

ESCAPEES Mail Service Agreement

MAIL SERVICE RATES

CATEGORY A

Receives all classes of mail

Annual fee	\$95
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee	\$35

Category A Total\$195

CATEGORY B

Requests special class of mail

Annual fee	\$115
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee	\$35

Category B Total\$215

CATEGORY C

Requests special mail sorting - please call for more information

Annual fee	\$135
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee	\$35

Category C Total\$235

\$.75 to \$1 charge applicable for packages and certified mail. Business rates available upon request.

List all names, middle names, former names, maiden names, nicknames, initials, and company names that might appear on your mail.

If you have a business and would like to receive your business mail through Escapees Mail Service, you MUST have prior approval. Please call for information. If you are going to receive mail addressed to a business name or someone other than yourself or spouse, you must call in for prior approval. If you will be receiving final mail for a closed business, please include the business name.

Special Note: Category "A" must receive all mail.

Category "B" and "C" members only:

Check the classes of mail you want forwarded:

- First-class only
 Nonprofit
 Newsletters
 Advertisements
 Catalogs
 Magazines
 Newspapers
 Travel Guide/Directories
 Note: All other mail will be discarded. We will continue our policy of forwarding third-class mail that appears to be important via first-class, e.g. printed checks, refunds, etc.

Scanning Service Option (First class mail only): - If you are interested in mail scanning please call for additional information.
 \$10 monthly - includes scanning of envelopes
 \$.50 per page for content of envelope.

Would you like Escapees to accept mail on your behalf that requires us to sign as received? (i.e., certified, registered, insured, restricted, express, etc.)

Yes
 No

SPECIAL NOTE: Your Escapees club mail, e.g. magazine, membership renewals, etc., will be converted to your Mail Service address unless you request otherwise.

We are unable to accept or forward the following items: • **Perishables** • **Refrigerated** • **Hazardous** • **Liquids**

ESCAPEES MAIL SERVICE AGREEMENT

Date processed: _____

PMB: _____

Member name(s): _____

SKP #: _____

Send new mail service card to: _____

Phone #: _____

Email: _____

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

1. This Agreement is made and entered into between Escapees Mail Service and the Member under the terms set forth herein.
2. Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at the mail service. However, spouses may complete one Form 1583, as long as both spouses include their separate information on the form. If two people are not married, they must each fill out a separate Form 1583. Photocopies of the identification must be included.
3. This Agreement, Form 1583 and your address shall remain confidential; however, this information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
4. Upon request, Member agrees to complete all necessary documents, including Form 1583 and any required acknowledge form relating to service of process. Member further agrees to sign an updated version of Form 1583, upon request, if any information contained therein changes.
5. Member agrees to keep a minimum of \$25 in their postage account; however, if cost of mailing exceeds postage balance, Escapees reserves the right to suspend service until sufficient funds are available.
6. Due to postal regulations, upon expiration, cancellation, or termination of this Agreement, Escapees Mail Service will:
 - a. Forward Member's first-class mail for six (6) months, provided Member pays the postage in advance and supplies a forwarding address.
 - b. Discard or destroy any "Unsolicited Mail," e.g., bulk mail, catalogs, etc., delivered to the mail service.
 - c. If a member refuses to provide a forwarding address, then his or her mail may be held for six months and then returned to sender.
7. Six (6) months after the expiration, cancellation, or termination of this Agreement, Escapees Mail Service will only refund any unused postage and refuse or return to sender any first-class mail or packages addressed and delivered to the Escapees Mail Service. Bulk rate mail will be discarded. All other fees are non-refundable.
8. All Mail Service accounts with multiple owners are held as joint tenants with rights of survivorship.

Disclaimer: Escapees assumes no liability for damages, either direct or consequential, to any person, authorized agent, organization, or institution as a result of the use of this service.

The Postal or Mail Service may return mail without a proper address, endorsed "Undeliverable as Addressed."

Acknowledgement: I have read and agree to the terms and conditions of this contract.

