

- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

386-758-0518

DATE OF CRASH 08/29/2010	TIME OF CRASH 12:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 12:11 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 12:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER FHPB100FF025415	HSMV CRASH REPORT NUMBER 76857327
COUNTY / CITY CODE 31 / 00	FEET or MILE(S) 8	DIRECTION of LIVE OAK N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>		COUNTY Suwannee	
AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	ON STREET, ROAD OR HIGHWAY STATE ROAD 8 (I-10)	
AT INTERSECTION OF	FEET MILE(S) 4	FROM INTERSECTION OF STATE ROAD 10 (US-90)			

YEAR 01	MAKE(chev, ford, etc) FRHT	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE NO. Z1442G	STATE FL	YEAR	VEHICLE IDENTIFICATION NUMBER 1FUYYDYB21DG88531
<input checked="" type="checkbox"/> Check Areas of Vehicle Damage		Front <input checked="" type="checkbox"/> R / Front <input checked="" type="checkbox"/> L / Front <input checked="" type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear	EST. AMOUNT OF DAMAGE \$3,000		VEHICLE REMOVED BY: SKINNERS TOWING CO	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) AEQUICAP PROP AND CASUALTY POLICY NO. CPA003439						
OWNER'S FULL NAME (Check if Same as Driver <input checked="" type="checkbox"/>) SAME AS DRIVER ADDRESS (Number and Street) 7255 WEST 24 AV APT 104 CITY AND STATE HIALEAH FL ZIP CODE 33016						
DRIVER (Exactly as on Driver's License) / PEDESTRIAN FRANK R DELGADO YERA ADDRESS (Number and Street) 7255 WEST 24 AV APT 104 CITY AND STATE HIALEAH FL ZIP CODE 33016						
DRIVER'S LICENSE NUMBER D423276794300		STATE FL	LIC. TYPE 1	DRIVER / PEDESTRIAN HOME PHONE		DRIVER / PEDESTRIAN BUSINESS PHONE
NUMBER OF PASSENGERS		PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE ZIP CODE

YEAR 93	MAKE(chev, ford, etc) CHEV	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO. 1359HW	STATE FL	YEAR	VEHICLE IDENTIFICATION NUMBER 1GNCS13W4P2127790
<input checked="" type="checkbox"/> Check Areas of Vehicle Damage		Front <input type="checkbox"/> R / Front <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input checked="" type="checkbox"/> R / Rear <input checked="" type="checkbox"/> L / Rear	EST. AMOUNT OF DAMAGE \$2,000		VEHICLE REMOVED BY: SKINNERS TOWING CO	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) USAA INS CO POLICY NO. 003170613U71138						
OWNER'S FULL NAME (Check if Same as Driver <input checked="" type="checkbox"/>) SAME AS DRIVER ADDRESS (Number and Street) PO BOX 158 CITY AND STATE CHIPLEY FL ZIP CODE 32428						
DRIVER (Exactly as on Driver's License) / PEDESTRIAN THEODORE L WHIDDEN ADDRESS (Number and Street) PO BOX 158 CITY AND STATE CHIPLEY FL ZIP CODE 32428						
DRIVER'S LICENSE NUMBER W350812632080		STATE FL	LIC. TYPE 5	DRIVER / PEDESTRIAN HOME PHONE		DRIVER / PEDESTRIAN BUSINESS PHONE
NUMBER OF PASSENGERS		PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE ZIP CODE

YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
<input type="checkbox"/> Check Areas of Vehicle Damage		Front <input type="checkbox"/> R / Front <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear	EST. AMOUNT OF DAMAGE		VEHICLE REMOVED BY:	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)						
DRIVER (Exactly as on Driver's License) / PEDESTRIAN						
DRIVER'S LICENSE NUMBER		STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE		DRIVER / PEDESTRIAN BUSINESS PHONE
NUMBER OF PASSENGERS		PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE ZIP CODE

SECTION# 1	NAME OF VIOLATOR FRANK DELGADO YERA	FL STATUTE NUMBER 316.1925.1	CHARGE CARELESS DRIVING	CITATION NUMBER 5114-SQR
SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

