

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13100 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	Company NAIC Number

## SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number <b>20-144486 B1</b>	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
--	------------------------	---

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

Check here if applicable

Complete following for each incident and person, but do not abbreviate

Offense Date

Community Name Telephone

Local Official Name Title

On the community level (state or local):  Yes  No

On the FBI or (in some cases) other of housing at the national level:  Yes  No

On the elevation of a report (including news items):  Yes  No

On this report has been reviewed:  Yes  No

Case Number: 100-111111-1000

The following information (Items 1-4) is provided for community or other use...
1. Community official completed Section 1...
2. Information in Section 1 was taken from other...
3. This report has been reviewed...

SECTION 5 - COMMUNITY INFORMATION (OPTIONAL)

Table with 2 columns: Agency Name and Address. Includes fields for 'AGENCY NAME' and 'ADDRESS'.

LOT 846 - GRAND PALM - 13100 STEINHATCHEE

U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program

OMB No. 1660-0008  
Expiration Date: November 30, 2022

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name RESOURCE CONSERVATION OF SARASOTA, LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13100 STEINHATCHEE LOOP				Company NAIC Number:	
City VENICE	State Florida	ZIP Code 34293			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 846, GRAND PALM, PHASES 2A(d) & 2A(e), PLAT BOOK 54, PAGE 97, PID #0760070114					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>27°04'06.71"N</u> Long. <u>82°19'27.46"W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>752.00</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144			B2. County Name SARASOTA COUNTY		B3. State Florida
B4. Map/Panel Number 1211C0355	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13100 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	Company NAIC Number

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.  
 Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
 Benchmark Utilized: NGS B 699 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.  
 NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____	<u>10.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) _____	<u>9.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	<u>9.7</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) _____	<u>9.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) _____	<u>9.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name MICHAEL P ALLEN		License Number PSM6822		Place Seal Here  01-13-21
Title OWNER				
Company Name BRIGHAM/ALLEN LAND SURVEYING				
Address 807 US 41 HIGHWAY BYPASS SOUTH, SUITE a				
City VENICE	State Florida	ZIP Code 34285		
Signature 	Date 01-13-2021	Telephone (941) 493-4430	Ext.	

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

A5 SOURCE OF LAT/LONG IS HAND HELD GPS USING A CONVERSION APP (GPS TEST).  
 C2 BENCHMARK 9.16' NAVD88 CONVERTED TO 10.27' NGVD29 USING 1.11' CONVERSION FACTOR AS PER VERTCON SOFTWARE FROM NOAA.  
 C2(a-h) ELEVATIONS CONVERTED FROM NGVD29 TO NAVD88 USING THE ABOVE CONVERSION FACTOR.  
 C2(e) AC UNIT LOCATED ON THE LEFT SIDE OF HOUSE.

IMPORTANT! In these spaces, copy the corresponding information from Section A.	
Building Street Address (including Apt. No., Suite, and/or Bldg. No.)	1500 STEPHEN COOPER LOOP
City	Florida
State	FLORIDA
ZIP Code	33403
Company Name	
Company NAIC Number	

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

01. Building elevations are based on:  Construction Drawing,  Building Under Construction,  Finished Construction.

A new Elevation Certificate will be required if the construction of the building is complete.

