

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Rumpole LLC	For Insurance Company Use:
	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 625 16 th Street City Gulfport State Ms ZIP Code 39507	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Parcel No. 0911A-02-054.000	

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non-Residential

A5. Latitude/Longitude: Lat. N 30 22.835' Long. W 89 02.388' Horizontal Datum: NAD 1927 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 1

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s)	<u>N/A</u> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls 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

A9. For a building with an attached garage, provide:

a) Square footage of attached garage	<u>N/A</u> sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>N/A</u>
c) Total net area of flood openings in A9.b	<u>N/A</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Gulfport - 285253		B2. County Name Harrison		B3. State Mississippi	
B4. Map/Panel Number 285253 0043	B5. Suffix D	B6. FIRM Index Date 10/04/2002	B7. FIRM Panel Effective/Revised Date 10/04/2002	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) See Comments

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date N/A CBRS OPA

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-g below according to the building diagram specified in Item A7.
 Benchmark Utilized See Section "D" Vertical Datum NGVD 1929
 Conversion/Comments -0.29

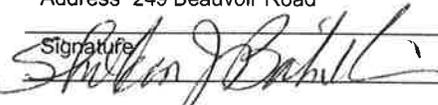
Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>20.54</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>15.96</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>16.73</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

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.

Check here if comments are provided on back of form.

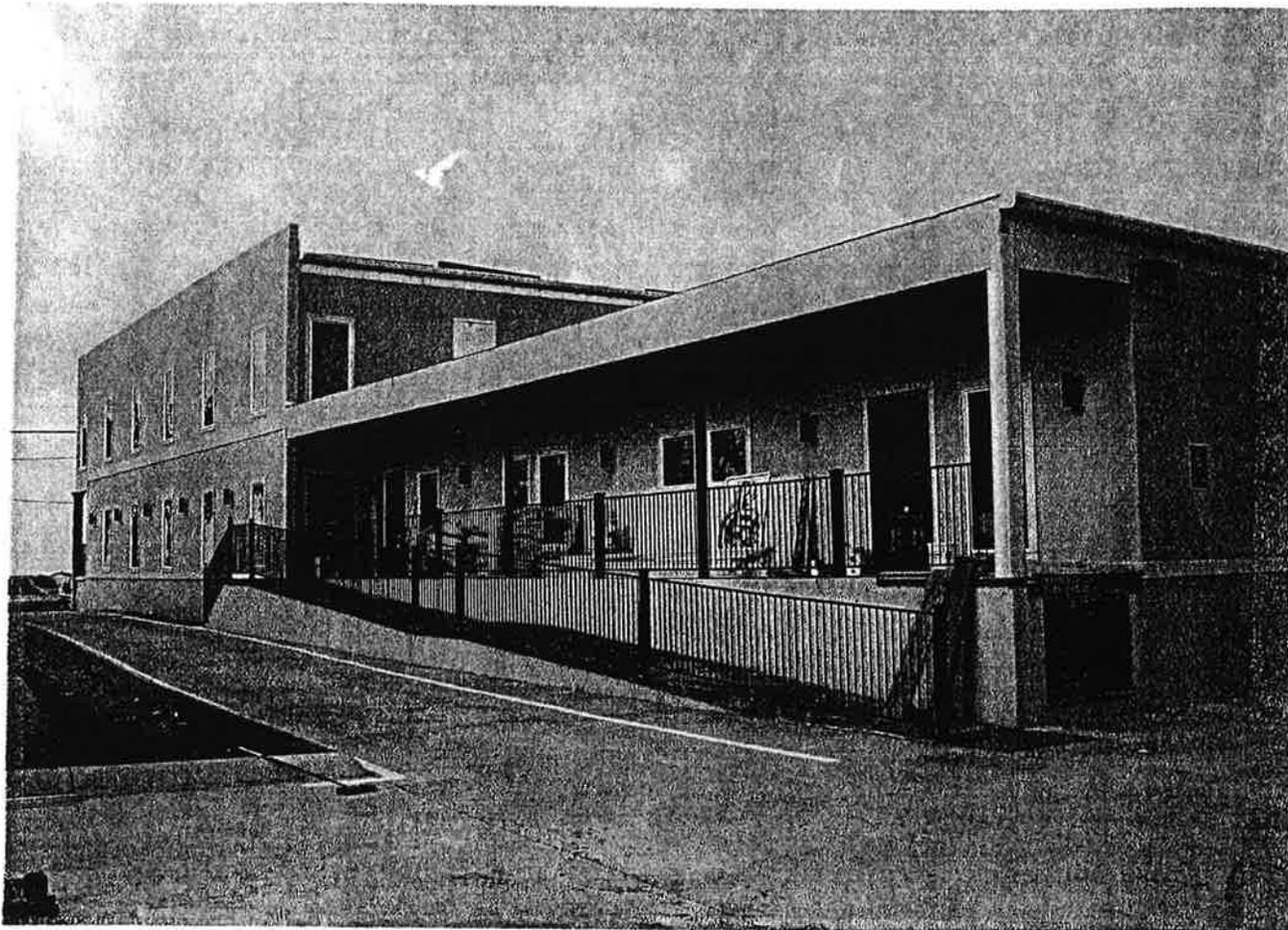
Certifier's Name Sheldon J. Babischkin	License Number PLS No. 1845
Title Surveyor	Company Name Moran - Machado, PLLC
Address 249 Beauvoir Road	City Biloxi State Ms ZIP Code 39531
Signature 	Date 05/08/2009 Telephone 228-388-1950



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1625 16 th Street	For Insurance Company Use: Policy Number
City Gulfport State Ms ZIP Code 39507	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."	



RIGHT SIDE VIEW 05/08/09