#	PROPERTY DAMAGED - OTHER THAN VEHICLES 1986 PORSCH AUTOMOBILE	EST. AMOUNT OF DAMAGE \$10,000	OWNER'S NAME KATHERINE M WHIDDEN	CURRENT ADDRESS COUNTRY CLUB DR EAST	CITY DESTIN	STATE FL	ZIP 32541
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WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER CPL. J.T. STALNAKER, JR	I.D. / BADGE NO. 1329	DEPARTMENT FHP	FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	PD <input type="checkbox"/>	OTHER <input type="checkbox"/>
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**FLORIDA HIGHWAY PATROL
VEHICLE TOW RECEIPT**

RECIPIENT COPY

CASE NUMBER
FHPB10OFF025415

DATE / TIME 08/29/2010 1:00:31 AM	COUNTY SUWANNEE	CITY	OTHER NUMBER	CITATION / REPORT
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NO HOLD - MAY BE RELEASED

OWNER	NAME FIRST THEODORE	NAME MIDDLE LEWIS	NAME LAST WHIDDEN	NAME SUFFIX	TELEPHONE	<input type="checkbox"/> OWNER PRESENT
	ADDRESS PO BOX 158		CITY CHIPLEY	STATE FL	ZIP CODE 32428	

DRIVER	NAME FIRST THEODORE	NAME MIDDLE LEWIS	NAME LAST WHIDDEN	NAME SUFFIX	TELEPHONE
	ADDRESS PO BOX 158		CITY CHIPLEY	STATE FL	ZIP CODE 32428

VEHICLE	YEAR 1993	MAKE CHEV	MODEL	VEHICLE STYLE SW	VEHICLE COLOR GRY	TAG STATE / NUMBER FL 1359HW	VIN 1GNCS13W4P2127790	ODOMETER
	REASON VEHICLE TOWED CRASH			RED TAG DATE / TIME 08/29/2010 1:02:07 AM	ID NUMBER 2500	NAME M.L. OGLESBY		

TOW	TOW SELECTION TYPE ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM SR 8 274MM WB
	TOWING SERVICE SKINNER'S PAINT & BODY SHOP	DAY TELEPHONE 3863621708
ADDRESS 10176 US HWY 90 EAST		CITY / STATE / ZIP LIVE OAK, FL 32060

STORAGE	VEHICLE STORAGE LOCATION SKINNER'S PAINT & BODY SHOP	DAY TELEPHONE 3863621708	NIGHT TELEPHONE
	ADDRESS 10176 US HWY 90 EAST	CITY / STATE / ZIP LIVE OAK, FL 32060	

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS QTY	INDICATE VEHICLE DAMAGE		MARK AREA OF DAMAGE
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS QTY			
<input checked="" type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC).	NUMBER OF TIRES (INCLUDE SPARE) 4	<input type="checkbox"/> TRUNK ACCESSIBLE	<input checked="" type="checkbox"/> FRONT LEFT	<input checked="" type="checkbox"/> FRONT RIGHT	<input type="checkbox"/> OVERTURN
<input type="checkbox"/> CB RADIO / 2 WAY RADIC	<input type="checkbox"/> REAR SPOILER		<input type="checkbox"/> DRIVER SIDE	<input checked="" type="checkbox"/> PASSENGER SIDE	<input type="checkbox"/> WINDSHIELD
<input checked="" type="checkbox"/> TRAILER HITCH			<input type="checkbox"/> REAR LEFT	<input checked="" type="checkbox"/> REAR RIGHT	<input type="checkbox"/> FIRE
PROPERTY IN VEHICLE LOOSE LUMBER IN REAR OF VEHICLE, MISC PAPERS.			<input type="checkbox"/> NO DAMAGE		<input type="checkbox"/> TRAILER

OFFICER COMMENTS

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

	DATE		SIGNATURE OF OFFICER
Mark Knapel		TROOPER M.L. OGLESBY	RANK AND NAME OF OFFICER
PRINTED NAME OF TOW TRUCK DRIVER		B	ORG / UNIT
		2500	I.D. NUMBER

