

J# 0445219

PCH#2145

AD MIN ISTRATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. NTA		3. Request for Warrant 4. Request for Capias		1		JUVENILE		N	
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		5		4		17-002645	
Charge Type		Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type		NONE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		5480 MILITARY TRL, JUPITER FL, 33458		Location of Offense (Business Name, Address)		5480 MILITARY TRL, JUPITER, FL 33458		Date of Arrest		Time of Arrest		Booking Date	
Date of Arrest		05/30/2017		Time of Arrest		03:17		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle)		KLIMEZKY, JARED MICHAEL		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race		Sex		Date of Birth	
Race		W - White B - Black O - Oriental/Asian		W		M		10/04/1989		5'09		180	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		S		Religion		CATHOLIC		Indication of Alcohol Influence	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
5106 MYRTLEWOOD CIR E, PALM BEACH GARDENS, FL 33418								(561) 601-3164		1. City 3. Florida 2. County 4. Out of State		1	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source		DL	
5106 MYRTLEWOOD CIR E, PALM BEACH GARDENS, FL 33418								(561) 601-3164		Occupation		Techician	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation		Techician	
DISTINCTIVE DENTAL DESIGN,													
DL Number, State		K452433893640 / FL		Soc. Sec. Number				IIS Number		Place of Birth (City, State)		Citizenship	
PALM BEACH Gardens										US			
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			
Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone				Business Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Notified by (Name)		Date		Time	
Released To: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION		1. Handled/Processed within Department and Released		2. TOT JAC	
												3. Incarcerated	
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Property Crime?		Description of Property		Value of Property	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Drug Activity		S Sell B Buy P Possess		R Smuggle D Deliver E Use		K Dispenses/ Distribute		M Manufacture/ Produce/ Cultivate		Z Other		Drug Type	
N/A A. Amphetamine												B. Barbiturate C. Cocaine E. Heroin	
												H. Halbutogen M. Marijuana O. Opium/deriv	
												P. Paraphernalia/ Equipment S. Synthetic	
												U. Unknown Z. Other	
Charge Description		DRUGS - POSSESS MARIJUANA NOT MORE THAN 20 GRAMS		Statute Violation Number		893.13(6)(B)		Violation of ORD #					
Drug Activity		N		Amount / Unit		/		Offense #		17-002645		Counts	
												1	
												<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
												Warrant / Capias Number	
Charge Description		DRUGS - POSSESS AND/OR USE DRUG PARAPHERNALIA		Statute Violation Number		893.147(1)		Violation of ORD #					
Drug Activity		N		Amount / Unit		/		Offense #		17-002645		Counts	
												1	
												<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
												Warrant / Capias Number	
Charge Description		DUI - DRIVING WHILE UNDER INFLUENCE 4TH CONVICTION		Statute Violation Number		316.193(2)(B)		Violation of ORD #					
Drug Activity		N		Amount / Unit		/		Offense #		17-002645		Counts	
												1	
												<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
												Warrant / Capias Number	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:					
Check which applies		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By				Date Transported		Time Transported		Other					
INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court		Location (Court, Room)				Court Date and Time					
but must comply with instructions on Page 2.													
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/Guardian)				Date Signed		MAY 30 AM 7:05							
HOLD for Other Agency		Signature of Arresting Officer		Name of Arresting Officer (Print)		ROCHA, LUIS		ID #		1177		Agency	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Reinstated Arrest <input type="checkbox"/> Other		Transporting Officer		L. Rocha		ID #		327		Agency	
J. S. Willingham		ID # 7141		Pouch #		2145		Witness here if subject signed with an "X"					
JUN 03 2017													
PAGE		1 OF 1											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FL0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 54- 17002645							
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) Klimezky, Jared M				Alias		Race W		Sex M		Date of Birth 10/04/1989	
Charge Description DUI		316.193(2)(B)		Charge Description Poss marijuana not more than 20g		893.13(6)(B)					
Charge Description Poss Paraphernalia		893.147									
Victim's Name (Last, First, Middle) SOCIETY				Race		Sex		Date of Birth			
Local Address (Street, Apt. Number)				(City)		(State)		(zip)		Phone	
Business Address (Name, Street)				(City)		(State)		(zip)		Phone	
										Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody
☐ committed the below acts in my presence.
☐ confessed to _____
 admitting to the below facts.
☐ was observed by _____ who told _____
 that he/she saw the arrested person commit the below acts.
☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 30 day of May 20 17 at 0317 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On the above date at approximately 0317 hours, at 5480 Military Trl, Jupiter FL 33458 in Abacoa Plaza near the intersection of Donald Ross Road and Military Trl. in the Town of Jupiter, Palm Beach County, Florida, I placed Jared M Klimezky under arrest for DUI per FSS 316.193(2)(B).


Officer D. Zeitz conducted a search incident to arrest of the vehicle that Klimezky was driving. Officer Zeitz located a prescription bottle full of a green leafy substance what I recognized to be through my training and experience to be marijuana. Also in the center console, Officer Zeitz located a mutli-colored glass marijuana pipe with a green leafy substance packed into it. These items are consistent with my training and experience of drug paraphernalia. Officer Zeitz seized the items and later placed them into evidence.

Upon review of Klimezky's driving record in DAVID and his DHSMV license return, I discovered that he has two prior DUI convictions within the past 10 years.

Klimezky was convicted of DUI in Seminole County, Florida, on 3/31/2008, for an offense that occurred on 1/19/2008. He was also convicted of DUI in Palm Beach County, Florida, on 7/16/2013, for an offense that occurred on 5/3/2013. Both of these offenses occurred within the past 10 years.

I find probable cause to charge Cates with DUI (3rd within 10 years) per FSS 316.193(2)(B), knowingly in actual or constructive possession of less than 20 grams of a material, compound, mixture or preparation which contained cannabis, commonly known as marijuana, a controlled substance, contrary to Florida Statute 893.13(6)(b) and Possession of Drug Paraphernalia per FSS 893.147.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 (Signature of Arresting/Investigative Officer) 227/1177
 The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of May 20 17 by Ofc. L. Rocha
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
 Notary Public, Clerk of Court Officer (F.S.S. 117.10)


Samantha Palmer
 Commission # FF172377
 Expires: OCT 28, 2018
 GREEN - S. BONDER SHU
 1ST FLORIDA NOTARY, LLC

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF May 20 17, AT 0317 [✓]AM PM
SUBJECT: Klimezky, Jared M CASE NUMBER: 17002645
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. L. Rocha

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Subject was found asleep in the driver seat of his vehicle at a stop sign.

OBSERVATION OF DRIVER:

Subject had trouble keeping his eyes open, I could smell a strong odor of an unknown alcoholic substance coming off his person, and the subject had trouble getting out of his vehicle.

DRIVER'S STATEMENTS:

The subject told me that he was previously arrested for DUI and did not know why he put himself in another situation.

ODORS:

Strong odor of unknown alcoholic substance

GENERAL OBSERVATIONS

SPEECH: Understood him when he spoke. Repeated himself a couple times.

ATTITUDE: He was cooperative at the beginning and became more belligerent as the investigation continued.

CLOTHING: Green shirt, green camo shorts, and black sandals

MEDICAL/OTHER: ADD

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 327/1177

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of May 20 17 by Ofc. L. Rocha

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SUBJECT: Klimeszky, Jared M

CASE NUMBER 17002645

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN

Took 4 steps and fell off line He wanted to start over and the second time did not keep his arms at his sides. Fell off the line 2 more times before getting to step 9. He did not touch his heel to his toe for his steps. When he turned around for the second set of steps he got to his 3rd step when he fell to the side off the line.

ONE LEG STAND:

Started with his left leg. He counted to 3 when he placed his foot on the ground. He then switched his feet, picked up his right foot counted a few numbers and placed his foot on the ground before I told him to stop. He then told me that he was done.

FINGER TO NOSE:

He had trouble keeping his balance. I asked him to use his left hand first, he did not touch the tip of his nose. I asked him to use his left finger again, he failed to touch the tip of his nose a second time. I told him to use his right finger, he failed to touch the tip of his nose. He moved his forward and did not tilt his head back again.

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS: Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

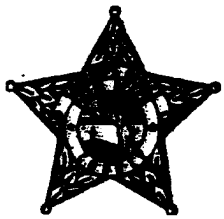
The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of May 2017 by Ofc. L. Rocha

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 17-083789 PBSO ZONE 3-15
AGENCY CASE # 17002645 CRASH CASE # _____
TIME OF STOP/CRASH 0228 DATE 05/30/2017 DAY Tuesday
SUBJECT'S NAME Jared M. Klimezky RACE W SEX M
HGT 5'9" WGT 195 DOB 10 / 04 / 1989
LOCATION 5480 Military Trl
ARRESTING OFFICER'S NAME & ID L. Rocha #327 AGENCY Jupiter PD
DIVISION: _____ NOTIFIED BY COMMO No
ARRIVAL AT FACILITY 0350
BREATH RESULTS: ARREST TIME 0317
1. _____
2. _____
3. _____
4. _____
TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # 62718

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: KLIMEZKY, JARED M.

CASE NUMBER: 17-083789

DATE: 05/30/2017

VIDEO DVD NUMBER: 62718

BEGINNING TIME: 0413

ENDING TIME: 0417

BREATH TESTS RESULTS: 1) R TIME 0415 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: ANGRY, TALKATIVE, VULGAR, SARCASTIC, UNCOOPERATIVE

CLOTHING: TEAL TANK TOP, CAMO SHORTS, BLACK SANDALS

MEDICAL CONDITIONS: ADD, DEPRESSION

MEDICATIONS: NONE

OTHER:

EYES BLOODSHOT, SWAYING

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0350
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C, SUBJECT STATED HE UNDERSTOOD I/C AND AGAIN REFUSED TO TAKE BREATH TEST.
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS.
A/O ATTEMPTED Q&A, SUBJECT REFUSED QUESTIONING.

