

402-441-6484



## Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.  
• Read instructions on reverse side.

**FORM  
457**

Applicant's Name <b>Cathedral of the Risen Christ</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>3500 Sheridan Blvd</b>		County <b>Lancaster</b>		
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68506</b>	State Where Incorporated <b>NE</b>	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
P: Bishop James Conley	3400 Sheridan Blvd Lincoln, NE 68506
VP: Msgr. Timothy Thorburn	3400 Sheridan Blvd Lincoln, NE 68506
S/T: Msgr. Joseph J Nemece	3500 Sheridan Blvd Lincoln, NE 68506

DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
INTL	1992	BUS	1HVBBNMP8NH410877	
FORD	2000	PICK-UP	1FTZR15V8YPA81498	

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural  
  Educational  
  Religious  
  Charitable  
  Cemetery

Are the motor vehicles used exclusively as indicated?  
 YES    NO

If No, give percentage of exempt use:  
 \_\_\_\_\_ %

Give detailed description of use, including an explanation if multiple use classifications exist:

**Bus: Transportation of pre-school and school students and church members**  
**Pick-Up: Maintenance work for the facility**

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

**sign here** Re. Msgr. Joseph J. Nemece \_\_\_\_\_ Rector \_\_\_\_\_ 4/16/18  
Authorized Signature Title Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL      COMMENTS: \_\_\_\_\_

DISAPPROVAL      \_\_\_\_\_

Andy Stuy \_\_\_\_\_ 4-18-18  
Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL      COMMENTS: \_\_\_\_\_

DISAPPROVAL      \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**

Received Time Apr. 17. 2018 12:10PM No. 4303



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
457

• To be filed with your county treasurer.  
• Read instructions on reverse side.

Applicant's Name Christian Heritage Children's Homes			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 14880 Old Cheney Road		County Lancaster		
City Walton	State NE	Zip Code 68461	State Where Incorporated Nebraska	

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Brad Brown, 14880 Old Cheney Road, Walton, NE 68461
Vice President	Brian Rader, 14880 Old Cheney Road, NE 68461
Secretary/Treasurer	Julle Spader, 14880 Old Cheney Road, Walton, NE 68461

### DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
HONDA Accord	2015	LX (CVT) 4 door sedan	1HGCR2F3XFA125124	April 2008

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery


Are the motor vehicles used exclusively as indicated?  
 YES     NO

Give detailed description of use, including an explanation if multiple use classifications exist:

Christian Heritage staff will use for appointments with foster families, pastors, donors and other transportation uses related to our exempt function to care for youth placed with us by Nebraska DHHS.

If No, give percentage of exempt use:  
\_\_\_\_\_ %

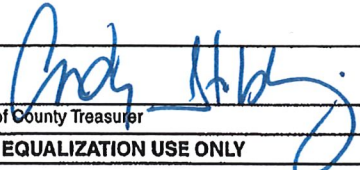
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

**sign here**  \_\_\_\_\_ Secretary/Treasurer    04-25-2018  
Authorized Signature    Title    Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

 \_\_\_\_\_ Date 4-29-18  
Signature of County Treasurer    Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature    Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.





# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
**457**

\* To be filed with your county treasurer.  
\* Read instructions on reverse side.

Applicant's Name: Community Blood Bank / IBR

Street or Other Mailing Address: 100 N 84th ST

City: Lincoln State: NE Zip Code: 68505

County: Lancaster State Where Incorporated: Nebraska

Type of Ownership:  
 Nonprofit Corporation  
 Other (specify): \_\_\_\_\_

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Ellen disalvo 100 N 84th ST Lincoln, NE 68505

### DESCRIPTION OF THE MOTOR VEHICLES

\* Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
* see attached form				

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
 Educational  
 Religious  
 Charitable  
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

All vehicles are used for the purpose of collecting and delivery of blood.

Are the motor vehicles used exclusively as indicated?