**FLORIDA HIGHWAY PATROL
VEHICLE TOW RECEIPT**

CASE NUMBER
FHPB10OFF025415

DATE / TIME 08/29/2010 1:05:46 AM	COUNTY SUWANNEE	CITY	OTHER NUMBER	CITATION / REPORT
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NO HOLD - MAY BE RELEASED

OWNER	NAME FIRST KATHERINE	NAME MIDDLE M	NAME LAST WHIDDEN	NAME SUFFIX	TELEPHONE	<input type="checkbox"/> OWNER PRESENT
	ADDRESS 27 COUNTRY CLUB DR E		CITY DESTIN	STATE FL	ZIP CODE 32541	

DRIVER	NAME FIRST NONE	NAME MIDDLE	NAME LAST	NAME SUFFIX	TELEPHONE
	ADDRESS		CITY	STATE	ZIP CODE

VEHICLE	YEAR 1986	MAKE PORS	MODEL	VEHICLE STYLE 2D	VEHICLE COLOR WHI	TAG STATE / NUMBER FL AJUSTED	VIN WP0AA0949GN457667	ODOMETER
	REASON VEHICLE TOWED CRASH			RED TAG DATE / TIME	ID NUMBER 2500	NAME M.L. OGLESBY		

TOW	TOW SELECTION TYPE ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM SR 8 274MM WB	DAY TELEPHONE 3863621708	NIGHT TELEPHONE
	TOWING SERVICE SKINNER'S PAINT & BODY SHOP	ADDRESS 10176 US HWY 90 EAST	CITY / STATE / ZIP LIVE OAK, FL 32060	

STORAGE	VEHICLE STORAGE LOCATION SKINNER'S PAINT & BODY SHOP	DAY TELEPHONE 3863621708	NIGHT TELEPHONE
	ADDRESS 10176 US HWY 90 EAST	CITY / STATE / ZIP LIVE OAK, FL 32060	

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS QTY	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS QTY		
	<input type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC.)	NUMBER OF TIRES (INCLUDE SPARE) 4		
	<input type="checkbox"/> CB RADIO / 2 WAY RADIC	<input type="checkbox"/> TRUNK ACCESSIBLE		
	<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER	<input type="checkbox"/> NO DAMAGE	
PROPERTY IN VEHICLE VEHICLE WAS IN TOW. ALL ITEMS REMOVED BY DRIVER OF VEHICLE TOWING.				

OFFICER COMMENTS

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

	DATE		SIGNATURE OF OFFICER
Mark Knafel		TROOPER M.L. OGLESBY	
PRINTED NAME OF TOW TRUCK DRIVER		RANK AND NAME OF OFFICER	ORG / UNIT
		TROOPER M.L. OGLESBY	B
			I.D. NUMBER 2500

TEMPORARY AUTO IDENTIFICATION CARD

STATE FARM INSURANCE COMPANIES

A		FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD	
		STATE FARM INSURANCE COMPANIES	
POLICY NUMBER		EFFECTIVE DATE	
1888271-59 4 A25		AUG-20-2010	
<input checked="" type="checkbox"/>	Personal Injury Protection		
<input checked="" type="checkbox"/>	Property Damage		
<input checked="" type="checkbox"/>	Bodily Injury Liability		
NAMED INSURED	WHIDDEN, KATHERINE M		
CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER	1986 PORSCHE 944 2D CPE WP0AA0949GN457667		
COVERAGES		NAIC #25178	
<small>Fold</small>	A, P10, D250, G250, H, R1, U3, S, C	<small>Fold</small>	
COMPANY NO.	09785		
AGENT	JIM LIUFAU INSURANCE & DESTIN, FL 32541-5732 PHONE# 850-837-1329		
	NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE STATE FARM INSURANCE COMPANIES		

