

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Boris
c/o 9100 Park Blvd Unit 7
Seminole, Florida 33777

2012-2591011-34.01Alison Lundergan Grimes
Kentucky Secretary of State

File Date 7/16/2012 4:30:00 PM

Status Active

Fee \$20.00

Filer bschell

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

BORIS ROGER ERICKSON

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS

c/o: STATE OF FLORIDA

CITY

Tallahassee

STATE

FL

POSTAL CODE

32399-0001

COUNTRY

US

1d. TAX ID # SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

Trust

1f. JURISDICTION OF ORGANIZATION

International Bankruptcy

1g. ORGANIZATIONAL ID #, if any

109-1971-095559

☐ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

Boris Roger Erickson

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS

c/o: Brevard Hospital

CITY

Melbourne

STATE

FL

POSTAL CODE

32901

COUNTRY

US

2d. TAX ID # SSN OR EIN

n/a

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

Estate

2f. JURISDICTION OF ORGANIZATION

Private

2g. ORGANIZATIONAL ID #, if any

109-71-095559

☐ NONE3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

[Erickson]

Boris

[Roger]

3c. MAILING ADDRESS

c/o: 9100 Park Blvd Unit 7

CITY

Seminole

STATE

FL

POSTAL CODE

33777

COUNTRY

US

4. This FINANCING STATEMENT covers the following collateral:

Notice of Exercise of Right of Set-Off

In the matter of BORIS ROGER ERICKSON, property of STATE OF FLORIDA

I believe there is a mistake, for I assume full liability and responsibility for all my actions and inactions and take exception for all current and acquired issues for tax recovery and wish to assign to the issuer the proceeds from the usufructuary interest registered and recorded for value and consideration for all issues ledgered for care and maintenance of BORIS ROGER ERICKSON and/or number established as set-off for forgiveness and discharge of contractual obligations to pay in the future for considerations presently received in fulfillment of the law.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☒ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ N/A6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) ☐ All Debtors ☐ Debtor

8. OPTIONAL FILER REFERENCE DATA

By the authority of Jesus the Christ and witness of the Spirit, the water and the blood (1 John 5: 8) as granted by Nature's God.

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME BORIS ROGER ERICKSON		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

I will stand vpon my watch, & set mee vpon the towre, and will watch to see what he will say vnto me, and what I shall answere when I am reprov'd. And the Lord answered me and said, write the vision, and make it plaine vpon tables, that he may runne that readeth it. For the vision is yet for an appointed time, but at the end it shall speak, and not lie: though it tary, wait for it, because it will surely come, it wil not tary. Behold, his soule which is lifted vp, is not vp-right in him; but the iust shall liue by his faith. (Hab 2:1-4)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

Certificate of Live Birth / Receipt for Indemnification for number [REDACTED]
Certification of Birth / ens legis trust commercial vehicle state file number [REDACTED]
UCC/SSN contract trust account number [REDACTED]
Federal Reserve Account ID Number [REDACTED]
Florida Driver License [REDACTED]
STATE OF FLORIDA tag number H64 8UK

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

PUBLIC NOTICE

This filing is to secure equitable interests in and of the root of title with recoupment of exposure via Contract Under Seal and Receipt for Indemnification for number [REDACTED] as issued by STATE OF FLORIDA OFFICE of VITAL STATISTICS; done with spirit and intent associated within the Ten Commandments, The Seven Laws of Noah, various Hague conventions and accords, Lieber Code, Treaty of 1213, Papal Bulls 1455 and 1492, Verona Treaty of 1822, Social Security Order 1997, Federal Reserve Act 1913, Emergency Agricultural Act 1933, Trading with the Enemy Act 1921, Patriot Act, Law of Nations, and Declaration of Independence with security agreement being nunc pro tunc and ab initio NOVEMBER 19, 1971.

