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CITY OF BALTIMORE RECORDATION TAX  
EXEMPT DOCUMENT  
REVENUE COLLECTIONS  
DEPARTMENT OF FINANCE

Tax ID #: 07-08-1191-017

*Alicia Jantao* 11/5/26  
Recorder Clerk Date

This No Warranty Deed of Assignment, made this 5<sup>th</sup> day of November,

2025, by and between **1043 N Caroline LLC**, party of the first part, Grantor; and **1725 N Caroline, LLC**, party of the second part, Grantee.

- Witnesseth -

That for and in consideration of the sum of No Dollars (\$0.00), cash in hand paid, and other good and valuable consideration, receipt of which is hereby acknowledged, the Grantor does hereby quitclaim, release, and convey unto the Grantee, any and all right, title and interest he may possess in and to the following described lot or parcel of land, together with improvements thereon, situate, lying and being in the City of Baltimore, State of Maryland:

This conveyance is exempt from recordation and transfer taxes pursuant to Md. Code, Tax-Property §§ 12-108(w) and 13-207(a)(9), as the Grantor and Grantee are business entities wholly owned by the same individual, and the transfer is made without consideration.

**BEGINNING FOR THE SAME** thereof on the east side of Caroline Street at a point distant 50 feet southerly from the corner formed by the intersection of the south side of Chase Street and the east side of Caroline Street: and running thence easterly 150 feet binding on Joshua Registers lot to Dallas Street: thence southerly on Dallas Street 30 feet: thence westerly parallel with Chase Street 100 feet to Caroline Street: thence northerly binding on Caroline Street 30 feet to the place of beginning.

- 1191

The improvements thereon now being known as no. 1043 North Caroline Street Baltimore. Maryland - 21205.

Being the same tract of ground and premises which, by **Deed of Assignment** dated October 25th, 2022, and recorded among the Land Records of Baltimore City, State of Maryland, in Liber no. 25491 folio 423, was granted and conveyed by Kathleen McCall, hereinafter grantor, unto 1043 N Caroline LLC.

Together with the buildings and improvements thereon erected, made or being; and all and every, the rights, alleys, ways, waters, privileges, appurtenances and advantages thereto belonging, or in anywise appertaining.

All taxes for which assessments have been  
Received have been paid as of this date

*11/5/26*  
Director of Finance of Baltimore City By

TRANSFER TAX EXEMPT  
Director of Finance

PER

*Alicia Jantao*  
Authorized Signature

11/5/26

E178524

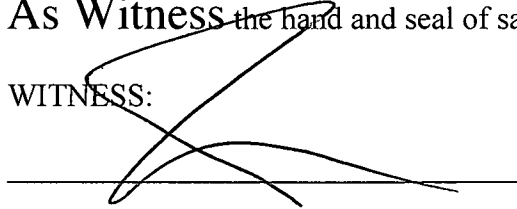
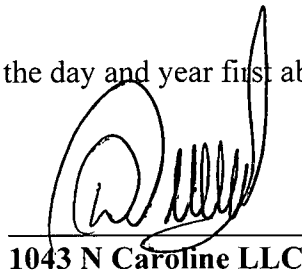
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To Have and To Hold the said tract of ground and premises above described and mentioned, and hereby intended to be conveyed, together with the rights, privileges, appurtenances and advantages thereto belonging or appertaining unto and to the proper use and benefit of the said **1725 N Caroline LLC**, , subject to an annual ground rent of \$0.01, payable semi-annually on February 8th and August 8th in each and every year.

As Witness the hand and seal of said Grantor, the day and year first above written.

WITNESS:

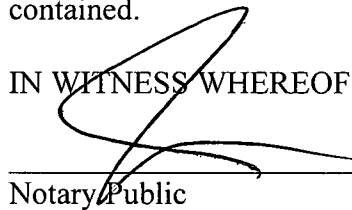
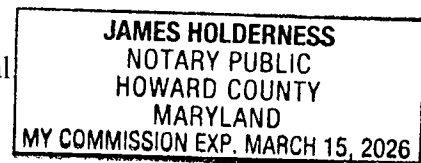
{Seal}

By: Daniel Leonardo Isaac Derrah, member

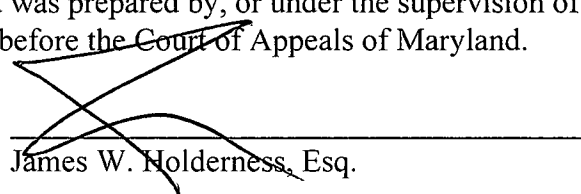
STATE OF MARYLAND, HOWARD COUNTY, to wit:

I hereby certify that on this 5<sup>th</sup> day of November, 2025, before me, the undersigned notary public in and for the jurisdiction aforesaid, personally appeared Daniel Leonardo Isaac Derrah, known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal


  
Notary Public
My Commission Expires: 3/15/26

THIS IS TO CERTIFY that the within Deed was prepared by, or under the supervision of the undersigned, an Attorney duly admitted to practice before the Court of Appeals of Maryland.


