## MASTER LAND USE PERMIT APPLICATION

LOS ANGELES CITY PLANNING DEPARTMENT

|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                |                                         | Staff Use Only                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------|--|
| E                                                                                                                                                                                                                                                                       | NV No.                                                                                                               |                                                                                                | Existing Zor                                                                                                   | ne                                      |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dis                                                             | strict Map           |  |
| A                                                                                                                                                                                                                                                                       | PC                                                                                                                   |                                                                                                | Community                                                                                                      | Plan                                    |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | Council District     |  |
| C                                                                                                                                                                                                                                                                       | ensus Tract                                                                                                          | APN                                                                                            |                                                                                                                |                                         | Case Filed<br>[DSC Staff]       | With                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | Date                 |  |
| CA                                                                                                                                                                                                                                                                      | ASE NO.                                                                                                              |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | PLICATION TYPE Condition                                                                                             |                                                                                                |                                                                                                                | ******************************          | onsumption                      | of Be                                   | eer and Wine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Type 41                                                        | 1).                  |  |
| Ar                                                                                                                                                                                                                                                                      | PLICATION I TPE                                                                                                      | (zone                                                                                          | change, varianc                                                                                                | e, conditio                             | nal use, tract/pa               | cel map                                 | o, specific plan exc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ception, etc.)                                                  |                      |  |
| 1.                                                                                                                                                                                                                                                                      | PROJECT LOCATION AND SIZE                                                                                            |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | Street Address of Project13                                                                                          | ntura Blvd, Sherman Oaks, CA                                                                   |                                                                                                                |                                         |                                 | Zip Code                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | Legal Description: Lot                                                                                               | 5                                                                                              | Block                                                                                                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Н                               | *************************************** | Tract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | 4954                 |  |
|                                                                                                                                                                                                                                                                         | Lot Dimensions110                                                                                                    | )' x 50'                                                                                       | Lot Area (                                                                                                     | sq. ft.)                                | 2,673                           | SF                                      | Total Projec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ct Size (sq. t                                                  | ft.) 2,621 SF        |  |
| 2.                                                                                                                                                                                                                                                                      | PROJECT DESCRIPTION Describe what is to be done: remodeled to create a sin approximately 2,673 SF. compliment meals. | gle unit that                                                                                  | will feature a                                                                                                 | gourme                                  | t seafood ea                    | ery ar                                  | nd decadent co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | offee bar.                                                      |                      |  |
|                                                                                                                                                                                                                                                                         | Present Use: Vacant Units                                                                                            | (formerly F                                                                                    | Restaurant &                                                                                                   | Bakery                                  | /)Propo                         | sed U                                   | <sub>se:</sub> Restauraı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nt, Seafoo                                                      | od Counter & Coffee  |  |
|                                                                                                                                                                                                                                                                         | Plan Check No. (if available) Date Filed:                                                                            |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | Check all that apply:                                                                                                | ☐ New                                                                                          | Construction                                                                                                   | ☑ Cha                                   | ange of Use                     |                                         | Alterations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | Demolition           |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      | ☐ Com                                                                                          | mercial                                                                                                        | ☐ Indi                                  | ustrial                         |                                         | Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>0</b> 1                                                      | Tier 1 LA Green Code |  |
|                                                                                                                                                                                                                                                                         | Additions to the building:                                                                                           | ☐ Rear                                                                                         | •                                                                                                              | ☐ Fro                                   | nt                              |                                         | Height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | Side Yard            |  |
|                                                                                                                                                                                                                                                                         | No. of residential units:                                                                                            | Existing                                                                                       |                                                                                                                | To be o                                 | lemolished                      |                                         | Adding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ***************************************                         | Total                |  |
| 3.                                                                                                                                                                                                                                                                      | Action(s) Requested                                                                                                  |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | Describe the requested entitler                                                                                      | escribe the requested entitlement which either authorizes actions <b>OR</b> grants a variance: |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
| Code Section from which relief is requested:  A Conditional Use Permit to allow the dispensing of beer and wine only for on-site consumption in a currently restaurant, accommodating 57 interior patrons and 10 outdoor patrons, having hours of operation and alcohol |                                                                                                                      |                                                                                                |                                                                                                                |                                         |                                 |                                         | 12.24-W.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      | rom 10:00 a.m. to 11:00 p.m. daily; in the C2-1VL zone.                                        |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                |                                         | Code Section which authorizes r |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | zes relief:                                                     |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | Code Section from which relief is requested: Code Section which authorizes relief:                                   |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                |                                                                                                                | ·                                       | <u></u>                         | *************************************** | Medical Violence of the Control of t |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                | namen die Europin der Bestelle Bestelle der Antwerke der Antwerke der Antwerke der Antwerke der Antwerke der A | *************************************** |                                 | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | angan menungi menungan menungkilan dilah permendalan di dibanda |                      |  |
|                                                                                                                                                                                                                                                                         | List related or pending case nu                                                                                      | mhere relation                                                                                 | n to this sito:                                                                                                | •                                       |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |
|                                                                                                                                                                                                                                                                         | List related of pending case Hu                                                                                      | mocra (ciatili                                                                                 | g to tine alte.                                                                                                |                                         |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                      |  |