Now then we are Ambassadors for Christ, as though God did beseech you by vs; we pray you in Christs stead, that be ye reconciled to God. (II Cor 5:20)

17. Check only if applicable and check only one box.

Debtor is a ☒ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Debtor

18. Check only if applicable and check only one box.

☒ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective 30 years

SECURITY AGREEMENT

NOTICE OF EQUITY INTEREST

As Nature and Nature's God has created and provided the universe and all it has to offer for the benefit of all, intending it for the advantage of the poor as well as of the rich, it appears Secured Party always has permission of the owner for peaceful possession of whatever the owner provides and in whatever form provided; imposing no fee nor subjecting Secured Party to any taxes.

INDEMNITY BOND

As one made in the image of Nature and Nature's God with no intention of abandoning one's origination and remaining bound by those obligations and as insurance against presumptions or assumptions of adverse possession, this entry into the commercial ledger is Actual and Constructive Notice declaring all the estate of Debtor/Bailee belongs to Secured Party and in keeping with the customs of this Host Nation and its servicing agent UNITED STATES, complete usufructuary interest surrendered by way of special deposit with STATE OF FLORIDA for UNITED STATES; signed, sealed, and delivered NOVEMBER 19, 1971; acknowledged, accepted, and received DECEMBER 2, 1971 via trust receipt for number 109-71-095559 for LABOR and DELIVERY with Bonitary, Fee, Naked, and Spoliated Owner interests retained by Secured Party as those interests still constitute a part of the aggregate wealth of origination, with acceptance and acknowledgment all agents, agencies, offices, officers, departments, and instrumentalities of STATE OF FLORIDA for UNITED STATES as fiduciary and trustee for discharge of usufructuary duties for UNITED STATES in service of security agreement.

NOTICE OF DUTIES AND OBLIGATIONS OF PARTIES

Beneficiary for trust Debtor, being proprietor of the usufructuary interest, is entitled to the benefits and subject to the liabilities which that status involves while Secured Party engages in commerce using BORIS ROGER ERICKSON, et al. Secured Party agrees to assume full responsibility and liability for all actions and inactions of Secured Party.

PUBLIC NOTICE

Pursuant to the Power of Appointment Act of 1951, Secured Party hereby appoints and assigns Office of Attorney General for STATE OF FLORIDA as authorized agent for trust Debtor and all derivatives thereof, et al. and as fiduciary for purposes of forward and delivery of all claims, taxes, charges, issues, et al., ledgered for care and maintenance of trust Debtor to trustee or fiduciary authorized to vouch for trust Debtor for discharge of fiduciary duties for UNITED STATES.

PUBLIC NOTICE

Signature of Registrar upon receipt numbers 109-71-095559 and 109-1971-095559 accepted by Secured Party as agreement to security agreement with Contract Under Seal of STATE OF FLORIDA for UNITED STATES, under special deposit nunc pro tunc and ab initio NOVEMBER 19, 1971.

*Let me not, I pray you, accept any mans person: neither let me giue flattering titles vnto man. For I know not to giue flattering titles: in so doing my maker would soone take me away.
(Job 32:21-22)*



Public Records of
St. Johns County, FL
Clerk # 2011051460,
O.R. 3483 PG 914-915
10/13/2011 at 02:16 PM,
REC. \$9.00 SUR. \$9.50



Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by DAVID PETER WAKEEN

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Thirtieth day of September, A.D., 2011

7. by Secretary of State, State of Florida

8. No. 2011-106367

9. Seal/Stamp:



10. Signature:

Secretary of State

DSDE 99 (4/11)

A MATTER OF PUBLIC RECORD
DEPOSITIONAL AFFIDAVIT

State of Florida
County of Pinellas

Before me, the undersigned Notary, David Peter Wakeen, on this 27 day of SEPTEMBER 2011, the user of this Boris Roger Erickson name, demonstrating a credible nature and appearing to be of lawful age, by his own free will act and deed, in execution of his will and affirmation does state:

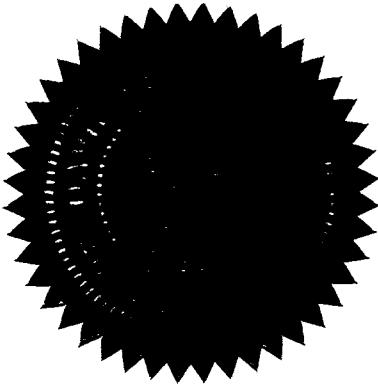
This Boris Roger Erickson name in use is affixed upon certified copy of certificate of live birth number 109-71-095559 and as of this date, I have failed to receive nor seen any evidence this Boris Roger Erickson name in use serves to recognize the one using this name.