  
James W. Holderness, Esq.

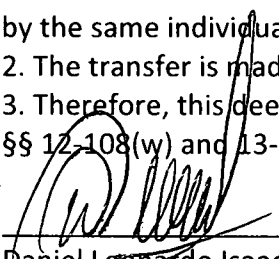
AFTER RECORDING, PLEASE RETURN TO:

**James Holderness, Esq.**  
**4115 Wilkens Avenue**  
**Baltimore, MD 21229**

## Affidavit of Tax Exemption Pursuant to Md. Code, Tax-Property §§ 12-108(w) and 13-207(a)(9)

I solemnly affirm under the penalties of perjury that:

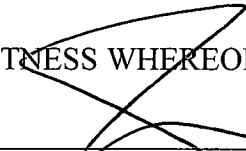
1. The Grantor and the Grantee in the attached deed are limited liability companies wholly owned by the same individual.
2. The transfer is made without consideration.
3. Therefore, this deed is exempt from recordation and transfer tax under Md. Code, Tax-Property §§ 12-108(w) and 13-207(a)(9).

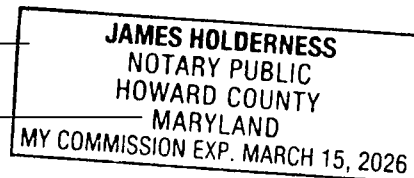
  
\_\_\_\_\_  
Daniel Leonardo Isaac Derrah  
Authorized Signatory  
Date: 11/5/2025

STATE OF MARYLAND, HOWARD COUNTY, to wit:

I hereby certify that on this 1<sup>st</sup> day of November, 2025, before me, the undersigned notary public in and for the jurisdiction aforesaid, personally appeared Daniel Leonardo Isaac Derrah, known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

  
\_\_\_\_\_  
Notary Public  
My Commission Expires: 3/18/26



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MARYLAND  
FORM  
**WH-AR****Certification of Exemption from Withholding Upon  
Disposition of Maryland Real Estate Affidavit of  
Residence or Principal Residence****2025**

Based on the certification below, Transferor claims exemption from the tax withholding requirements of §10-912 of the Tax-General Article, Annotated Code of Maryland. Section 10-912 provides that certain tax payments must be withheld and paid when a deed or other instrument that effects a change

in ownership of real property is presented for recordation. The requirements of §10-912 do not apply when a transferor provides a certification of Maryland residence or certification that the transferred property is the transferor's principal residence.

**1. Transferor Information**Name of Transferor 1043 N Caroline, LLC**2. Description of Property** (Street address. If no address is available, include county, district, subdistrict and lot numbers).  
1043 N Caroline Street, Baltimore, MD 21205**3. Reasons for Exemption****Resident Status**☐

As of the date this form is signed, I, Transferor, am a resident of the State of Maryland.

☒

Transferor is a resident entity as defined in Code of Maryland Regulations (COMAR)03.04.12.02B(11), I am an agent of Transferor, and I have authority to sign this document on Transferor's behalf.

**Principal Residence**☐

Although I am no longer a resident of the State of Maryland, the Property is my principal residence as defined in IRC 121 (principal residence for 2 (two) of the last 5 (five) years) and is currently recorded as such with the State Department of Assessments and Taxation.

**Under penalty of perjury, I certify that I have examined this declaration and that, to the best of my knowledge, it is true, correct, and complete.**

**3a. Individual Transferors**

Witness

Name

\*\*Date

Signature

**3b. Entity Transferors**

Witness/Attest

1043 N Caroline LLC

Name of Entity

By

Daniel Leonardo Isaac Derrah

Name

11/5/2025

\*\*Date

Member

Title

\*\* Form must be dated to be valid.

**Note:** Form is only valid if it was executed on the date the Property was transferred and is properly recorded with the Clerk of the Court.

**To the Clerk of the Court:** Only an un-altered Form WH-AR should be considered a valid certification for purposes of Section 10-912.