Signature of owner: _____ Date: _____

_____ Date: _____

EMERGENCY RECORD INFORMATION SHEET

IN CASE OF EMERGENCY, PLEASE NOTIFY: (DO NOT LIST ACCOUNT HOLDERS)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

TRAVEL TRAILER/MOTOR HOME: _____
(MAKE) (MODEL) (YEAR) (LICENSE #) (COLOR)

TOW RIG DESCRIPTION: _____
(MAKE) (MODEL) (YEAR) (LICENSE #) (COLOR)

YOU MAY MAY NOT (CHECK ONE) RELEASE MY LOCATION TO ANYONE.

RELEASE MY LOCATION TO THE FOLLOWING ONLY: _____

In the event of member's death or incapacity, I authorize the following person as my authorized agent for purposes of this agreement. (Do not list account holders.)

NAME: _____ PHONE: _____ RELATIONSHIP: _____


Escapees Mail Service will release your location to law enforcement personnel with proper documentation.

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

In order to utilize Escapees Mail Service, I understand that I must be a member of Escapees RV Club. If I am not currently a member of Escapees, I also authorize you to charge my credit card \$39.95, the cost of a one-year membership.

Category A—\$195 Category B—\$215 Category C—\$235 Scanning Service—\$10 Monthly **Prices subject to change.**

Method of payment: Check #: _____

Credit Card:    Card#: _____ Exp. date: _____

AUTHORIZATION TO CHARGE: _____

SIGNATURE AS IT APPEARS ON CREDIT CARD

ESCAPEES: HOME

South Dakota Agreement

_____ I elect to use **ESCAPEES: HOME** as an additional (optional) Escapees Mail Service benefit.

_____ I understand that my mailing address will be:

_____ Rainbow Dr, # _____
Livingston, TX 77399- _____

_____ But that I may use the following address as my physical address for state-specific documents such as driver license and voter registrations:

316 Villa Drive # _____
Box Elder, SD 57719

_____ I understand that when any mail comes directly to South Dakota, my mail will be forwarded to Escapees Mail Forwarding Service in Livingston, TX for processing according to my instructions.

_____ I understand that use of the South Dakota address does not require an additional mailbox rental fee, but that I will pay \$1 for each piece of mail that the park forwards for me.

_____ I agree that this agreement shall serve as a written modification to the Escapees Mail Service Agreement. I agree to abide by all of the terms of the Escapees Mail Service Agreement and with the terms contained in this agreement. I agree that if one of the terms of the Escapees Mail Service Agreement, or this agreement, is found to be void or invalid, the void or invalid term shall not impair the rest of the terms of either agreement.

_____ Date: _____
Mail Service Member (Signature)

_____ Date: _____
Mail Service Member (Signature)



ESCAPEES RV Club[®]
A TOTAL SUPPORT NETWORK FOR ALL RVERS

888-757-2582 • mailservice@escapees.com • www.escapees.com

ESCAPEES *RV* Club[®] **MAIL SERVICE**

101 Rainbow Drive, Livingston, Texas 77399-9330 • 936-327-8873 • mailservice@escapees.com

Thank you for applying to the Escapees Mail Service!

The Escapees Mail Service is a licensed commercial mail receiving agency (CMRA) and must abide by U.S. Postal Service regulations.

In order to be issued an address with Escapees Mail Service so that you may begin to receive mail, postal regulations require that we have a completed Postal Service form 1583, for each person for whom we are receiving mail. A husband and wife may fill out one form together as long as they both provide the necessary identification and sign the form.

Each form must have a notarized signature(s) of the person(s) making application, plus photocopies of two forms of identification, one of which must be a photo ID. If you are applying for the mail service while at Rainbow's End or at an Escapade, a notary is not required as we can verify your signature(s); however, we still must have photocopies of your identification.

Each person in the Escapees Mail Service has a unique address. Do not have your mail forwarded to the corporate offices at 100 or 101 Rainbow Drive; this mail will be returned to sender.

We have attached two Postal Forms 1583, along with instructions for filling them out. Please return them promptly, along with the mail service contract, so we may issue you an address. If you have any questions, please call 1-888-757-2582.

Thank you.



Kelly Burns
General Manager

Instructions for completing Postal Form #1583

THIS IS NOT AN ADDRESS CHANGE FORM

The following numbers correspond to the numbered items on the form 1583.

The Post Office will not accept any form that has white-out or cross-outs on it. If you make a mistake, please download a form from our website, pick one up at your local post office, or call our office to have another one mailed to you.

