IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1110 ARKANSAS AVENUE	Policy Number:
City State ZIP Code LYNN HAVEN Florida 32444	Company NAIC Number
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY RI	EQUIRED)
C1. Building elevations are based on: Construction Drawings* Building Under 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/Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puert Benchmark Utilized: K-42 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. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG)	uction* Finished Construction /AE, AR/A1–A30, AR/AH, AR/AO.
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A ☐ feet ☐ meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFI	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by I certify that the information on this Certificate represents my best efforts to interpret the data availar 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?	law to certify elevation information.
Certifier's Name License Number ROGER BLAIN ANGLIN 5521	
Title PROFESSIONAL SURVEYOR AND MAPPER Company Name ANGLIN SURVEYING, LLC Address 3712 CORNELIA LANE City State ZIP Code PANAMA CITY Florida 32409 Signature Date Telephone (850) 271-4055 Copy all pages of this plevation Certificate and all attachments for (1) community official, (2) insurance at Comments (including type of equipment and location, per C2(e), if applicable) 1) AS PER CITY OF LYNN HAVEN BUILDING DEPARTMENT, AS OF 01/01/22 THE CITY HAS AD FLOOD PANEL WHICH FOR THIS PARCEL THE PANEL IS 12005C0332J AND THE PARCEL REI	DOPTED FEMA'S PRELIMINARY

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 INSUR	ANCE COMPANY USE		
A1. Building Owner's Name Policy Number: 1100 MARYLAND AVENUE, LLC				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.1110 ARKANSAS AVENUE	Company N	AIC Number:		
City State LYNN HAVEN Florida	ZIP Code 32444			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL NUMBER: 10731-000-010, LOT 6 AND THE NORTH HALF OF LOT 7, BLOCK	329, LYNN HA	VEN		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)RESIDENTIAL	_			
A5. Latitude/Longitude: Lat. 30°14'28.3"N Long. 85°38'23.4"W Horizontal Da	tum: 🔲 NAD 1	927 🗵 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins	surance.			
A7. Building Diagram Number1A				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) N/A sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abo	ove adjacent gra	ide N/A		
c) Total net area of flood openings in A8.b sq in				
d) Engineered flood openings? ☐ Yes ☒ No				
A9. For a building with an attached garage:				
a) Square footage of attached garage sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjace	nt grade 0			
c) Total net area of flood openings in A9.b sq in				
d) Engineered flood openings? ☐ Yes ☒ No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION			
B1. NFIP Community Name & Community Number CITY OF LYNN HAVEN B2. County Name BAY		B3. State Florida		
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Zone(s) Revised Date B8. Flood Effective/ Revised Date	9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)		
12005C0332 H 06-02-2009 06-02-2009 A	12.	0		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source:				
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐	Other/Source:			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise P	rotected Area (0	DPA)? ☐ Yes ⊠ No		
Designation Date: CBRS ☐ OPA				

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 1110 ARKANSAS AVENUE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
LYNN HAVEN	Florida	32444	
SECTION E – BUILDING E FOR ZO	ELEVATION INFORMANE AO AND ZONE A		REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, use enter meters.	E1–E5. If the Certificate e natural grade, if availal	is intended to support a ble. Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowesa) Top of bottom floor (including basement,	nd check the appropriate t adjacent grade (LAG).	boxes to show whethe	r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	s above or below the HAG.
crawlspace, or enclosure) is		feet _ meter	rs above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in S	ection A Items 8 and/or	
E3. Attached garage (top of slab) is			
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter	s ☐ above or ☐ below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	ble, is the top of the bott	om floor elevated in acc The local official must o	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OV	VNER (OR OWNER'S R	EPRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes Sec The statements in Section	tions A, B, and E for Zoons A, B, and E are con	ne A (without a FEMA-issued or ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative	e's Name		
Address	City	Sta	ate ZIP Code
Signature	Date	Tel	lephone
Comments			
			Check here if attachments.

IPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY U				
Building Street Address (including Apt., Unit, St 1110 ARKANSAS AVENUE) or P.O. Route and Box I	o. Policy Number:		
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Num	ber
SECTION	ON G - COMMUNITY	INFORMATION (OPTIO	IAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete			
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)				
G2. A community official completed Section Zone AO.	ion E for a building lo	cated in Zone A (without a	FEMA-issued or community	/-issued BFE)
G3. The following information (Items G4-	-G10) is provided for	community floodplain mai	agement purposes.	
G4. Permit Number	G5. Date Permit Is	sued	G6. Date Certificate of Compliance/Occupance	y Issued
G7. This permit has been issued for:	New Construction [Substantial Improvement	nt	
G8. Elevation of as-built lowest floor (including of the building:	g basement) —	[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	6 10 to 10 gain	
Comments (including type of equipment and lo	cation, per C2(e), if a	pplicable)		
		v.		
			☐ Check here	if attachments.

