

ELEVATION CERTIFICATE

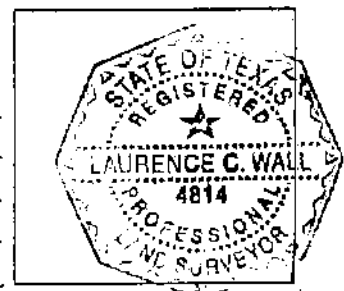
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name	Charles Amie	Policy Number
A2. Building Street Address	1217 Market	Company NAIC Number
City	Galveston	State
		Texas
		ZIP Code
		77550
A3. Property Description	Lots 3 & 4 Block 492 City of Galveston	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	residential	
A5. Latitude/Longitude	29° 18' 30.0" N 94° 46' 54.5" W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 5		
A8. For a building with a crawl space or enclosure(s), provide:		
a) Square footage of crawl space or enclosure(s)	n/a	sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	n/a	
c) Total net area of flood openings in A8.b	n/a	sq in
A9. For a building with an attached garage, provide:		
a) Square footage of attached garage	n/a	sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	n/a	
c) Total net area of flood openings in A9.b	n/a	sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
City of Galveston 485469		Galveston		TX	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
485469 0027	E	12/6/02	12/6/02	AE	11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.					
<input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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	City of Galveston
Vertical Datum	NAVD88
Conversion/Comments	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	12.0 feet
b) Top of the next higher floor	n/a feet
c) Bottom of the lowest horizontal structural member (V Zones only)	n/a feet
d) Attached garage (top of slab)	n/a feet
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	11.3 feet
f) Lowest adjacent (finished) grade (LAG)	7.3 feet
g) Highest adjacent (finished) grade (HAG)	7.6 feet

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.	
<input type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name	Laurence Wall
License Number	4814
Title	RPLS
Company Name	TLTS, Inc.
Address	1801 Moody Ave City Galveston
State	TX
ZIP Code	77550
Signature	<i>Laurence Wall</i>
Date	5/21/08
Telephone	(409)765-8883



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.			Policy Number
City	State	ZIP Code	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Signature

Date

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8 and G9.

- 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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1217 Market			For Insurance Company Use: Policy Number
City Galveston	State Texas	ZIP Code 77550	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

May 21, 2008



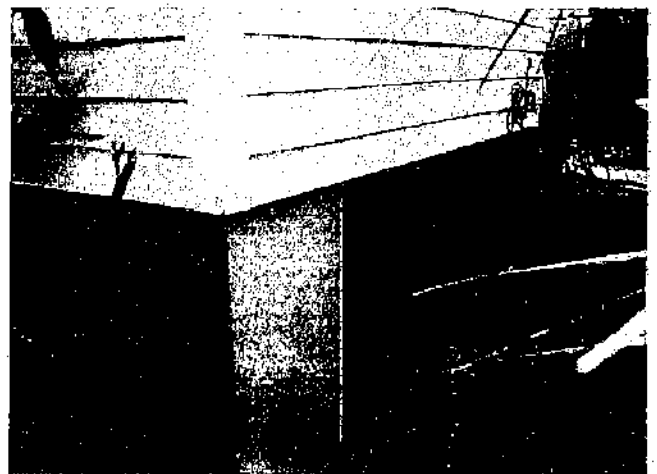
front



right



AC compressor



typical lattice - open

UNITED PROPERTY & CASUALTY INSURANCE CO.
FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 5/24/2019

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME & MAILING ADDRESS

|||||
 HARWELL, MICHAEL
 1217 MARKET ST
 GALVESTON, TX 77550-2622

PRODUCER#: 4400145
 THE O'CONNOR GROUP INSURANCE AGENCY LLC
 12140 WOODCREST EXECUTIVE DR STE 225
 SAINT LOUIS, MO 63141-5013
 (314)576-7080

Ref# 10342-00005-115-00003

INSURED NAME

LOCATION OF INSURED PROPERTY

HARWELL, MICHAEL

1217 MARKET ST
 GALVESTON, TX 77550-2622

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
		BUILDING \$250,000	BUILDING \$5,000
	CONTENTS \$100,000	CONTENTS \$5,000	
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
		BUILDING \$250,000	BUILDING \$5,000
	CONTENTS \$100,000	CONTENTS \$5,000	

Primary Residence: Y **NOTE: If payment is sent via Certified Mail, the postmark date is used as the premium receipt date, ensuring the earliest receipt date possible. Certified Mail can also be tracked at www.usps.com.**

Effective April 1, 2016, policies currently receiving Pre-FIRM subsidized rates may not be eligible to maintain those rates at the next renewal when the policy payment is received more than 90 days after policy expiration.