Date

| 4. OWNER/APPLICANT INFORMAT                                                  | TION                                                              |                                                    |                                                                  |                                            |                                 |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|---------------------------------|
| Applicant's name_Liwei Liao                                                  |                                                                   | Compai                                             | <sub>ny</sub> The Joint                                          | Seafood Sher                               | man Oaks LLC                    |
| Address: 6606 Balcom Avenue                                                  |                                                                   |                                                    |                                                                  |                                            |                                 |
| Reseda, CA                                                                   |                                                                   | _ Zip: 91423                                       | E                                                                | -mail:                                     |                                 |
|                                                                              |                                                                   |                                                    |                                                                  |                                            |                                 |
| Property owner's name (if different from                                     | applicant) Ventura Mamn                                           | ioth , LLC                                         |                                                                  |                                            |                                 |
| Address: 1960 Hillcrest Road                                                 |                                                                   | _ Telephone: (                                     | )                                                                | Fax: (                                     | )                               |
| Los Angeles, CA                                                              |                                                                   | _ Zip: <u>90068</u>                                | E                                                                | -mail:                                     |                                 |
| Contact person for project information                                       | . Michael Ayaz                                                    | Compar                                             | <sub>ov.</sub> Blake & A                                         | yaz, A Law Co                              | orporation                      |
| Address: 2107 N. Broadway, Suite                                             | 106                                                               | Telephone: (714                                    | , 667-7171                                                       | Fax: (71                                   | 4 ,667-0477                     |
|                                                                              |                                                                   |                                                    |                                                                  |                                            |                                 |
|                                                                              |                                                                   |                                                    |                                                                  | man.                                       |                                 |
| 5. APPLICANT'S AFFIDAVIT                                                     |                                                                   |                                                    |                                                                  |                                            |                                 |
| Under penalty of perjury the fol                                             | lowing declarations are made                                      | ,,                                                 |                                                                  |                                            |                                 |
|                                                                              |                                                                   |                                                    |                                                                  | 41                                         |                                 |
| a corporation (submi                                                         | he owner or lessee if entire si<br>t proof). (NOTE: for zone ch   | te is leased, or auth<br>anges lessee <u>may n</u> | orized agent of<br>ot sign).                                     | the owner with po                          | ower of attorney or officers of |
| b. The information pres                                                      | ented is true and correct to th                                   | e best of my knowle                                | edge.                                                            |                                            |                                 |
| c. In exchange for the (                                                     | City's processing of this Applic                                  | cation, the undersign                              | ned Applicant ag                                                 | grees to defend, ir                        | ndemnify and hold harmless      |
| employees to attack                                                          | officers or employees, agains<br>,_set_aside, void or annul any   | t any legal claim, ac<br>approval given as a       | tion, or proceed<br>result of this Ap                            | ling against the Ci<br>oplication.         | ity or its agents, officers, or |
| Signature:                                                                   |                                                                   | Print: F                                           | . Michael Ay                                                     | /az                                        |                                 |
|                                                                              | ALL-PURPOS                                                        | SE ACKNOWLEDG                                      | MENT                                                             |                                            |                                 |
| State of California signed the document                                      | or other officer completing the current to which this certificate | nis certificate verifies                           | only the identit                                                 | y of the individual<br>ss, accuracy, or va | who<br>alidity of               |
| County of Orange                                                             | 5                                                                 |                                                    |                                                                  |                                            |                                 |
| On05/17/2016 b                                                               | efore me, Denise Scelsi<br>(Insert Name of                        | , Notary Public  Notary Public and T               | itle)                                                            |                                            |                                 |
| personally appeared F. Michael Aya whose name(e) (see subscribed to the w    | Z<br>ithin instrument and acknowle                                | _, who proved to me                                | on the basis of                                                  | satisfactory evident                       | ence to be the person(s)        |
| capacity(ies), and that by his/her/their signinstrument.                     | nature(s) on the instrument th                                    | e person(s), or the e                              | entity upon beha                                                 | alf on which the pe                        | erson(s) acted, executed the    |
| I certify under PENALTY OF PERJURY u                                         | nder the laws of the State of                                     | California that the fo                             | rogoina norogra                                                  | anh io true and acc                        | ****                            |
| WITNESS my hand any official seal.                                           | nder the laws of the State of t                                   |                                                    | essessessessessessessessessessessessess                          | spiris true and con                        | riect.                          |
| William And Official Seal.                                                   | (01)                                                              |                                                    | ENISE SCE                                                        | )33 ×                                      |                                 |
| Signature                                                                    | _ (Seal)                                                          | No SAN                                             | tary Public - Calit<br>N BERNARDINO CC<br>Commission Expires Oct | fornia 📆<br>DUNTY 룩                        |                                 |
| 6. Additional Information/Fine                                               | DINGS                                                             | essessessessessessessessessessessessess            | **************************************                           |                                            |                                 |
| In order for the City to render a d                                          | atormination on your applie                                       | otion additional inf                               |                                                                  |                                            | . 16 16                         |
| In order for the City to render a d<br>Instructions handout. Provide on atta | ched sheet(s) this additional                                     | information using the                              | e handout as a                                                   | pe requirea. Con<br>guide.                 | suit the appropriate Special    |
| NOTE: All applicants are eligible to requ                                    | est a one time, one-vear on                                       | ly freeze on fees d                                | harged by varie                                                  | nus City denartm                           | ents in connection with your    |
| project. It is advisable only when this ap                                   | plication is deemed complete                                      | e or upon payment                                  | of Building and                                                  | Safety plan che                            | ck fees. Please ask staff for   |
| details or an application.                                                   | Planni                                                            | ng Staff Use Only                                  |                                                                  |                                            |                                 |
| Base Fee                                                                     | Reviewed and Accepted k [Project Planner]                         | У                                                  |                                                                  | Da                                         | ite                             |

Deemed Complete by [Project Planner]

CP-7771 (09/09/2011)

Receipt No.

## SIGNATURE SHEET

**SIGNATURES** of adjoining or neighboring property owners in support of the request; not required but helpful, especially for projects in single-family residential areas. (Attach additional sheet, if necessary)

| NAME (PRINT) | SIGNATURE | ADDRESS | KEY#ON MAP |
|--------------|-----------|---------|------------|
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           | ·       |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |
|              |           |         |            |