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 1110 ARKANSAS AVENUE	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1110 ARKANSAS AVENUE		
City LYNN HAVEN	State Florida	ZIP Code 32444	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 FRONT VIEW

04/18/2022

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

04/18/2022

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1110 ARKANSAS AVENUE			Policy Number:
City LYNN HAVEN	State Florida	ZIP Code 32444	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

LEFT SIDE VIEW 04/18/2022 Clear Photo Three **Photo Three Caption**



Photo Four

04/18/2022 RIGHT SIDE VIEW **Photo Four Caption** Clear Photo Four

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 COMPAN						
A1. Building Owner's Name 1100 MARYLAND AVENUE, LLC						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1110 ARKANSAS AVENUE Company NAIC Number:						
City LYNN HAVEN	State Florida		ZIP Code 32444			
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL NUMBER: 10731-000-010, LOT 6 AND THE NORTH HALF OF LOT 7, BLOCK 329, LYNN HAVEN					
A4. Building Use (e.g., Residential, Non-Residential, Addi	ition, Accessory,	etc.) RESIDEN	TIAL			
A5. Latitude/Longitude: Lat. 30°14'28.3"N Lon	ng. 85°38'23.4"W	Horizonta	Datum: NAD 1	1927 X NAD 1983		
A6. Attach at least 2 photographs of the building if the Ce	rtificate is being u	sed to obtain floor	d insurance.			
A7. Building Diagram Number1A						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)		N/A sq ft				
b) Number of permanent flood openings in the crawls	pace or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A		
c) Total net area of flood openings in A8.b	N/A sq in	i				
d) Engineered flood openings?						
A9. For a building with an attached garage:						
a) Square footage of attached garage	482.00 sq ft					
b) Number of permanent flood openings in the attache	ed garage within 1	I.0 foot above adja	acent grade 0	•		
c) Total net area of flood openings in A9.b	0.00 sq	in				
d) Engineered flood openings?						
SECTION B – FLOOD INSU	JRANCE RATE	MAP (FIRM) INFO	ORMATION			
B1. NFIP Community Name & Community Number CITY OF LYNN HAVEN 120009	B2. County I BAY	Name		B3. State Florida		
Number Date	FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood El (Zone AO, use	evation(s) e Base Flood Depth)		
	02-2009	А	12.0)		
B10. Indicate the source of the Base Flood Elevation (BFE		THE RESIDENCE OF STREET, SHOWING	in Item B9:			
☐ FIS Profile ☐ FIRM ☒ Community Determined	d ∐ Other/Sour	ce:				
B11. Indicate elevation datum used for BFE in Item B9:] NGVD 1929 [☑ NAVD 1988 [Other/Source:			
B12. Is the building located in a Coastal Barrier Resources	s System (CBRS)	area or Otherwise	Protected Area (C	PA)? ☐ Yes ☒ No		
Designation Date: CBR	S OPA					

IMPORTANT: In these spaces, copy the corresponding info	ormation from Secti	on A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bld	Policy Number:		
City State LYNN HAVEN Florida	ZIP C 32444	M 24.0040	Company NAIC Number
. SECTION C – BUILDING ELEVA	TION INFORMATION	ON (SURVEY RE	QUIRED)
C1. Building elevations are based on: Construction D *A new Elevation Certificate will be required when const C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, Complete Items C2.a–h below according to the building Benchmark Utilized: K-42 Indicate elevation datum used for the elevations in items NGVD 1929 NAVD 1988 Other/Sour Datum used for building elevations must be the same as a) Top of bottom floor (including basement, crawlspace	ruction of the building V1–V30, V (with BFE diagram specified in Vertical Datum: Notes a) through h) below ree: s that used for the BFE	E), AR, AR/A, AR// Item A7. In Puerto IAVD 1988	 AE, AR/A1–A30, AR/AH, AR/AO.
b) Top of the next higher floor		·	N/A feet meters
c) Bottom of the lowest horizontal structural member (V	/ ∠ones only)		15.5 🔀 feet 🗌 meters
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicir (Describe type of equipment and location in Comme	ng the building nts)		N/A feet meters
f) Lowest adjacent (finished) grade next to building (LA	AG)		15.7 X feet meters
g) Highest adjacent (finished) grade next to building (H	AG)		16.4 X feet meters
h) Lowest adjacent grade at lowest elevation of deck o structural support	r stairs, including		N/A feet meters
SECTION D – SURVEYOR, EN	IGINEER, OR ARC	HITECT CERTIFI	ICATION
This certification is to be signed and sealed by a land survey I certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under Were latitude and longitude in Section A provided by a licen	/ best efforts to interp r 18 U.S. Code, Secti	ret the data availa on 1001.	r law to certify elevation information. ble. I understand that any false Check here if attachments.
ROGER BLAIN ANGLIN 5	icense Number 521		
Title PROFESSIONAL SURVEYOR AND MAPPER			Place
Company Name ANGLIN SURVEYING, LLC Address 3712 CORNELIA LANE			Skal Here
1 1	State Florida	ZIP Code 32409	The same of the
	Date 08-06-2021	Telephone (850) 271-4055	Ext. \
Copy all pages of this Elevation Certificate and all attachments Comments (including type of equipment and location, per Ci 1) THIS IS A PROPOSED HOUSE, ALL FINISHED FLOOR	2(e), if applicable)		