02. Elevation - Zone A1-A10, A2-A10, A11-A15, A16-A19, A20-A24, A25-A29, A30-A34, A35-A39, A40-A44, A45-A49, A50-A54, A55-A59, A60-A64, A65-A69, A70-A74, A75-A79, A80-A84, A85-A89, A90-A94, A95-A99, B1-B9, B10-B19, B20-B29, B30-B39, B40-B49, B50-B59, B60-B69, B70-B79, B80-B89, B90-B99, C1-C9, C10-C19, C20-C29, C30-C39, C40-C49, C50-C59, C60-C69, C70-C79, C80-C89, C90-C99, D1-D9, D10-D19, D20-D29, D30-D39, D40-D49, D50-D59, D60-D69, D70-D79, D80-D89, D90-D99, E1-E9, E10-E19, E20-E29, E30-E39, E40-E49, E50-E59, E60-E69, E70-E79, E80-E89, E90-E99, F1-F9, F10-F19, F20-F29, F30-F39, F40-F49, F50-F59, F60-F69, F70-F79, F80-F89, F90-F99, G1-G9, G10-G19, G20-G29, G30-G39, G40-G49, G50-G59, G60-G69, G70-G79, G80-G89, G90-G99, H1-H9, H10-H19, H20-H29, H30-H39, H40-H49, H50-H59, H60-H69, H70-H79, H80-H89, H90-H99, I1-I9, I10-I19, I20-I29, I30-I39, I40-I49, I50-I59, I60-I69, I70-I79, I80-I89, I90-I99, J1-J9, J10-J19, J20-J29, J30-J39, J40-J49, J50-J59, J60-J69, J70-J79, J80-J89, J90-J99, K1-K9, K10-K19, K20-K29, K30-K39, K40-K49, K50-K59, K60-K69, K70-K79, K80-K89, K90-K99, L1-L9, L10-L19, L20-L29, L30-L39, L40-L49, L50-L59, L60-L69, L70-L79, L80-L89, L90-L99, M1-M9, M10-M19, M20-M29, M30-M39, M40-M49, M50-M59, M60-M69, M70-M79, M80-M89, M90-M99, N1-N9, N10-N19, N20-N29, N30-N39, N40-N49, N50-N59, N60-N69, N70-N79, N80-N89, N90-N99, O1-O9, O10-O19, O20-O29, O30-O39, O40-O49, O50-O59, O60-O69, O70-O79, O80-O89, O90-O99, P1-P9, P10-P19, P20-P29, P30-P39, P40-P49, P50-P59, P60-P69, P70-P79, P80-P89, P90-P99, Q1-Q9, Q10-Q19, Q20-Q29, Q30-Q39, Q40-Q49, Q50-Q59, Q60-Q69, Q70-Q79, Q80-Q89, Q90-Q99, R1-R9, R10-R19, R20-R29, R30-R39, R40-R49, R50-R59, R60-R69, R70-R79, R80-R89, R90-R99, S1-S9, S10-S19, S20-S29, S30-S39, S40-S49, S50-S59, S60-S69, S70-S79, S80-S89, S90-S99, T1-T9, T10-T19, T20-T29, T30-T39, T40-T49, T50-T59, T60-T69, T70-T79, T80-T89, T90-T99, U1-U9, U10-U19, U20-U29, U30-U39, U40-U49, U50-U59, U60-U69, U70-U79, U80-U89, U90-U99, V1-V9, V10-V19, V20-V29, V30-V39, V40-V49, V50-V59, V60-V69, V70-V79, V80-V89, V90-V99, W1-W9, W10-W19, W20-W29, W30-W39, W40-W49, W50-W59, W60-W69, W70-W79, W80-W89, W90-W99, X1-X9, X10-X19, X20-X29, X30-X39, X40-X49, X50-X59, X60-X69, X70-X79, X80-X89, X90-X99, Y1-Y9, Y10-Y19, Y20-Y29, Y30-Y39, Y40-Y49, Y50-Y59, Y60-Y69, Y70-Y79, Y80-Y89, Y90-Y99, Z1-Z9, Z10-Z19, Z20-Z29, Z30-Z39, Z40-Z49, Z50-Z59, Z60-Z69, Z70-Z79, Z80-Z89, Z90-Z99.

Indicate elevation datum used for the elevations shown in the table below.