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2036

1191<sup>RS</sup>

LR - Deed (No-Taxes) 20.00  
Recording Fee  
Name: 1043 N CAROLINE  
LLC/1725 N CAROLINE  
LLC  
Ref: 1043 N CAROLINE  
ST  
LR - Deed (No-Taxes)  
Surcharge 40.00  
Subtotal: 60.00  
Total: 60.00  
01/06/2026 12:01  
CC24-KRW  
#19351208 CC0801 -  
Baltimore City  
Witchell/CC08.01.13 -  
Register 13

40  
20

|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| <div>State of Maryland Land Instrument Intake Sheet</div> <div><input checked="" type="checkbox"/> Baltimore City    <input type="checkbox"/> County: _____</div> <div>Information provided is for the use of the Clerk's Office, State Department of Assessments and Taxation, and County Finance Office Only.</div> <div>(Type or Print in Black Ink Only—All Copies Must Be Legible)</div> |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 1 Type(s) of Instruments                                                                                                                                                                                                                                                                                                                                                                      |  | <div>( ) Check Box if addendum Intake Form is Attached.)</div> <div><div><input checked="" type="checkbox"/> Deed</div><div><input type="checkbox"/> Deed of Trust</div><div><input type="checkbox"/> Mortgage Lease</div><div><input type="checkbox"/> Other _____</div><div><input type="checkbox"/> Other _____</div></div> |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 2 Conveyance Type Check Box                                                                                                                                                                                                                                                                                                                                                                   |  | <div><div><input type="checkbox"/> Improved Sale Arms-Length [1]</div><div><input type="checkbox"/> Unimproved Sale Arms-Length [2]</div><div><input type="checkbox"/> Multiple Accounts Arms-Length [3]</div><div><input checked="" type="checkbox"/> Not an Arms-Length Sale [9]</div></div>                                 |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 3 Tax Exemptions (if applicable) Cite or Explain Authority                                                                                                                                                                                                                                                                                                                                    |  | <div>RecordationRP 12-108(w) and 13-207(a)(9)</div> <div>State TransferRP 12-108(w) and 13-207(a)(9)</div> <div>County TransferRP 12-108(w) and 13-207(a)(9)</div>                                                                                                                                                             |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 4 Consideration and Tax Calculations                                                                                                                                                                                                                                                                                                                                                          |  | Consideration Amount                                                                                                                                                                                                                                                                                                           |  |                                                                       |  | Finance Office Use Only Transfer and Recordation Tax Consideration                    |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Purchase Price/Consideration                                                                                                                                                                                                                                                                                                   |  | \$ 0.00                                                               |  | Transfer Tax Consideration                                                            |  | \$                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Any New Mortgage                                                                                                                                                                                                                                                                                                               |  | \$                                                                    |  | X (        ) % =                                                                      |  | \$                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Balance of Existing Mortgage                                                                                                                                                                                                                                                                                                   |  | \$                                                                    |  | Less Exemption Amount -                                                               |  | \$                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Other:                                                                                                                                                                                                                                                                                                                         |  | \$                                                                    |  | Total Transfer Tax =                                                                  |  | \$                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Other:                                                                                                                                                                                                                                                                                                                         |  | \$                                                                    |  | Recordation Tax Consideration                                                         |  | \$                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Full Cash Value:                                                                                                                                                                                                                                                                                                               |  | \$ 0.00                                                               |  | X (        ) per \$500 =                                                              |  | \$                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  | TOTAL DUE                                                                             |  | \$                                                  |  |
| 5 Fees                                                                                                                                                                                                                                                                                                                                                                                        |  | Amount of Fees                                                                                                                                                                                                                                                                                                                 |  | Doc. 1                                                                |  | Doc. 2                                                                                |  | Agent:                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Recording Charge                                                                                                                                                                                                                                                                                                               |  | \$ 60.00                                                              |  | \$                                                                                    |  | Tax Bill:                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Surcharge                                                                                                                                                                                                                                                                                                                      |  | \$                                                                    |  | \$                                                                                    |  | C.B. Credit:                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | State Recordation Tax                                                                                                                                                                                                                                                                                                          |  | \$ 0.00                                                               |  | \$                                                                                    |  | Ag. Tax/Other:                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | State Transfer Tax                                                                                                                                                                                                                                                                                                             |  | \$ 0.00                                                               |  | \$                                                                                    |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | County Transfer Tax                                                                                                                                                                                                                                                                                                            |  | \$ 0.00                                                               |  | \$                                                                                    |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Other                                                                                                                                                                                                                                                                                                                          |  | \$                                                                    |  | \$                                                                                    |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Other                                                                                                                                                                                                                                                                                                                          |  | \$                                                                    |  | \$                                                                                    |  |                                                     |  |
| 6 Description of Property SDAT requires submission of all applicable information. A maximum of 40 characters will be indexed in accordance with the priority cited in Real Property Article Section 3-104(g)(3)(i).                                                                                                                                                                           |  | District                                                                                                                                                                                                                                                                                                                       |  | Property Tax ID No. (1)                                               |  | Grantor Liber/Folio                                                                   |  | Map                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  | 07 / 08 / 1191 / 017                                                  |  | 25491 / 423                                                                           |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Subdivision Name                                                                                                                                                                                                                                                                                                               |  | Lot (3a)                                                              |  | Block (3b)                                                                            |  | Sect/AR (3c)                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  | 017                                                                   |  | 1191                                                                                  |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Location/Address of Property Being Conveyed (2)                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | 1043 N Caroline Street, Baltimore, MD 21205                                                                                                                                                                                                                                                                                    |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Other Property Identifiers (if applicable)                                                                                                                                                                                                                                                                                     |  |                                                                       |  |                                                                                       |  | Water Meter Account No.                