As such, I hereby acknowledge and undertake the tender of this deed and deliver this receipt in absolute acceptance of this peace offering of State as usufruct with respect to my use of this Boris Roger Erickson name.

FURTHER I SAYETH NOT.

Affirmed, stated, and executed by and through free will of act and deed before me, this 27th day of September, 2011.

Notary Seal:

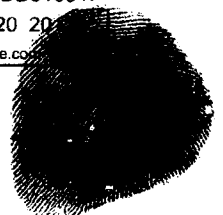
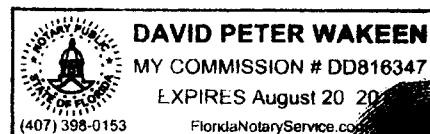



DAVID PETER WAKEEN

NOTARY PUBLIC

My commission expires:

August 20, 2012.



OFFICE of VITAL STATISTICS

Revenue receipt
for
labor and delivery
of parcel...

State of Florida
Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH
FLORIDA

BIRTH NO. 109.

71-095559

AMENDED JAN 6 1977

REGISTRAR'S NO.

713028

1. CHILD - NAME		First	Middle	Last	DATE OF BIRTH (Month, Day, Year)		HOUR
Boris		Roger	Erickson				5:15a.m.
2. SEX	THIS BIRTH—Single, Twin, Triplet, etc. (Specify)			IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)			
3. Male	4. Single			4b. no			
5. CITY, TOWN, OR LOCATION OF BIRTH		5c. INSIDE CITY LIMITS (Specify Yes or No)		5d. HOSPITAL—NAME		5e. (If not in hospital, give street and number)	
Melbourne		yes		Brevard Hospital			
6. RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		ZIP CODE	
Florida		Brevard		Melbourne		32901	
7. FATHER—NAME		First		Middle		Last	
Roger		Kenneth		Erickson			
8. INFORMANT		First		Middle		Last	
Roger K. Erickson							
9. I certify that the above named child was born alive at the place and time and on the date stated above.		DATE SIGNED (month, day, year)		10b. MAILING ADDRESS		10c. ATTENDANT—M.D., D.O., Midwife, Other (Specify)	
10a. SIGNATURE (Type or Print)		December 1, 1971		Melbourne, Florida		M.D.	
11a. REGISTRAR SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		Month		Day	
P. E. Clarke, M.D.		12/2/71		Year			
11b. DATE RECEIVED BY LOCAL REGISTRAR		Month		Day		Year	
12/2/71							

State Registrar

Date Issued:

JAN 06

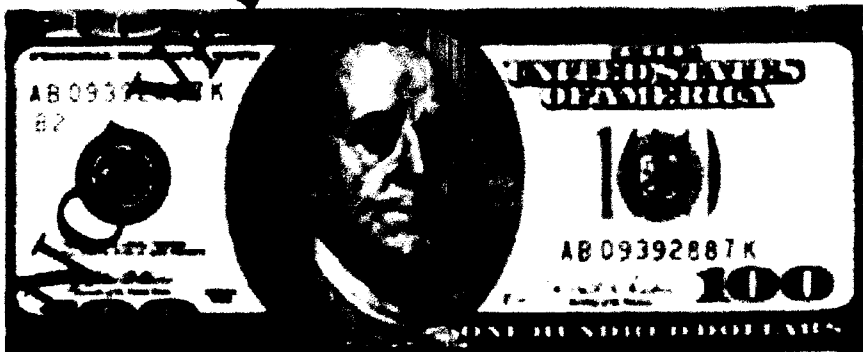
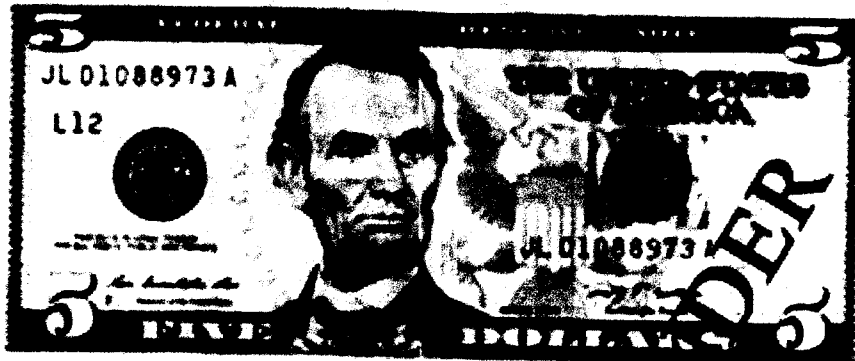
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... security receipt for
exercise of beneficial use
of parcel by recipient...