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope.

Print Date: 4/09/2019

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS

HARWELL, MICHAEL
 1217 MARKET ST
 GALVESTON, TX 77550-2622

PRODUCER 4400145

REFERENCE NUMBER: 87060818182018
 POLICY#: 10969722

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE: 5/24/2019
 PAYMENT DUE BY: 5/24/2019
 SELECT COVERAGE OPTION:

CHECK PAYMENT COUPON ONLY

(See reverse side for credit card payment option.)
 Ref# 10342-00005-115-00003

\$629 \$629
 Make check payable to:
 UNITED PROPERTY & CASUALTY INSURANCE CO.



UNITED PROPERTY & CASUALTY INSURANCE CO.
 Flood Insurance Processing Center
 PO Box 731178
 Dallas, TX 75373-1178

REFERENCE NUMBER: 87060818372018
 POLICY#: 1096972282

UNITED PROPERTY & CASUALTY INSURANCE CO.
FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 5/22/2019

PRODUCER#: 4400145

INSURED NAME & MAILING ADDRESS

THE O'CONNOR GROUP INSURANCE AGENCY LLC
 12140 WOODCREST EXECUTIVE DR STE 225
 SAINT LOUIS, MO 63141-5013

HARWELL, MICHAEL
 GUEST HOUSE
 1217 MARKET ST
 GALVESTON, TX 77550-2622

Re# 10342-00005-115-00003

LOCATION OF INSURED PROPERTY

GUEST HOUSE
 1217 MARKET ST
 GALVESTON, TX 77550-2622

	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage.	BUILDING \$168,300 CONTENTS \$0	BUILDING \$5,000 CONTENTS \$0
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE	DEDUCTIBLE	PREMIUM OPTIONS
	BUILDING \$153,000 CONTENTS \$0	BUILDING \$5,000 CONTENTS \$0	2 \$1,386.00

Primary Residence: Y NOTE: If payment is sent via Certified Mail, the postmark date is used as the premium receipt date, ensuring the earliest receipt date possible. Certified Mail can also be tracked at www.usps.com.
 Effective April 1, 2016, policies currently receiving Pre-FIRM subsidized rates may not be eligible to maintain those rates at the next renewal when the policy payment is received more than 90 days after policy expiration.

REFERENCE#: 87060818372018

PRODUCER COPY - RETAIN FOR YOUR RECORDS

RENEWAL EFFECTIVE DATE: 5/22/2019

THIS IS NOT A BILL

PAYOR NAME & MAILING ADDRESS

REMITTANCE ADDRESS:

UNITED PROPERTY & CASUALTY INSURANCE CO.
 Flood Processing Center
 PO Box 2057
 Kalispell, MT 59903-2057

Print Date: 4/07/2019



Residential Transaction Summary - Not a Binder or Policy -

Premiums quoted here are not binding or guaranteed by TWIA. Premium and policy conditions are subject to change and may affect final policy issuances. All applications are subject to underwriter review. This quote is intended to provide agents with a convenient way of comparing rates for different coverages. TWIA assumes no responsibility and has no liability for failure of the insured or their agent to effect coverage.

Date Quoted: March 25, 2019
Reference Number: 000834401-02
Expiring Policy Number: TWIA-000834401-01

Transaction Number: T001677360
Transaction Type: Renewal
Proposed Policy Period: May 24, 2019 to May 24, 2020
12:01 A.M. Standard Time at the property location

Name & Mailing Address of Insured(s):
Michael Harwell
1217 Market St
Galveston, TX 77550-2622

Name & Mailing Address of Insured's Agent:
The O'Connor Group Ins Agency LLC
12140 Woodcrest Exec #225
St. Louis, MO 63141