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.	
IF YOU HAVE AN ACCIDENT- NOTIFY POLICE IMMEDIATELY	
1. Write down names, addresses, telephone numbers, and license numbers of persons involved and of witnesses. Also write down the license plate number and state of each vehicle involved.	
2. Notify your agent promptly or log on to statefarm.com® to initiate the claim filing process.	
3. Do not admit fault. Do not discuss the accident with anyone except State Farm or Police.	
HOW TO IDENTIFY YOUR COVERAGES	
SEE POLICY FOR FULL NAME AND DEFINITION	
A Bodily Injury Liability	H Emergency Road Service
B Property Damage Liability	P No Fault
C Medical Payments	R1 Car Rental and Travel Expense
D Comprehensive or Deductible Comprehensive	S Death, Dismemberment and Loss of Sight
G Collision (See outline of coverage for details regarding rental car coverage.)	U Uninsured Motor Vehicle
	U3 Uninsured Motor Vehicle - Nonstacked
	UNOC Use of Nonowned Cars

One copy of this form should be carried in your vehicle at all times.

AUTOMOBILE INSURANCE IDENTIFICATION CARD

This identification card is evidence of liability insurance for your vehicle. The card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident or upon a law enforcement officer's request.

KEEP A COPY OF THE ID CARD IN YOUR VEHICLE AT ALL TIMES.

For your convenience, additional copies are available on-line at usaa.com.

FFL1

50786-1107

FRANK DELGADO
7255 W 24 AVE #104
HIALEAH FL 33016
786 327 3309

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
UNITED SERVICES AUTOMOBILE ASSN

POLICY IDENTIFICATION NO. CO. CODE EFF. DATE
00317 06 13U 7113 8 -04340 02/10/10

PERSONAL INJURY PROTECTION BENEFITS
AND PROPERTY DAMAGE LIABILITY

BODILY INJURY
LIABILITY

Name
THEODORE L WHIDDEN

VEHICLE DESCRIPTION
YEAR MAKE/MODEL
1993 CHEV

VEHICLE IDENTIFICATION NUMBER
1GNCS13W4P2127790

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.

9800 Fredericksburg Road
San Antonio, Texas 78288

POLICY SERVICE (800) 531-8111
CLAIMS (800) 531-8222

Additional copies available at usaa.com

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733; Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

KATHERINE M WHIDDEN
27 COUNTRY CLUB DR E
DESTIN, FL 32541

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 43 / 5 T# 634218541
B# 245179

PLATE **AJUSTED** DECAL **01275039** Expires **Midnight Wed 7/6/2011**

YR/MK	1986/PORS	BODY	2D	COLOR	WHI	Reg. Tax	4.85	Class Code	1
VIN	WP0AA0949GN457667			TITLE	79128183	Init. Reg.		Tax Months	11
Plate Type	RGP	NET WT	2844			County Fee	3.00	Back Tax Mos	
DL/FEID	W350513697460					Mail Fee		Credit Class	1
Date Issued	8/26/2010	Plate Issued	9/20/2006	TRANSFER:	X	Sales Tax		Credit Months	11
						Voluntary Fees			
						Grand Total	7.85		

KATHERINE M WHIDDEN
27 COUNTRY CLUB DR E
DESTIN, FL 32541

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

RGP - FLORIDA PERSONALIZED

- INSTRUCTIONS FOR ATTACHING DECAL
1. Clean area where new annual decal is to be affixed.
 2. Peel decal from this document.
 3. Affix decal in the upper right corner of license plate.

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

THEODORE LEWIS WHIDDEN
PO BOX 158
CHIPLEY, FL 32428

Mail To:

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

PLATE 1359HW DECAL 17137818 Expires **Midnight Tue 6/8/2010**

YR/MK	1993/CHEV	BODY	SW	COLOR	GRY
VIN	1GNCS13W4P2127790	NET WT	3501	TITLE	63924585
Plate Type	RMR				
DL/FEID	W350812632080	Plate Issued	2/25/2010		
Class Code	1	Class Months	4	Int. Reg. Tax	
Tax Months	4	County Fee		Voluntary Fees	0.00
Back Tax Mos	1	Mail Fee		Sales Tax	
Credit Class	4	Grand Total			
Credit Months	1				

T# 614359485
B# 289486

CO/AGY 50 / 1

THEODORE LEWIS WHIDDEN

PO BOX 158
CHIPLEY, FL 32428

RMR - STATE MOTTO PLATE ISSUED X

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

IMPORTANT INFORMATION

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