

TODD M. BORGMAN

STATE OF INDIANA

____, NOTARY PUBLIC, SIGNATURE

_____, NOTARY PUBLIC, PRINTED

MY COMMISSION EXPIRES:

COUNTY OF RESIDENCE:___

COMMISSION NO : ___

REGISTERED LAND SURVEYOR NO. 21200021

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL

SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW. (TODD BORGMAN)

SMITH
DESIGN
GROUP

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JOB: 5254 DATE:9/18/23