1. Fill in today's date.
2. List all names by which you receive mail. Example: nicknames, maiden names, middle names and business names. If your business receives more than approximately 15 pieces of mail per month you may need to establish a business account, please call for approval. If you are married, but using your maiden name, you must either fill out a separate postal form or show documentation that you are married. If you are not married, each person must fill out a separate form. If you receive mail for another person, it will be necessary to call for prior approval before listing their name.
3. Please leave this block blank. We will fill it in after your application has been processed and your new address assigned.
4. This section will already be filled in.
5. Check yes or no here.
6. To authorize restricted delivery mail, your signature is required here. Restricted delivery mail is certified mail that states only the addressee may sign for it. Your signature will allow us as your agent to sign for it.
7. ***Print*** your legal name.
8. Please list the most current U.S. physical address where you have been receiving mail - do not list mail forwarding addresses, such as Rainbow Dr. or P O Boxes. If you live in your RV, state the following: live in RV, list the state it is registered in and the license plate number. You must also list the make, model, and color. Example: Live in RV, registered in Texas, license #1234ABC, Fleetwood Bounder, white.
If you do not have a license number, you must list your most current mailing address. Otherwise, your application cannot be processed. You may either use your current mailing address or your complete RV information; you may not use both types of information.
9. A photocopy of your Escapees membership card and of your photo driver's license must be submitted with this form. You may also submit a copy of your **signed** passport if you do not have a photo driver's license. If you are not yet a member of Escapees, you may send a copy of your voter's registration card if it has an identification number and a signature. Other examples of acceptable identification are AARP cards and a military ID containing a signature and number. You may **not** use Social Security cards or credit cards. Each person must have two forms listed, and you must send photocopies of all identification used, showing the number, signature, and picture.
10. Enter N/A in blocks 10 through 15. If you wish to receive mail addressed to a business or a name other than your own, you must call us for prior approval.
13. A guardian must list the names and ages of minors receiving mail at their delivery address.
16. If you are not at Rainbow's End when filling out this form, you must have it notarized, including a stamp or a seal.
17. ***Please make certain each person who is listed on this form has signed this line in front of a notary.***

This form must be filled out completely, including your signature and notarization. Return to Escapees with photocopies of your identification.

Thank you for your cooperation.

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date _____

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

<p>2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. <i>(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</i></p>	<p>3. Address to Be Used for Delivery Including ZIP + 4</p> <p style="text-align: center;">_____ Rainbow Dr.# _____ Livingston, TX 77399-_____</p> <p style="text-align: center;">FOR INTERNAL USE ONLY</p>
<p>4. Applicant Authorizes Delivery to and in Care of <i>(Name, address, and ZIP Code of agent)</i> ESCAPEES MAIL SERVICE 101 RAINBOW DR. LIVINGSTON, TX 77399-9330</p>	<p>5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? <i>(Check one)</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)</p>	<p>7. Name of Applicant</p>
<p>9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.</p> <p>a. _____</p> <p>b. _____</p> <p>Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.</p>	<p>8. Home Address <i>(Number, street, city, state, and ZIP Code)</i></p> <p>Telephone Number ()</p>
<p>12. Kind of Business</p>	<p>11. Business Address <i>(Number, street, city, state and ZIP Code)</i></p> <p>Telephone Number ()</p>
<p>13. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. <i>(All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)</i></p>	<p>10. Name of Firm or Corporation</p>
<p>14. If a CORPORATION, Give Names and Addresses of Its Officers</p>	<p>11. Business Address <i>(Number, street, city, state and ZIP Code)</i></p> <p>Telephone Number ()</p>
<p>16. Signature of Agent/Notary Public</p>	<p>15. If Business Name of The Address <i>(Corporation or Trade Name)</i> Has Been Registered, Give Name of County and State, and Date of Registration.</p>
<p>Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). <i>(18 U.S.C. 1001)</i></p>	
<p>16. Signature of Agent/Notary Public</p>	<p>17. Signature of Applicant <i>(If firm or corporation, application must be signed by officer. Show title.)</i></p>

Privacy Act Statement

Collection of this information is authorized by 39 USC 403 and 404. This information will be used to authorize the delivery of the intended addressee's mail to another. The Postal Service may disclose this information to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the Postal Service is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract to the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to a labor organization as required by the National Labor Relations Act; for the purpose of identifying an address as an address of an agent to whom mail is delivered on the behalf of other persons; and to anyone when the delivery address is being used for the purpose of doing or soliciting business with the public. Completion of this form is voluntary; however, without the information, the mail will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender.

