SIDHEY STATE OH. ZIP CODE TELEPHONE SIGNATURE DATE 4-05-06 37)497-0200

| IMPORTANT: In these spaces,  | copy the corresponding information   | 1 from Section A                         | For Insurance Community              |  |  |  |  |  |  |
|--|--|--|--------------------------------------|--|--|--|--|--|--|
| BUILDING STREET ADDRESS (Included of Section 1)  | For Insurance Company Use: Policy Number   |  |                                      |  |  |  |  |  |  |
| ST: MARUS  | STATE OH,  | ZIP CODE<br>45885                        | Company NAIC Number                  |  |  |  |  |  |  |
| / SECTION  | D - SURVEYOR, ENGINEER, OR A   | RCHITECT CERTIFICATION (COM              | ITINUED)                             |  |  |  |  |  |  |
| Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. |  |  |                                      |  |  |  |  |  |  |
| COMMENTS C-3a - CRAWL SPACE  |  |  |                                      |  |  |  |  |  |  |
| C  | -NAME STACE  |  |                                      |  |  |  |  |  |  |
|  |  |  |                                      |  |  |  |  |  |  |
|  |  |  |                                      |  |  |  |  |  |  |
|  |  |  | Check here if attachments            |  |  |  |  |  |  |
| SECTION E - BUILDING ELE   | VATION INFORMATION (SURVEY N   | OT REQUIRED) FOR ZONE AO A               | ND ZONE A (WITHOUT REE)              |  |  |  |  |  |  |
| For Zone AO and Zone A (without E  | BFE), complete Items E1, through F5  | If the Elevation Certificate is intend   | ded for use as supporting            |  |  |  |  |  |  |
| THE PROPERTY OF LONGING  | . Section C must be completed  |  |                                      |  |  |  |  |  |  |
| pageo o una r. Il lib ulaur  | _ (Select the building diagram most s accurately represents the building,  | Drovide a ekotob or photograph \         |                                      |  |  |  |  |  |  |
| re in a rob of the pottom floor (luci  | luding basement or enclosure) of the H   | nuilding is I I I ft (m) I I I in        | (cm) [  above or     below           |  |  |  |  |  |  |
| (Silver, One) the indirest adjace  | nt grade. (Use natural grade, if availa openings (see page 7), the next higher   | hie )                                    |                                      |  |  |  |  |  |  |
|  | DOVE THE HIGHEST AGIACENT GRADE COM  | inlata Itama C2 h and C2; an frank       | - F F                                |  |  |  |  |  |  |
| -4. The rob of the bignouth of mach  | linery and/or equipment servicing the  | building is 1 1 1ft /m) 1 1 1 in         | (cm) [  above or     below           |  |  |  |  |  |  |
| (Silvor one) the highest added   | ini ulade. Tuse namral drade it availa   | hie )                                    |                                      |  |  |  |  |  |  |
| maragement ordinal   | depth number is available, is the top of<br>nce?     Yes     No     Unknow   | /n. The local official must certify this | s information in Section C           |  |  |  |  |  |  |
| SECTION  | F - PROPERTY OWNER (OR OWNE  | ER'S REPRESENTATIVE) CERTIF              | ICATION -                            |  |  |  |  |  |  |
| (without a FEMA-issued or commu  | thorized representative who completes<br>unity-issued BFE) or Zone AO must sig   | Coefficient A. D. O. (14 OO.)            | 001                                  |  |  |  |  |  |  |
|  | S AUTHORIZED REPRESENTATIVE'S NA   |  | and control to                       |  |  |  |  |  |  |
| ADDRESS  | TI   | HOMAS L. COVERSTONE                      | =                                    |  |  |  |  |  |  |
| ADDRESS 440 EAST HOE   | EWISHER ROAD   | TY STATE                                 | ZIP CODE                             |  |  |  |  |  |  |
| SIGNATURE Thomas   | J & DA   | TELEPH<br>TELEPH                         | ONE                                  |  |  |  |  |  |  |
| COMMENTS   | r. oversione   | 4-05-06 TELEPH                           | (937)497-0200                        |  |  |  |  |  |  |
|  |  |  |                                      |  |  |  |  |  |  |
|  |  |  | X  Check here if attachments         |  |  |  |  |  |  |
| The local official when the  | SECTION G - COMMUNITY IN   | FORMATION (OPTIONAL)                     |                                      |  |  |  |  |  |  |
| Sections A, B, C (or E), and G of this   | by law or ordinance to administer the cost selevation Certificate. Complete the  | community's floodplain managemen         | t ordinance can complete             |  |  |  |  |  |  |
| The information in Section (   | <ul> <li>was taken from other documentation</li> </ul>   | n that has been signed and embore        | ed by a licensed suppose-            |  |  |  |  |  |  |
| or grider, or dicinited willo  | is authorized by state of local law to ce  | ertify elevation information. (Indicat   | te the source and date of the        |  |  |  |  |  |  |
|  | nents area below.)<br>eted Section E for a building located in   |  |                                      |  |  |  |  |  |  |
|  |  |  |                                      |  |  |  |  |  |  |
| ఆం.    The following information (II   | tems G4-G9) is provided for communit   | ty floodplain management purposes        | S.                                   |  |  |  |  |  |  |
| G4. PERMIT NUMBER  | G5. DATE PERMIT ISSUED   | G6. DATE CERTIFICATE OF                  |                                      |  |  |  |  |  |  |
| G7. This permit has been issued for:   | <br>:  _  New Construction     Sub   | ISSUED                                   |                                      |  |  |  |  |  |  |
| G8. Elevation of as-built lowest floor   | (including basement) of the building is  | stantial Improvement<br>s:               | ft (m) Datum:                        |  |  |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flo   | poding at the building site is:  |  | _ ft. (m) Datum:<br>_ ft. (m) Datum: |  |  |  |  |  |  |
| LOCAL OFFICIAL'S NAME  |  |  |                                      |  |  |  |  |  |  |
| COMMUNITY NAME   |  |  |                                      |  |  |  |  |  |  |
| TELEPHONE  |  |  |                                      |  |  |  |  |  |  |
| SIGNATURE DATE   |  |  |                                      |  |  |  |  |  |  |
| COMMENTS   |  |  |                                      |  |  |  |  |  |  |
|  | · •  |  |                                      |  |  |  |  |  |  |
|  | Newspaper Net Action Control of C | -  |                                      |  |  |  |  |  |  |
|  |  |  |                                      |  |  |  |  |  |  |
| EMA E 04 04  |  |  | Check here if attachments            |  |  |  |  |  |  |