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  | 11000185975                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Residential <input checked="" type="checkbox"/> or Non-Residential                                                                                                                                                                                                                                                             |  | Fee Simple or Ground Rent <input checked="" type="checkbox"/> Amount: |  | \$0.01 due 2/8 and 8/8                                                                |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Partial Conveyance? Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                 |  | Description/Amt. of SqFt/Acreage Transferred:                         |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | If Partial Conveyance, List Improvements Conveyed:                                                                                                                                                                                                                                                                             |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 7 Transferred From                                                                                                                                                                                                                                                                                                                                                                            |  | Doc. 1 – Grantor(s) Name(s)                                                                                                                                                                                                                                                                                                    |  |                                                                       |  | Doc. 2 – Grantor(s) Name(s)                                                           |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | 1043 N Caroline LLC                                                                                                                                                                                                                                                                                                            |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Doc. 1 – Owner(s) of Record, if Different from Grantor(s)                                                                                                                                                                                                                                                                      |  |                                                                       |  | Doc. 2 – Owner(s) of Record, if Different from Grantor(s)                             |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 8 Transferred To                                                                                                                                                                                                                                                                                                                                                                              |  | Doc. 1 – Grantee(s) Name(s)                                                                                                                                                                                                                                                                                                    |  |                                                                       |  | Doc. 2 – Grantee(s) Name(s)                                                           |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | 1725 N Caroline LLC                                                                                                                                                                                                                                                                                                            |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | New Owner's (Grantee) Mailing Address                                                                                                                                                                                                                                                                                          |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | 1043 N Caroline Street, Apt. 1, Baltimore, MD 21205                                                                                                                                                                                                                                                                            |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 9 Other Names to Be Indexed                                                                                                                                                                                                                                                                                                                                                                   |  | Doc. 1 – Additional Names to be Indexed (Optional)                                                                                                                                                                                                                                                                             |  |                                                                       |  | Doc. 2 – Additional Names to be Indexed (Optional)                                    |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 10 Contact/Mail Information                                                                                                                                                                                                                                                                                                                                                                   |  | Instrument Submitted By or Contact Person                                                                                                                                                                                                                                                                                      |  |                                                                       |  |                                                                                       |  | <input type="checkbox"/> Return to Contact Person   |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Name: James Holderness, Esq.                                                                                                                                                                                                                                                                                                   |  |                                                                       |  |                                                                                       |  | <input checked="" type="checkbox"/> Hold for Pickup |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Firm                                                                                                                                                                                                                                                                                                                           |  |                                                                       |  |                                                                                       |  | <input type="checkbox"/> Return Address Provided    |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Address: 4115 Wilkens Avenue, Baltimore, MD 21229                                                                                                                                                                                                                                                                              |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Phone: (240 ) 856-7095                                                                                                                                                                                                                                                                                                         |  |                                                                       |  |                                                                                       |  |                                                     |  |
| 11                                                                                                                                                                                                                                                                                                                                                                                            |  | IMPORTANT: BOTH THE ORIGINAL DEED AND A PHOTOCOPY MUST ACCOMPANY EACH TRANSFER                                                                                                                                                                                                                                                 |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Assessment Information                                                                                                                                                                                                                                                                                                         |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | Will the property being conveyed be the grantee's principal residence?                |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | Does transfer include personal property? If yes, identify: _____                      |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | Was property surveyed? If yes, attach copy of survey (if recorded, no copy required). |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Assessment Use Only – Do Not Write Below This Line                                                                                                                                                                                                                                                                             |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Terminal Verification                                                                                                                                                                                                                                                                                                          |  | Agricultural Verification                                             |  | Whole                                                                                 |  | Part                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Transfer Number                                                                                                                                                                                                                                                                                                                |  | Date Received:                                                        |  | Deed Reference:                                                                       |  | Assigned Property No.:                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Year                                                                                                                                                                                                                                                                                                                           |  | 20                                                                    |  | 20                                                                                    |  | Geo.                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Land                                                                                                                                                                                                                                                                                                                           |  |                                                                       |  |                                                                                       |  | Map                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Buildings                                                                                                                                                                                                                                                                                                                      |  |                                                                       |  |                                                                                       |  | Sub                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | Total                                                                                                                                                                                                                                                                                                                          |  |                                                                       |  |                                                                                       |  | Block                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  | Plat                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  | Lot                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  | Section                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  | Occ. Cd.                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  | REMARKS:                                                                                                                                                                                                                                                                                                                       |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                |  |                                                                       |  |                                                                                       |  |                                                     |  |