

Operator (If Other than Permittee): N/A

Permittee Representative: Jason Burkey

Certified Mail # 7017 2620 0000 7180 9916

In accordance with Rule 4.17.1(2) the Operator shall include the names, addresses and phone numbers of all owners of record to the affected land. Please attach additional sheets for this information if required.

Name

Address

Phone Number

Carolyn Lee Davidson / Davidson Yellow Jacket Ranch, LTD

PO Box 561498 Rockledge, FL 32956

(321)-638-3505

In accordance with Rule 4.17.1(4), if requesting a partial acreage release the Operator or their agent MUST sign that they have complied with the following statement: "All applicable portions of the Reclamation Plan requirements have been satisfied in accordance with these Rules and all applicable requirements under the Act."

Jason Burkey

Digitally signed by Jason Burkey
DN: C=US, E=jason.burkey@na.crh.com, O="Oldcastle SW
Group, Inc.", OU=Natural Resources / ENV Manager,
CN=Jason Burkey
Date: 2025.06.03 11:26:56-06'00'

Signature of Permittee, Operator or their authorized agent

6/3/2025

Date

Important: In accordance with Rules 4.14.2(a) and 4.17.1(3) This release request must be submitted to the Division via certified mail and separate from any other correspondence to the Division.