COVERAGES - Windstorm and Hail Only

Item No.	Coverage A/B	Property and Form Description	Coins %	Per Item / Per Occurrence Deductible %	Form Number	Limit of Liability	Premium	
1	A	<p>Property Description: Main House 1217 Market Street, Galveston, Galveston County, TX, 77550 Risk Item Type: Single Family Dwelling Rate Table: 1 Frame (F)</p> <p><i>Underwriting Details:</i> Stories: 1; Roof: Shingles, Asphalt/Fiberglass; Exterior Walls: Siding, Wood; Occupancy: Primary Dwelling; Superior Construction? No; Total Area (sq ft): 2172; Structure Condition: Very Good</p> <p>Construction - Date: 01/01/1871 Additions - Date: 06/01/2002; Description: 10 x 14 addition; WPI-8 Issued? Yes ReRoof - Date: 06/01/2002; Type: Full; WPI-8 Issued? Yes MSB#: 4564389; Actual Cash Value: \$262,095.00; Replacement Cost: \$437,000.00</p> <p><i>Adjustment amounts included in the premium for each item:</i> Increased Cost of Construction (5%) \$156.00 Personal Property Replacement Cost \$242.00 Indirect Loss \$302.00 Deductible 5% -\$2,853.00</p> <p><i>Item #1-A forms: 310 431 220 800</i></p> <p><i>Companion Policy Information:</i> Policy type: Flood Company: Other Amount of Insurance: \$250,000.00 Policy Type: HO/Condo Unit Owner/FRO/TDP-3/TFR-3 Company: Other Amount of Insurance: \$734,000.00</p>	80%	5%	\$21,850	431	\$437,000.00	\$2,381.00

Total Limit / Total Premium: \$842,000.00 \$4,118.00
Total Surcharges: \$0.00
Total Amount Due to TWIA: \$4,118.00

Applicant's Signature _____ Date _____

Item No.	Coverage A/B	Property and Form Description	Coins %	Per Item / Per Occurrence Deductible		Form Number	Limit of Liability	Premium
				%	Amt			
1	B	<p>Description: Personal Property located at: 1217 Market Street, Galveston, Galveston County, TX, 77550 Risk Item Type: Single Family Dwelling Rate Table: 1 Frame (F)</p> <p><i>Underwriting Details:</i> Stories: 1; Roof: Shingles, Asphalt/Fiberglass; Exterior Walls: Siding, Wood; Occupancy: Primary Dwelling; Superior Construction? No; Total Area (sq ft): 2172; Structure Condition: Very Good Construction - Date: 01/01/1871 Additions - Date: 06/01/2002; Description: 10 x 14 addition; WPI-8 Issued? Yes ReRoof - Date: 06/01/2002; Type: Full; WPI-8 Issued? Yes MSB#: 4564389</p> <p><i>Adjustment amounts included in the premium for each item:</i> Personal Property Replacement Cost \$29.00 Indirect Loss \$37.00 Deductible 5% -\$348.00</p> <p><i>Item #1-B forms: 310 365</i></p> <p><i>Companion Policy Information:</i> Policy type: Flood Company: Other Amount of Insurance: \$250,000.00 Policy Type: HO/Condo Unit Owner/FRO/TDP-3/TFR-3 Company: Other Amount of Insurance: \$734,000.00</p>	Nil	5%	\$7,500		\$150,000.00	\$271.00
2	A	<p>Property Description: Guest House 1217 Market Street, Galveston, Galveston County, TX, 77550 Risk Item Type: Duplex Rate Table: 1 Frame (F)</p> <p><i>Underwriting Details:</i> Stories: 2; Roof: Shingles, Asphalt/Fiberglass; Exterior Walls: Siding, Wood; Occupancy: Secondary Dwelling; Superior Construction? No; Total Area (sq ft): 1848; Structure Condition: Good Construction - Date: 01/01/1960 ReRoof - Date: 06/01/2002; Type: Full; WPI-8 Issued? Yes MSB#: 4564409; Actual Cash Value: \$126,310.00; Replacement Cost: \$230,000.00</p> <p><i>Adjustment amounts included in the premium for each item:</i> Increased Cost of Construction (5%) \$91.00 Personal Property Replacement Cost \$123.00 Indirect Loss \$80.00 Deductible 4% -\$1,282.00</p> <p><i>Item #2-A forms: 320 431 220 800</i></p> <p><i>Companion Policy Information:</i> Policy type: Flood Company: Other Amount of Insurance: \$147,000.00 Policy Type: HO/Condo Unit Owner/FRO/TDP-3/TFR-3 Company: Other Amount of Insurance: \$146,800.00</p>	80%	4%	\$9,200		\$230,000.00	\$1,398.00
2	B	<p>Description: Personal Property located at: 1217 Market Street, Galveston, Galveston County, TX, 77550 Risk Item Type: Duplex</p>	Nil	4%	\$1,000		\$25,000.00	\$68.00

