

# WITNESS LIST

CASE NUMBER: **17-026750**

ARRESTING OFFICER: **Robert Stephan 7240**

ADDRESS: **3228 Gun Club Road, West Palm Beach, Florida 33406**

PHONE NUMBERS (HOME): **N/A** (WORK) **561-688-3000**

CAN TESTIFY TO: **Arrest of Defendant.**

NAME: **Investigator Jason Karlecke #6467**

ADDRESS: **3228 Gun Club Road, West Palm Beach, Florida 33406**

PHONE NUMBERS (HOME) **N/A** (WORK) **561-688-3000**

CAN TESTIFY TO: **Back-up deputy.**

NAME: **Deputy Sheriff Yordan Perez #19479**

ADDRESS **3228 Gun Club Road, West Palm Beach, Florida 33406**

PHONE NUMBERS (HOME) **N/A** (WORK) **561-688-3000**

CAN TESTIFY TO: **Transported Defendant from the scene to the BAT Center (no other involvement).**

NAME: **Deputy Sheriff Kayla Schnell #21303**

ADDRESS **3228 Gun Club Road, West Palm Beach, Florida 33406**

PHONE NUMBERS (HOME) **N/A** (WORK) **561-688-3000**

CAN TESTIFY TO: **Transported Defendant from the BAT to Wellington Regional Hospital for medical clearance (no other involvement).**

NAME: **Deputy Sheriff David Schneider #8723**

ADDRESS **3228 Gun Club Road, West Palm Beach, Florida 33406**

PHONE NUMBERS (HOME) **N/A** (WORK) **561-688-3000**

CAN TESTIFY TO: **Transported Defendant from Wellington Regional Hospital to the PBC jail for booking (no other involvement).**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**  
**JAN 17 2017**

# TESTING FACILITY TAs

AGENCY: [REDACTED]  
 SUBJECT: Welene, Christopher CASE NUMBER: 1-026750  
 DATE: 1-14-17 VIDEO TAPE NUMBER: 61988  
 BEGINNING TIME: 2154 ENDING TIME: 2209

BREATH TESTS RESULTS: 1) 0.370 TIME 2203 A.M./P.M. 2) 0.375 TIME 2206 A.M./P.M.  
 3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.

BREATH OPERATOR: P. Waisen 7004 6029

MAINTENANCE TECHNICIAN: J. K. Necke 6067

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, confused, sarcastic

CLOTHING: Gray pants white shirt

MEDICAL CONDITIONS: no

MEDICATIONS: no

OTHER: D eyes Glassy & Red D has a strong odor of unknown Alcoholic Bev on Breath & person

COMMENTS: Alc did D arrived Alc observed D. Alc requested Breath D agreed & gave D instructions D asked about my nail polish. advised D it has nothing to do with the breath sample. he asked about one glove ect. (see video) D given sample. Alc read rights to D. Alc proceeded with QUA. Had Alc provide results to D.

SCANNED

JAN 17 2017

SUBJECT: WELTON, Christopher CASE NUMBER 26750

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

**SCANNED**  
**JAN 17 2017**

SUSPECT'S SIGNATURE: (X) Read on video

0484 504

808

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06-17-026750</b>					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1							
Location of Arrest (Including Name of Business) <b>Lucerne Avenue &amp; Dixie Highway, Lake Worth, Palm Beach County, FL</b>						Location of Offense (Business Name, Address) <b>Lucerne Avenue &amp; Dixie Highway, Lake Worth, Palm Beach County, FL</b>					
Date of Arrest <b>1/14/2017</b>		Time of Arrest <b>20:52</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>Welenc, Christopher R.</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>9/17/1984</b>		Height <b>5-10</b>		Weight <b>185</b>		Eye Color <b>Blue/Green</b>	
								Hair Color <b>Brown</b>		Complexion <b>Medium</b>	
										Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tattoo on right arm, back, and right foot.</b>						Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>904 N 4th Street, Lake Worth, Florida 33461</b>						Phone <b>(561) 542-1595</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		<b>2</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone <b>( )</b>		Address Source <b>Verbal</b>			
Business Address (Name, Street) (City) (State) (Zip)						Phone <b>( )</b>		Occupation <b>Chef</b>			
D/L Number, State <b>W452116843370, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>Ft. Collins, Colorado</b>		Citizenship <b>USA</b>			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone <b>( )</b>							
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone <b>( )</b>									
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)		Relationship		Date		Time					
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #			
Drug Activity <b>E</b>		Drug Type <b>Z</b>		Amount / Unit <b>Alcohol</b>		Offense # <b>17-026750</b>		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
<b>SCANNED</b>											
Location (Court, Room Number, Address) <b>3188 PGA Boulevard, Palm Beach Gardens, Florida 33410</b>											
Court Date and Time Month <b>February</b> Day <b>8</b> Year <b>2017</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian) <b>[Signature]</b>										Date Signed <b>01/15/17</b>	
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee) <b>[Signature]</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>R. Stephan</b>				I.D. # <b>7240</b>		(PRINT)			
Intake Deputy <b>[Signature]</b>		ID # <b>7240</b>		Pouch #		Transporting Officer <b>R. Stephan</b>		ID # <b>7240</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an "X"										PAGE <b>1</b> OF <b>1</b>	