THIS DOCUMENT HAS BEEN PRINTED ON TRUE WATERMARK PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

Apply equitable
interest from this
registered and recorded...

CERTIFICATE OF LIVE BIRTH
FLORIDA

BIRTH NO. 109.

71-095559

CHILD - NAME First Middle Last AMENDED JAN 6 1972

REGISTRAR'S NO.

113028

1. SEX **Male** 2. DATE OF BIRTH (Month, Day, Year) **11/30/28** 3b. HOUR **5:15a.m.**

3. CITY, TOWN, OR LOCATION OF BIRTH **Male** 4a. **Single** 4b. **no** 5a. **Brevard**

5b. MOTHER—MAIDEN NAME **Melbourn e** 5c. **yes** 5d. **no** 5e. **Brevard**

6a. RESIDENCE - STATE **Dia** 6b. **yes** 6c. **Denmark**

7a. **Florida** 7b. **Brevard** 7c. **Melbourne** 7d. **32901** 7e. **yes** 7f. **Rt 2 Box 1207**

8a. FATHER—NAME **Roger** 8b. **Kenneth** 8c. **Minnesota**

9a. INFORMANT **Roger K. Erickson** 9b. **Father** 9c. **Relationship to child**

10a. SIGNATURE **P. F. Clarke, M.D.** 10b. DATE SIGNED (month, day, year) **December 1, 1971** 10c. ATTENDANT—M.D., D.O., Midwife, Other

11a. REGISTRAR SIGNATURE **P. F. Clarke, M.D.** 11b. DATE RECEIVED BY LOCAL REGISTRAR **12/2/71**

11c. REGISTRAR NAME **Melbourne, Florida** 11d. DATE RECEIVED BY LOCAL REGISTRAR **12/2/71**

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meade G. Jj

State Registrar

Date Issued JAN 06 2012

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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH



OFFICE of VITAL STATISTICS

AMENDED**CERTIFICATION OF BIRTH**

STATE FILE NUMBER: 109-1971-095559

DATE FILED: December 2, 1971

CHILD'S NAME: BORIS ROGER ERICKSON

DATE OF BIRTH: [REDACTED]

SEX: MALE

COUNTY OF BIRTH: BREVARD COUNTY

MOTHER'S MAIDEN NAME: DIA INGRID GJE [REDACTED]

FATHER'S NAME: ROGER KENNETH ERICKSON

DATE ISSUED: January 6, 2012

AMENDED DATE

January 6, 1972

EVIDENTIARY DOCUMENTATION INFORMATION

Mother's middle name corrected from Gjoe to Gje; father's age corrected from 29 to 28 and informant's middle initial corrected from H to K

ABOVE AMENDMENT(S) MADE PURSUANT TO FLORIDA STATUTES.

REQ: 20



C. Meach G. Jj
[Signature], State Registrar

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* 2 8 1 4 2 5 0 9 *

DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

YOUR SOCIAL SECURITY CARD

The Social Security number shown on your card is yours alone. Do not allow others to use your number as their own. Record your number in a safe place in case your card is lost or stolen. Protect both your card and your number to prevent their misuse.