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

<p>2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. <i>(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</i></p>	<p>3. Address to Be Used for Delivery Including ZIP + 4</p> <p style="text-align: center;">316 Villa Dr. # _____ Box Elder, SD 57719</p>
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<p>4. Applicant Authorizes Delivery to and in Care of <i>(Name, address, and ZIP Code of agent)</i> ESCAPEES MAIL SERVICE 101 RAINBOW DR. LIVINGSTON, TX 77399-9330</p>	<p>5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? <i>(Check one)</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Name of Applicant</p>
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<p>6. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)</p>	<p>8. Home Address <i>(Number, street, city, state, and ZIP Code)</i></p>
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<p>9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.</p> <p>a. _____</p> <p>b. _____</p> <p>Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.</p>	<p>Telephone Number ()</p> <p>10. Name of Firm or Corporation</p> <p>11. Business Address <i>(Number, street, city, state and ZIP Code)</i></p> <p>Telephone Number ()</p>
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<p>12. Kind of Business</p>	<p>13. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. <i>(All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)</i></p>
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<p>14. If a CORPORATION, Give Names and Addresses of Its Officers</p>	<p>15. If Business Name of The Address <i>(Corporation or Trade Name)</i> Has Been Registered, Give Name of County and State, and Date of Registration.</p>
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<p>Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). <i>(18 U.S.C. 1001)</i></p>	
<p>16. Signature of Agent/Notary Public</p>	<p>17. Signature of Applicant <i>(If firm or corporation, application must be signed by officer. Show title.)</i></p>

Privacy Act Statement

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United States Postal Service

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

Date Today's Date Here

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

<p>2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</p> <ul style="list-style-type: none"> List full names, Nick names, Maiden names Business name if less than 15 pieces of mail per month will be received, if more than 15 pieces, please call for approval. If POA, please send POA document. If two people on account with different last names, each person will need to complete a separate 1583. 	<p>3. Address to Be Used for Delivery Including ZIP + 4</p> <p style="text-align: center;">_____ Rainbow Dr. # _____ Livingston, TX 77399- _____</p> <p style="text-align: center; color: red;">FOR INTERNAL USE ONLY</p>
<p>4. Applicant Authorizes Delivery to and in Care of (Name, address, and ZIP Code of agent)</p> <p style="text-align: center;">ESCAPEES MAIL SERVICE 101 RAINBOW DR. LIVINGSTON, TX 77399-9330</p>	<p>5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? (Check one)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>6. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)</p> <p style="color: red;">All applicants must sign here to receive certified, insured, registered and express mail.</p>	<p>7. Name of Applicant</p> <p style="text-align: center; color: red;">Print legal names here</p>
<p>9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.</p> <p style="color: red;">a. Escapees will complete Section 9 upon receipt of proper identification;</p> <p style="color: red;">b. IDENTIFICATION IS REQUIRED FOR ALL APPLICANTS</p> <p>Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.</p>	<p>8. Home Address (Number, street, city, state, and ZIP Code)</p> <ul style="list-style-type: none"> U.S. Physical address only - no PO Boxes, APO's or PMB's OR list that you live in your RV; must include make, model, color, license plate number and state registered. <p>Telephone Number () phone number</p>
<p>12. Kind of Business</p> <p style="color: red;">N/A, Please call for approval to set up business accounts</p>	<p>13. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. (All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)</p> <p style="color: red;">N/A, UNLESS you travel with minor children; list children's name and ages here</p>
<p>14. If a CORPORATION, Give Names and Addresses of Its Officers</p> <p style="color: red;">N/A, Please call for approval to set up business accounts</p>	<p>15. If Business Name of The Address (Corporation or Trade Name) Has Been Registered, Give Name of County and State, and Date of Registration.</p> <p style="color: red;">N/A, Please call for approval to set up business accounts</p>
<p>16. Signature of Agent/Notary Public</p> <p style="color: red;">Must be notarized with stamp or seal</p>	<p>17. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)</p> <p style="text-align: center; color: red; font-weight: bold;">ALL APPLICANTS MUST SIGN HERE</p>