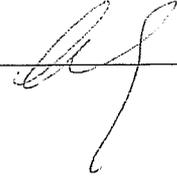


ATTACHMENT C

Lead Agency Contact Person: Herman Parker

Phone #: 568-2457

Department/Division Representative: _____

A handwritten signature in black ink, appearing to be 'H.P.', written over a horizontal line.

Date: 6/29/12

Acceptance Date: _____

distribution: Hearing Support Staff

Date Filed by County Clerk: _____.