Item No.	Coverage A/B	Property and Form Description	Coins %	Per Item / Per Occurrence Deductible % Amt	Form Number	Limit of Liability	Premium									
<p>Rate Table: 1 Frame (F)</p> <p><i>Underwriting Details:</i></p> <p>Stories: 2; Roof: Shingles, Asphalt/Fiberglass; Exterior Walls: Siding, Wood; Occupancy: Secondary Dwelling; Superior Construction? No; Total Area (sq ft): 1848; Structure Condition: Good</p> <p>Construction - Date: 01/01/1960 ReRoof - Date: 06/01/2002; Type: Full; WPI-8 Issued? Yes MSB#: 4564409</p> <p><i>Adjustment amounts included in the premium for each item:</i></p> <table border="0"> <tr> <td>Personal Property Replacement Cost</td> <td>\$5.00</td> <td>365</td> </tr> <tr> <td>Indirect Loss</td> <td>\$3.00</td> <td>320</td> </tr> <tr> <td>Deductible 4%</td> <td>-\$31.00</td> <td></td> </tr> </table> <p><i>Item #2-B forms: 320 365</i></p> <p><i>Companion Policy Information:</i></p> <p>Policy type: Flood Company: Other Amount of Insurance: \$147,000.00</p> <p>Policy Type: HO/Condo Unit Owner/FRO/TDP-3/TFR-3 Company: Other Amount of Insurance: \$146,800.00</p> <p style="text-align: center;">----- End of Items Schedule -----</p>								Personal Property Replacement Cost	\$5.00	365	Indirect Loss	\$3.00	320	Deductible 4%	-\$31.00	
Personal Property Replacement Cost	\$5.00	365														
Indirect Loss	\$3.00	320														
Deductible 4%	-\$31.00															
<p>Full List of Additional Interests</p> <table border="0"> <thead> <tr> <th>Name and Address</th> <th>Interest Type</th> <th>Instrument #</th> <th>Item #</th> </tr> </thead> <tbody> <tr> <td></td> <td>Mortgagee</td> <td></td> <td>1A, 1B</td> </tr> </tbody> </table> <p style="text-align: center;">----- End of Additional Interests List -----</p>								Name and Address	Interest Type	Instrument #	Item #		Mortgagee		1A, 1B	
Name and Address	Interest Type	Instrument #	Item #													
	Mortgagee		1A, 1B													

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TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - Windstorm Inspections Program (104-WS)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104

(800) 248-6032 | F: (512) 490-1051 | TDI.texas.gov | @TexasTDI

Certificate of Compliance WPI-8

Date of Construction: 06-01-2002
Application ID: 274997 **Certificate Number:** 245309
Occupancy Type: Residential **Building Type:** House

Certificate Type:

Certificate Detail:

Certificate Date:

Appointed Qualified Inspector/TDI Inspector:

Roof Entire Re-Roof February 17, 2003 Appointed Qualified Inspector
Additions Other February 17, 2003 Appointed Qualified Inspector 10X14 ADDITION

Location of Property to be Insured:

Street:

Lot:

Block: **Tract or Addition:**
1217 MARKET 3&4 492

City:

County:

State:

GALVESTON GALVESTON TEXAS
Inside City Limits Seaward - SEAWARD - ASCE 7-93

This Certificate of Compliance, Form WPI-8, is issued by the Texas Department of Insurance under Insurance Code § 2210.251 and § 2210.2515 and demonstrates that the improvement identified in the certificate complies with the applicable windstorm building code under 28 Texas Administrative Code §§ 5.4007 – 5.4011.



TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - Windstorm Inspections Program (104-WS)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104

(800) 248-6032 | F: (512) 490-1051 | TDI.texas.gov | @TexasTDI

Certificate of Compliance WPI-8

Date of Construction: 06-01-2002
Application ID: 297636 **Certificate Number:** 245317
Occupancy Type: Residential **Building Type:** House

Certificate Type:

Certificate Detail:

Certificate Date:

Appointed Qualified Inspector/TDI Inspector:

Roof Entire Re-Roof February 17, 2003 Appointed Qualified Inspector

Location of Property to be Insured:

Street:

Lot:

Block: **Tract or Addition:**

1217 MARKET (REAR)

City:

County:

State:

GALVESTON GALVESTON TEXAS

Inside City Limits Seaward - SEAWARD - ASCE 7-93

This Certificate of Compliance, Form WPI-8, is issued by the Texas Department of Insurance under Insurance Code § 2210.251 and § 2210.2515 and demonstrates that the improvement identified in the certificate complies with the applicable windstorm building code under 28 Texas Administrative Code §§ 5.4007 – 5.4011.