- YES  
 NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Richard Smith  
Authorized Signature

Fleet Coordinator Title   4/20/18 Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Andy Shultz  
Signature of County Treasurer

4-29-18  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

April 20th, 2018

**Vehicle List**

<u>Vehicle Make</u>	<u>Model Year</u>	<u>Body Type</u>	<u>VIN #</u>	<u>Reg Date</u>
Blue Bird Coach	1999	Motorcoach	1BDJKCS7XXF081278	5/18
Ford Starcraft	2004	Motorcoach	1FDXE45P44HA78717	5/18
Ford F550	2015	Cargo Van	1FDUF5GY9FEA23437	5/18
Ford E350	2006	Passenger Van	1FBSS31L76DA19485	5/18
Ford Transit	2017	Passenger Van	1FBAX2CM7HKB25642	5/18
Thomas	2009	Motorcoach	1T8UY0B2191111882	5/18
Thomas	2017	Motorcoach	5P0UYAD20H1117620	5/18
Subaru Forrester	2017	SUV	JF2SJAEC1HH583071	5/18
Subaru Forrester	2010	SUV	JF2SH6BC1AH784026	5/18
Subaru Forrester	2011	SUV	JF2SHBBC1BH735774	5/18
Dodge Gr Caravan	2010	Cargo Van	2D4RN4DE4AR478101	5/18

For Tax Exempt consideration.



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.  
• Read instructions on reverse side.

**FORM  
457**

Applicant's Name <b>Family Service Association of Lincoln</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>501 S. 7th Street</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68508-2920</b>	State Where Incorporated <b>Nebraska</b>

**IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION**

Title	Name, Address, City, State, Zip Code
President	Diana Schilf 1248 O St., Ste 550, Lincoln, NE 68508
President-Elect	Steve Cass 2837 Brummond Dr., Lincoln, NE 68516
Secretary / Treasurer	Becky Shupe 3400 Plantation Dr., Lincoln, NE 68516

**DESCRIPTION OF THE MOTOR VEHICLES**  
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FORD	2008	WSD	1FBSS31L88DA86373	2008
FORD	2008	WSD	1FBSS31L08DB22282	2008
FORD	2008	WSD	1FBSS31LX8DB19938	2008

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural   
 Educational   
 Religious   
 Charitable   
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:  
**Advocacy and human service agency**

Are the motor vehicles used exclusively as indicated?  
 YES     NO

If No, give percentage of exempt use:  
 \_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

**sign here** \_\_\_\_\_ Director of Business & Finance    4/17/18  
Authorized Signature    Title    Date

**FOR COUNTY TREASURER RECOMMENDATION**

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

\_\_\_\_\_ 2/18/18  
Signature of County Treasurer    Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

\_\_\_\_\_ Date  
Authorized Signature



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.  
• Read instructions on reverse side.

FORM  
457

Applicant's Name <b>FIRST SLAVIC BAPTIST CHURCH</b>			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>3801 LASALLE STREET</b>		County <b>LANCASTER</b>	
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68516</b>	State Where Incorporated

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
TREASURER	VLADIMIR GATCHENKO 13434 JAMESTOWN ST. WAVERLY, NE 68462

### DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEVY EX2	2001		1GAGG25R111130869	May 2018
FORD TRANSIT T-350	2015	SPORT VAN	1FBZX2YM5FKA72366	

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

TRIPS, GENERAL CHURCH USE

Are the motor vehicles used exclusively as indicated?

- YES     NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

*Vladimir Gatchenko*  
Authorized Signature

Treasurer  
Title

04-16-2018  
Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: \_\_\_\_\_

*Andy Stibby*  
Signature of County Treasurer

4-18-18  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: \_\_\_\_\_

Authorized Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

*AW*



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM  
457**

• To be filed with your county treasurer.  
• Read instructions on reverse side.

Applicant's Name <b>Lighthouse</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>2601 N Street</b>		County <b>Concaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>NE</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Board President	Yek Aliman 3195 Sheridan Blvd. Lincoln NE 68502
Board Vice President	Britt Ehlers, 3540 Village Dr. Lincoln NE 68502
Board Secretary	Stacie Hooks, 6401 Winding Ridge Circle Lincoln NE 68512
Executive Director	William Michener 872 Sumner Lincoln NE 68502

DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2013	E350	1FB553BL90DA87721	2/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural   
  Educational   
  Religious   
  Charitable   
  Cemetery

Are the motor vehicles used exclusively as indicated?  
 YES     NO

Give detailed description of use, including an explanation if multiple use classifications exist:

Vehicle is used to transport youth to and from events that will enrich the lives of our youth that attend Lighthouse. Such activities include, sporting events, fundraisers, cultural events and college tours. The vehicle is also used to pick up food and other items to run the program.