JAN 15 AM 12:48

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF January 20 17, AT 2020 AM ☒ PM  
SUBJECT: Welenc, Christopher R. CASE NUMBER: 17-026750

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Robert Stephan 7240

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I was stopped facing westbound in the outside westbound lane of Lucerne Avenue, east of Dixie Highway, Lake Worth, Palm Beach County, Florida. As I was stopped for the red traffic signals, a black 2002 Toyota Echo vehicle bearing Colorado tag #302TRW drove past me westbound in the right turn lane. The driver stopped for the red traffic signal and then unlawfully turned right on red where it was properly posted as a no turn on red. The signs were posted at the light and on the northeast shoulder of the roadway. I activated my emergency lights and siren to conduct a traffic stop. Subsequently, the driver turned right onto 2nd Avenue N and then proceeded eastbound failing to stop his vehicle where there had been numerous safe places to stop. I utilized my in-vehicle PA system and told the driver to pull his vehicle over to the side of the road and to do it now. The driver stopped his vehicle on N K Street.

## OBSERVATION OF DRIVER:

I met with the defendant at the driver's open window. I immediately smelled a very strong odor of an alcoholic beverage coming from the defendant's breath when he spoke to me. He had red and glassy eyes. I identified the defendant as Christopher R. Welenc (W/M, DOB 9/17/1984) by his Colorado DL that he provided to me. He was slurring his words. He was forgetful as to where he worked, where he was, what his address was, and what time it was. As he stepped from his vehicle, he was very unsteady on his feet. At times, he almost fell over. The defendant went through mood swings from being very nice to being very belligerent.

## DRIVER'S STATEMENTS:

The defendant originally stated he only had one beer. He later stated he had too much to drink. When I gave the defendant his breath test results of .370 and .375, and told him I had to take him to the hospital for medical clearance, he laughed and told me that .37 was nothing. He said his breath had been over a .42 when he was arrested the last time for DUI. On-scene, the defendant gave his address as 904 N 4th Street. At the BAT Center, he gave a different address. He kept stating that he made a left turn on red. Defendant advised he has been living and working in Florida for longer than one year. He knew his FL license had been expired since 2011.

## ODORS:

Very strong odor of an alcoholic beverage coming from his breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Cyclical mood swings. Cooperative.

CLOTHING: White short sleeve chef jacket, gray pants, black crocs.

MEDICAL/OTHER: No medical problems. The traffic violation, traffic stop, investigation, and arrest were captured on my in-car camera system. Defendant transported to Wellington Regional Hospital for medical clearance.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

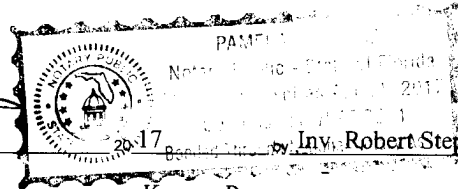
Robert Stephan 7240

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of January

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Person

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
JAN 17 2017

SUBJECT: Welenc, Christopher R.

CASE NUMBER 17-026750

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Unable to keep head still and follow stimulus at times. Onset of nystagmus was almost immediate. Vertical gaze nystagmus was present.

#### WALK & TURN:

The defendant had a hard time standing in the instructional position. He stepped to the side several times to steady himself. He started too soon several times. He took the incorrect number of steps forward. He missed heel to toe several times on the forward steps and several steps on the return steps. He stepped off the line several times. He stumbled during the turn. He used his arms for ballance.

#### ONE LEG STAND:

The defendant was very unsteady on his feet. He raised his right leg for the task and he lowered it to the ground. He used his arms for balance. He counted improperly. He swayed while balancing and hopped to steady himself.

#### FINGER TO NOSE:

Task done as follows: Left1, Right2, Left3, Right4, Right5, Left6. On Left1 he touched to the left of his nose. On Right2 he touched below and to the left of his nose. On Left3 he touched below his nose and to the right. On Right5 he touched below his nose on his upper lip.

#### ROMBERG ALPHABET:

The defendant failed to say the alphabet slowly as instructed. He stated the alphabet improperly.

BREATH TEST RESULTS: 1) .370

2) .375

3)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

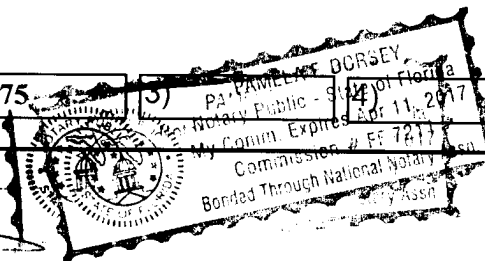
Robert Stephan 7240

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of January, 2017 by Inv. Robert Stephan

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Person

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
JAN 17 2017

SUBJECT: WELLS, Christopher

CASE NUMBER: 17-026780

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? I HAVE NO IDEA

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_

SCANNED  
JAN 17 2017

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

NOT A CERTIFIED

SCANNED  
JAN 17 2017