IMPORTANT: In these spaces, copy the corres	sponding information	from Section A.	FOR INSURANCE COMPANY	/ USE
Building Street Address (including Apt., Unit, Suit 1110 ARKANSAS AVENUE	Policy Number:			
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number	
SECTION E – BUILDIN FOR	IG ELEVATION INFO ZONE AO AND ZON	DRMATION (SURVEY NOT NE A (WITHOUT BFE)	REQUIRED)	
For Zones AO and A (without BFE), complete Iter complete Sections A, B,and C. For Items E1–E4, enter meters.	use natural grade, if a	available. Check the measure	ement used. In Puerto Rico only,	
E1. Provide elevation information for the followin the highest adjacent grade (HAG) and the loa) Top of bottom floor (including basement, crawlspace, or enclosure) is	g and check the appro west adjacent grade (l	_AG).		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is				
E2. For Building Diagrams 6–9 with permanent fluithe next higher floor (elevation C2.b in the diagrams) of the building is	ood openings provided	d in Section A Items 8 and/oi		
E3. Attached garage (top of slab) is		feet mete	rs above or below the F	HAG.
E4. Top of platform of machinery and/or equipme servicing the building is	ent	feet mete	rs □ above or □ below the H	HAG.
E5. Zone AO only: If no flood depth number is av floodplain management ordinance? Yes	vailable, is the top of the	ne bottom floor elevated in ac own. The local official must	cordance with the community's certify this information in Section	1 G.
SECTION F – PROPERTY	OWNER (OR OWNE	R'S REPRESENTATIVE) CI		-
				-
The property owner or owner's authorized represe	ro. The statements in	Sections A. D. and E. oro cor	root to the best of my knowledge	
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent	ere. The statements in	Sections A, B, and E are cor	rect to the best of my knowledge	ē.
community-issued BFE) or Zone AO must sign he	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	e
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address	ere. The statements in tative's Name	Sections A, B, and E are cor	rect to the best of my knowledge	e
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent	ere. The statements in tative's Name	Sections A, B, and E are cor	rect to the best of my knowledge	e.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	Ð.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address Signature	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	Ð.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address Signature	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	Ð.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address Signature	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	Ð.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address Signature	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	ē.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address Signature	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	ē.
community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent Address Signature	ere. The statements in tative's Name	Sections A, B, and E are cor	ate ZIP Code	ē.

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 1110 ARKANSAS AVENUE	No. Policy Number:			
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number	
SECTIO	N G - COMMUNIT	Y INFORMATION (OPTI	ONAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Comple	ter the community's floodpete the applicable item(s)	olain management ordinance can complete and sign below. Check the measurement	
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 Zone AO.	on E for a building	located in Zone A (withou	t a FEMA-issued or community-issued BFE)	
G3.	G10) is provided fo	r community floodplain m	anagement purposes.	
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	n Substantial Improve	ment	
G8. Elevation of as-built lowest floor (including of the building:	g basement) -		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	<u>A</u> :	Telephone	et d	
Signature		Date		
Comments (including type of equipment and lo	cation, per C2(e), if	f applicable)		
a p				
,			9	
			Check here if attachments.	

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., L 1110 ARKANSAS AVENUE	Policy Number:		
City LYNN HAVEN	State Florida	ZIP Code 32444	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.

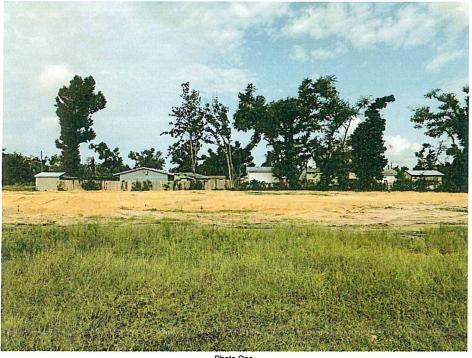


Photo One

Photo One Caption FRONT VIEW 08/04/2021

Clear Photo One

Photo Two

Photo Two Caption

Clear Photo Two

OMB No. 1660-0008

ELEVATION CERTIFICATE	Continuation	Page	Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy th	e corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., 1110 ARKANSAS AVENUE			Policy Number:
City	State	ZIP Code	Company NAIC Number
LYNN HAVEN	Florida	32444	
If submitting more photographs than with: date taken; "Front View" and photographs must show the foundation	"Rear View": and, if required.	"Right Side View" and "	'Left Side View." When applicable,
		a.	
		*	¥
-			
-			
¥		*	*
	Photo Thr	ree	
Photo Three Caption		(Clear Photo Three
•			
DE			
Photo Four Caption	Photo F	our	Clear Photo Four
L Photo Four Caption			Clear Photo Four