If No, give percentage of exempt use: \_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

**sign here** \_\_\_\_\_  
 Authorized Signature Title Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_  
 DISAPPROVAL

\_\_\_\_\_  
 Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_  
 DISAPPROVAL

\_\_\_\_\_  
 Authorized Signature Date



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.  
• Read instructions on reverse side.

FORM  
457

Applicant's Name: Rodeamer Lutheran Church

Street or Other Mailing Address: 510 S. 33<sup>rd</sup> St. County: Lancaster

City: Lincoln State: NE Zip Code: 68510 State Where Incorporated: \_\_\_\_\_

Type of Ownership

Nonprofit Corporation

Other (specify):  
Church

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>President</u>	<u>Jeff Becke 4501 W. High Ridge Rd Lincoln, NE 68522</u>
<u>Treasurer</u>	<u>Daryl Bell 608 N. 86<sup>th</sup> Lincoln, NE 68505</u>

### DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
<u>Ford</u>	<u>2003</u>	<u>Van</u>	<u>1FDSS3LL43H829504</u>	<u>4/18</u>

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

Are the motor vehicles used exclusively as indicated?

YES     NO

Give detailed description of use, including an explanation if multiple use classifications exist:

Transport youth to events.  
Transport members to church.

If No, give percentage of exempt use: \_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

**sign here** Cindy Deibel Financial Secretary 4-17-18

Authorized Signature Title Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: \_\_\_\_\_

Andy Shady  
Signature of County Treasurer

4-18-18  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: \_\_\_\_\_

Authorized Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.





# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM 457

To be filed with your county treasurer.  
Read instructions on reverse side.

Applicant's Name <b>St Monica's Home</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>120 Wedgewood Drive</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>685140-2431</b>	State Where Incorporated <b>Nebraska</b>

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Mary Barry-Magsamen, 120 Wedgewood Drive, Lincoln, NE 68510-2431
Board President	Bobby Truhe, 120 Wedgewood Drive, Lincoln, NE 68510-2431
Director of Operations	Gail Javorsky, 120 Wedgewood Drive, Lincoln, NE 68510-2431
Director of Finance	Tammy Hayes, 120 Wedgewood Drive, Lincoln, NE 68510-2431

### DESCRIPTION OF THE MOTOR VEHICLES

Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2017	Van	1FBZX2YM4HKA57621	4/20/2018

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
 Educational  
 Religious  
 Charitable  
 Cemetery

Are the motor vehicles used exclusively as indicated?

- YES  
 NO

Give detailed description of use, including an explanation if multiple use classifications exist:

Vehicles are used to transport clients in residential substance abuse treatment programs to and from living locations to treatment, meetings, and appointments.

If No, give percentage of exempt use:

\_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

*Tammy Hayes*

Director of Finance

Title

4/23/2018

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Signature of County Treasurer

*Andy Stibz*

Date

4-29-18

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

*gm*



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
457

• To be filed with your county treasurer.  
• Read instructions on reverse side.

Applicant's Name <b>St. Teresa Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address <b>735 So. 36th St.</b>			County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>Nebraska</b>	

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	James Conley 3400 Sheridan Blvd., Lincoln, NE 68506
Vice-President	Timothy J. Thorburn 3400 Sheridan Blvd., Lincoln, NE 68506
Secretary-Treasurer	Jamie S. Hottovy 735 So. 36th St., Lincoln, NE 68510
Trustees	Daniel Wesolowski 3901 J St., Lincoln, NE 68510 and Stacy Rickel 870 So. 36th St., Lincoln, NE 68510

### DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Oldsmobile Ciera S	1996	4 Door Sedan	1G3AJ55M5T6377144	5-22-06
International	2003	School Bus	4DRBRABMX3B950858	7/2006

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

**Ciera - Transportation for religious and educational purposes, school related functions and administrative duties.**  
**International - Transporting children to and from school activities. Also, to transport members of St. Teresa Parish to religious and parish events.**

Are the motor vehicles used exclusively as indicated?

- YES     NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

Chief Administrative Officer

Title

Date

4-18-18

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Signature of County Treasurer

Date

4-18-18

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.