

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

VALLEY CHEVROLET - OFFICE

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
2500 CARSON ST.

Company NAIC Number

CITY

CARSON CITY

STATE NV

ZIP CODE 89703

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

APN 1-032-25

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.)

COMMERCIAL

LATITUDE/ LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°)

SOURCE: GPS (Type: _____) USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

CARSON CITY, NY 320001

B2. COUNTY NAME

INDEPENDENT CITY

B3. STATE

NV

B4. MAP AND PANEL
NUMBER

B5. SUFFIX

B6. FIRM INDEX

B7. FIRM PANEL
EFFECTIVE/REVISED DATEB8. FLOOD
ZONE(S)B9. BASE FLOOD ELEVATION(S);
(Zone AO, use depth of flooding)

320001-0035

B

DATE

10/16/96

3/4/86

AH

4724.1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

 FIS Profile FIRM Community Determined Other (Describe: _____)B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe: _____)B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise protected area (OPA)? Yes No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

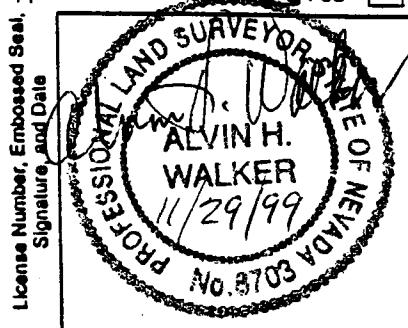
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion

Datum NGVD 29 Conversion/CommentsElevation reference mark used RM 20Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure) 4722 9 ft. (m) b) Top of next higher floor 4736 0 ft. (m) c) Bottom of lowest horizontal structural member (V zones only) — — ft. (m) d) Attached garage (top of slab) — — ft. (m) e) Lowest elevation of machinery and/or equipment servicing the building 4736 0 ft. (m) f) Lowest adjacent grade (LAG) 4722 4 ft. (m) g) Highest adjacent grade (HAG) 4722 9 ft. (m) h) No. of permanent openings (flood vents) within 1.0 ft. of LAG — sq. in. (sq. cm) i) Total area of all permanent openings (flood vents) in C3h — sq. in. (sq. cm)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME

ALVIN H. WALKER

LICENSE NUMBER

PLS 8703

TITLE

OWNER

COMPANY NAME

AL WALKER, PLS

ADDRESS

P.O. Box 2372

CITY

MINDEK

STATE

NV

ZIP CODE

89423

SIGNATURE

Alvin H. Walker

DATE

11/29/99

TELEPHONE

775-267-3858

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use:

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Policy Number

2500 CARSON STREET

Policy Number

CITY CARSON CITY

STATE NV

ZIP CODE 89703

Company NAIC Number

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

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

COMMENTS

THIS STRUCTURE IS BASICALLY USED AS AN OFFICE
FOR VALLEY CHEVROLET.

CHALL

Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.

E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

Check here if attachment

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Check the applicable box(es) and sign below.

The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER	G2. DATE PERMIT ISSUED	G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G4. This permit has been issued for: New Construction Substantial Improvement

G5. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G6. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachment

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

VALLEY CHEVROLET - SHOWROOM

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
2500 CARSON ST.

Company NAIC Number

CITY CARSON CITY

STATE NV

ZIP CODE 89703

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

PARCEL 2, PARCEL MAP 2009 APN 1-032-29

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.)

COMMERCIAL

LATITUDE/ LONGITUDE (OPTIONAL) (#° - # #.###° or #.####°)

SOURCE: GPS (Type: _____) USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

CARSON CITY, NV 32000

B2. COUNTY NAME

INDEPENDENT CITY

B3. STATE

NV

B4. MAP AND PANEL NUMBER

320001-0035

B5. SUFFIX

B

B6. FIRM INDEX DATE

10/16/96

B7. FIRM PANEL

EFFECTIVE/REVISED DATE

3/4/86

B8. FLOOD ZONE(S)

AH

B9. BASE FLOOD ELEVATION(S):
(Zone AO, use depth of flooding)

4723.2

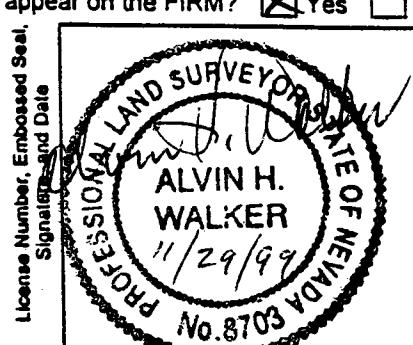
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

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Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.Datum NGVD 29 Conversion/CommentsElevation reference mark used RM 20Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure)4722 2 ft.(m) b) Top of next higher floorRoof 4744 2 ft.(m) c) Bottom of lowest horizontal structural member (V zones only)— — ft.(m) d) Attached garage (top of slab)— — ft.(m) e) Lowest elevation of machinery and/or equipment
servicing the building4744 2 ft.(m) f) Lowest adjacent grade (LAG)4721 3 ft.(m) g) Highest adjacent grade (HAG)4722 0 ft.(m) h) No. of permanent openings (flood vents) within 1.0 ft. of LAG— — sq. in. (sq. cm) i) Total area of all permanent openings (flood vents) in C3h

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I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME

ALVIN H. WALKER

LICENSE NUMBER

PLS 8703

TITLE

OWNER

COMPANY NAME

AL WALKER, PLS

ADDRESS

P.O. Box 2372

CITY

MINDEN

STATE

NV

ZIP CODE

89423

SIGNATURE

Alvin H. Walker

DATE 11/29/99

TELEPHONE

775-267-3858

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

2500 CARSON ST, CARSON CITY -

CITY

CARSON CITY

STATE

NV

ZIP CODE

89703

For Insurance Company Use:

Policy Number

Company NAIC Number

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

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

COMMENTS

THIS STRUCTURE IS A SHOWROOM WITH OFFICES AND REPAIR SHOPS. THE MECHANICAL HEAT & AIR COND. ARE ON ROOF - THERE IS NO SECOND FLOOR OFFICES

Check here if attachments

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

For Zones AO and A (without BFE), complete items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.

E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

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SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER	G2. DATE PERMIT ISSUED	G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G4. This permit has been issued for: New Construction Substantial Improvement

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LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS