

State of Louisiana

State Licensing Board for Contractors

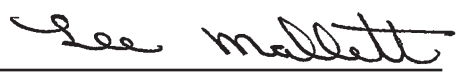
This is to Certify that:

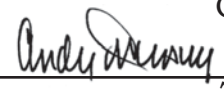
is duly licensed and entitled to practice the following classifications



Witness our hand and seal of the Board dated, _____ day of _____


_____ Director


_____ Chairman


_____ Treasurer

Expiration Date: _____

License No: _____

This License Is Not Transferrable