NGVD 1988  NAVD 1988  Other: \_\_\_\_\_

03. Datum used for building elevations must be the datum used for the BSE. Check the measurement used:

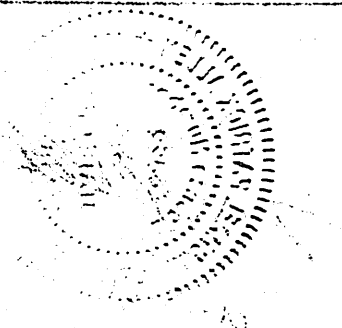
(a) Top of outer floor (including basement, mezzanine, or enclosed floor)	_____ feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
(b) Top of the next higher floor	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters
(c) Bottom of the lowest horizontal structural member (2nd floor only)	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters
(d) Attached garage (top of slab)	_____ feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
(e) Lowest elevation of a chimney or equipment servicing the building (Describe type in comments and location in comments)	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters
(f) Lowest adjacent (finished) grade next to building (FAG)	_____ feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
(g) Highest adjacent (finished) grade next to building (HAG)	_____ feet	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
(h) Lowest adjacent grade at lowest elevation of foot or abutment retaining structure support	_____ feet	<input type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this certificate represents my best effort to measure the data accurately, independent of any other statement may be provided by the applicant under 18 USC Code, Section 1031.

Were records and findings in Section C provided by a licensed and sworn?  Yes  No  Check name & attachments.

Certifier's Name	MICHAEL P. ALLEN
Title	OWNER
Company Name	BRIGHTWATER LAND SURVEYING
Address	407 US 91 HIGHWAY BYPASS SOUTH SUITE 2
City	Florida
State	FLORIDA
ZIP Code	33403
Signature	
Date	04-13-2021
Telephone	(813) 412-1120



Copy file name for Elevation Certificate and all attachments for (f) comments, (g) findings, (h) general notes, and (i) building cover.

Comments (location type of equipment and location, per 02(e), if applicable):

AS SOURCE OF ELEVATION IS HAND HELD APP USING A CONVERSION APP (GPS TEST)

03 BENCHMARKS AND NAVD8 CONVERTED TO NGVD89 USING THE CONVERSION FACTOR AS PER NADCON SOFTWARE FROM NOAA.

02(a) ELEVATIONS CONVERTED FROM NGVD89 TO NAVD89 USING THE ABOVE CONVERSION FACTOR.

02(e) ADJUSTED ON THE LEFT SIDE OF HOUSE.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13100 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	Company NAIC Number

## SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

## SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

Check this box if recipient is:

COMMENTS

Reference	Date	Description
Amount	DOB	DOB

For each of the following categories, check the appropriate box. If the recipient is a trust, check the appropriate box in the "Trust" column. If the recipient is a partnership, check the appropriate box in the "Partnership" column. If the recipient is a trust, partnership, or estate, check the appropriate box in the "Trust, Partnership, or Estate" column. If the recipient is an individual, check the appropriate box in the "Individual" column.

SECTION 1 - BENEVOLENT ORGANIZATIONS (ORGANIZATIONS DESCRIBED IN SECTION 170(c)(2)(B))

For each of the following categories, check the appropriate box. If the recipient is a trust, check the appropriate box in the "Trust" column. If the recipient is a partnership, check the appropriate box in the "Partnership" column. If the recipient is a trust, partnership, or estate, check the appropriate box in the "Trust, Partnership, or Estate" column. If the recipient is an individual, check the appropriate box in the "Individual" column.

For each of the following categories, check the appropriate box. If the recipient is a trust, check the appropriate box in the "Trust" column. If the recipient is a partnership, check the appropriate box in the "Partnership" column. If the recipient is a trust, partnership, or estate, check the appropriate box in the "Trust, Partnership, or Estate" column. If the recipient is an individual, check the appropriate box in the "Individual" column.

SECTION 2 - BENEVOLENT ORGANIZATIONS (ORGANIZATIONS DESCRIBED IN SECTION 170(c)(2)(B))

AMOUNT	DATE	DESCRIPTION	CHARITABLE CONTRIBUTION
AMOUNT	DATE	DESCRIPTION	CHARITABLE CONTRIBUTION

For each of the following categories, check the appropriate box. If the recipient is a trust, check the appropriate box in the "Trust" column. If the recipient is a partnership, check the appropriate box in the "Partnership" column. If the recipient is a trust, partnership, or estate, check the appropriate box in the "Trust, Partnership, or Estate" column. If the recipient is an individual, check the appropriate box in the "Individual" column.

SECTION 3 - BENEVOLENT ORGANIZATIONS

EXPANSION DATE: NOVEMBER 30, 2003  
OMB NO. 1545-0045



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13100 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption 01/13/21 FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption 01/13/21 REAR VIEW

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13100 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo Three

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four