SUBJECT: Klimesky, Jared CASE NUMBER: _____

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 Rachna of the DD

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) Read on Camera

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.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Klimeszky, Jared CASE NUMBER: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

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? _____

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: OTC Rocha # 327

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 17002645

ARRESTING OFFICER: Ofc. L. Rocha

ADDRESS: 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME): [REDACTED] (WORK) ext 2174

CAN TESTIFY TO: PC

NAME: Ofc. D. Zeitz

ADDRESS: 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME) [REDACTED] (WORK) _____

CAN TESTIFY TO: Statements made on scene

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 _____

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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: _____

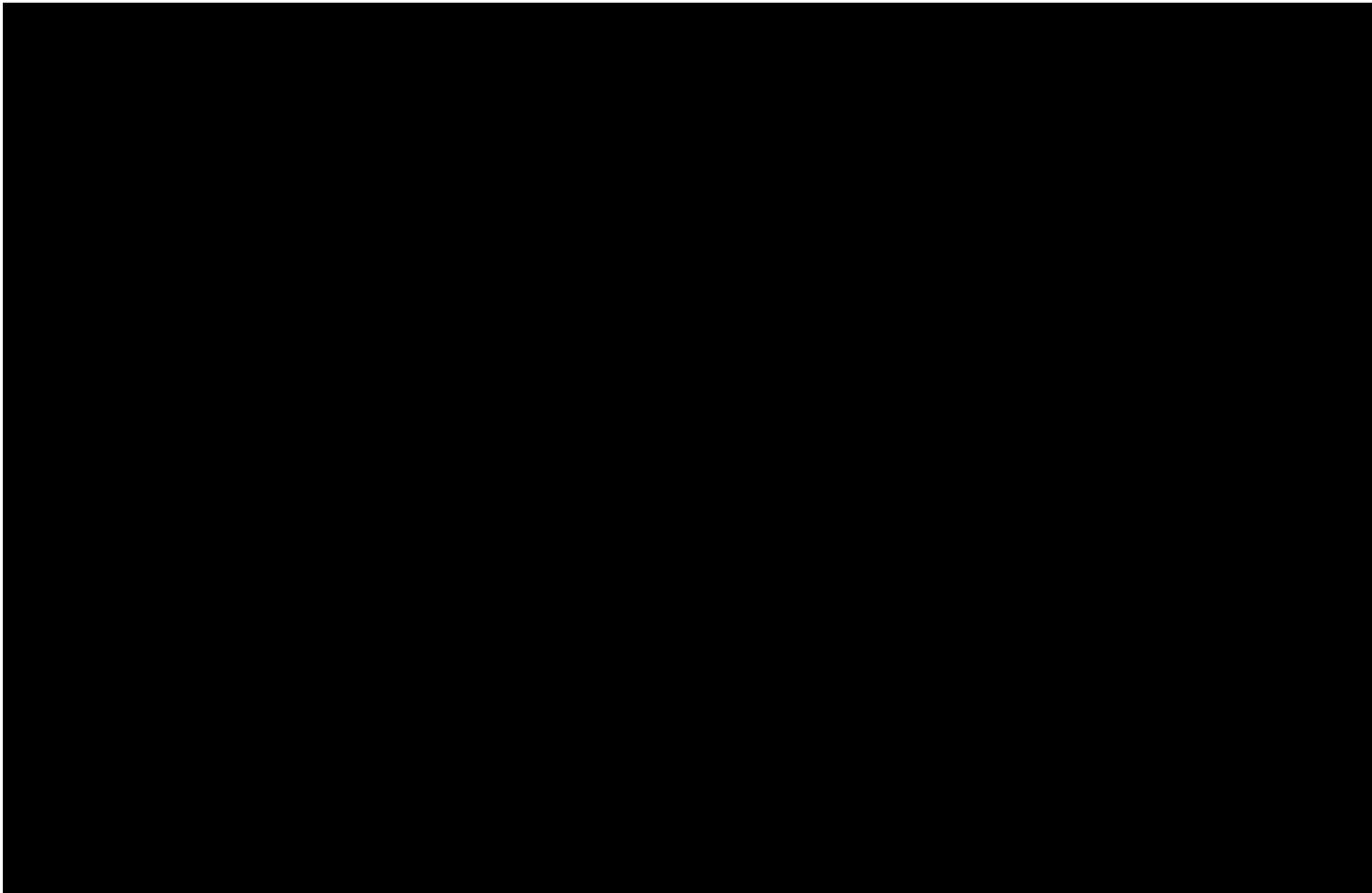
NOT A CERTIFICATE

3/6/193 (2)(B)(1)

NOT A CERTIFICATE



NOT A CERTIFICATE



NOT A CERTIFICATE