You should contact us to update your Social Security number and benefit record (if you are entitled) if your name, your U.S. citizenship status, or your status as an alien in the U.S. changes. You will need to file an application for a replacement Social Security card and provide proof of your identity, and we may request other evidence supporting the change.

Show your card to your employer when you start a new job. Make sure your employer uses the same name and number exactly as it is shown on your Social Security card so we can record your earnings correctly.

Some private organizations use Social Security numbers for record keeping purposes. Such use is neither required nor prohibited by Federal law. The use of your Social Security number by such an organization for its own records is a private matter between you and the organization. Private organizations cannot get information from your Social Security record just because they know your number.

Any government agency that asks for your number must tell you whether giving it is mandatory or voluntary, its authority for requesting the number, and how the number is used.

If you are an alien without permission to work in the U.S., your Social Security card will be marked "NOT VALID FOR EMPLOYMENT." We will notify U.S. immigration officials if you use the number to work.

If you are an alien legally in the U.S. with temporary permission to work, your Social Security card will be marked "VALID FOR WORK ONLY WITH DHS AUTHORIZATION." If you show this card to an employer as evidence of employment eligibility, you will also have to show your U.S. immigration document authorizing employment.

You should contact Social Security right away for benefits if you become disabled, reach retirement age or are about to attain age 65.

You can reach us at 1-800-772-1213 or through our website at www.socialsecurity.gov.

... and/or this
number established...

BORIS ROGER ERICKSON
C/O 9100 PARK BLVD
UNIT 7
SEMINOLE FL 33777

Keep this stub with your personal records. The other side contains important information.

Please note: The date we issued this card is shown below the signature line.

Improper use of this card or number by anyone is punishable by fine, imprisonment or both. If you believe someone is using your Social Security number fraudulently, notify the Federal Trade Commission at 1-877-438-4338 or online at www.consumer.gov/idtheft.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please turn it to:


Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2011)

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
BORIS ROGER
ERICKSON

SIGNATURE  03/26/2012

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18, whichever is earlier.

Keep your card in a safe place to protect your privacy.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.

YOUR SOCIAL SECURITY CARD

... as set-off for forgiveness
and discharge of contractual obligations
to pay in the future for considerations
presently received...



OFFICE of VITAL STATISTICS

State of Florida
Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

FLORIDA

BIRTH NO. 109.

71-095559

CHILD - NAME

First

Middle

Last

DATE OF BIRTH (Month, Day, Year)

HOUR

1.

Boris

Roger

Erickson

2a.

2.

Male

THIS BIRTH—Single, Twin, Triplet, etc.
(Specify)

4a. Single

3. CITY, TOWN, OR LOCATION OF BIRTH

INSIDE CITY LIMITS
(Specify Yes or No)

5c. Yes

5b. MOTHER—MAIDEN NAME

Melbourn e

First

Middle

Last

5d.

6a.

RESIDENCE - STATE

Dia

COUNTY

Ingrid Gide

CITY, TOWN, OR LOCATION

ZIP CODE

7d. 32901

7a.

Florida

7b. Brevard

First

7c. Melbourn e

Middle

7d. 32901

8a.

FATHER—NAME

Roger

First

Kenneth

Last

Erickson

8b.

9a.

I certify that the above named child was born alive at the place and time and on the date stated above.

K. Erickson

First

DATE SIGNED (month, day, year)

10b.

December 1, 1971

10c.

MAILING ADDRESS

(Street or R.F.D. No., City or Town, State, Zip)

M. D.

10d.

DATE RECEIVED BY LOCAL REGISTRAR

Month

Day

Year

11b.

Melbourn e

Florida

DATE RECEIVED BY LOCAL REGISTRAR

Month

Day

Year

11c.

... in fulfillment
of this contract
Under seal.

VOID IF ALTERED OR ERASED

C. Meade Grijj

State Registrar

Date Issued:

JAN 0 6

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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF
HEALTH

* 2 A 1 3 9 9 1 4 *

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