

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

NONE

I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form.

Authorized Signature: *[Signature]*
Printed Name: STEVEN R JASPERSON Date: 3-4-24
Address (include ZIP): 170 W. ELLENDALE AVE STE 103 UNIT 119 DALLAS, OR 97338

Authorized Signature: *[Signature]*
Printed Name: PHI HIEU Date: 3-4-24
Address (include ZIP): 170 W. ELLENDALE AVE STE 103 UNIT 119 DALLAS, OR 97338

Authorized Signature: _____
Printed Name: _____ Date: _____
Address (include ZIP): _____

(For office use only)		
Received by:	Date:	Receipt Number: