

| CURRENT OWNER                                                                                                                              |        |             |  | TOPO TYPE                                                                  |             | UTILITY           |         | STREET                                                          |           | LOCATION   |                         | CURRENT ASSESSMENT                                                                                                                                                                                                                                                |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|--|----------------------------------------------------------------------------|-------------|-------------------|---------|-----------------------------------------------------------------|-----------|------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------|---------|--------------------|------------------|--------------------|-----------------|-----------------------------|----------|-------------------------------------------------------------|----------------|----------|------------|--|--------|--|
| BROWNSTONE GARDENS I INC<br>C/O CARR PROPERTY MANAGEMT I<br>24 DEER PARK DR<br><br>EAST LONGMEADOW MA 01028<br><br>GIS ID F_383316_2850384 |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         | Description<br>RES LAND                                                                                                                                                                                                                                           |                                | Code<br>130 |         | Appraised<br>40600 |                  | Assessed<br>40,600 |                 | 1006<br><br>EAST LONGMEADOW |          |                                                             |                |          |            |  |        |  |
|                                                                                                                                            |        |             |  | TOPO WET                                                                   |             | EASEMENT          |         | TRAFFIC                                                         |           | CORNER     |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
|                                                                                                                                            |        |             |  | DRAINAGE                                                                   |             |                   |         | VIEW                                                            |           | COMMUNITY  |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
|                                                                                                                                            |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
|                                                                                                                                            |        |             |  | SUPPLEMENTAL DATA                                                          |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
|                                                                                                                                            |        |             |  | Alt Prcl ID<br>SP Permit<br>Chapter Land<br>OC Dates<br>In+Ex FY<br>Mailed |             |                   |         | Received<br>NIA<br>Field 8<br>Field 9<br>Field 10<br>Assoc Pid# |           |            |                         | Total                                                                                                                                                                                                                                                             |                                | 40,600      |         | 40,600             |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| RECORD OF OWNERSHIP                                                                                                                        |        |             |  | BK-VOL/PAGE                                                                |             | SALE DATE         |         | Q/U                                                             | V/I       | SALE PRICE |                         | VC                                                                                                                                                                                                                                                                | PREVIOUS ASSESSMENTS (HISTORY) |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| BROWNSTONE GARDENS I INC<br>SESSIONS DOUGLAS K                                                                                             |        |             |  | 23439<br>08870                                                             |             | 0206<br>0508      |         | 09-25-2020<br>06-27-1994                                        |           | U<br>Q     | V<br>V                  | 25,000<br>167,000                                                                                                                                                                                                                                                 |                                | 1<br>00     | Year    | Code               | Assessed         |                    | Year            | Code                        | Assessed |                                                             | Year           | Code     | Assessed   |  |        |  |
|                                                                                                                                            |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             | 2021    | 130                | 117,400          |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
|                                                                                                                                            |        |             |  | Total                                                                      |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             | Total   |                    | 117,400          |                    | Total           |                             |          |                                                             | Total          |          |            |  |        |  |
| EXEMPTIONS                                                                                                                                 |        |             |  |                                                                            |             | OTHER ASSESSMENTS |         |                                                                 |           |            |                         | This signature acknowledges a visit by a Data Collector or Assessor                                                                                                                                                                                               |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| Year                                                                                                                                       | Code   | Description |  |                                                                            | Amount      |                   | Code    | Description                                                     |           | YEAR       |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          | Amount                                                      |                | Comm Int |            |  |        |  |
|                                                                                                                                            |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| Total                                                                                                                                      |        |             |  | 0.00                                                                       |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| ASSESSING NEIGHBORHOOD                                                                                                                     |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| Nbhd                                                                                                                                       |        | Nbhd Name   |  |                                                                            | B           |                   | Tracing |                                                                 |           | Batch      |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| 0001                                                                                                                                       |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| NOTES                                                                                                                                      |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| PS#1177 FY22 NEW LOT B SEE ATTACHED PLAN<br>SPLIT FROM 38-50-1                                                                             |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         | Appraised BLDG. Value (Card)<br>Appraised Xf (B) Value (Bldg)<br>Appraised Ob (B) Value (Bldg)<br>Appraised Land Value (Bldg)<br>Special Land Value<br>Total Appraised Parcel Value<br>Valuation Method<br><br>Adjustment<br><br>Net Total Appraised Parcel Value |                                |             |         |                    |                  |                    |                 |                             |          | 0<br>0<br>0<br>40,600<br>0<br>40,600<br>C<br><br><br>40,600 |                |          |            |  |        |  |
| BUILDING PERMIT RECORD                                                                                                                     |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         | VISIT / CHANGE HISTORY                                                                                                                                                                                                                                            |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| Permit Id                                                                                                                                  |        | Issue Date  |  | Type                                                                       | Description |                   | Amount  |                                                                 | Insp Date |            | % Comp                  | Date Comp                                                                                                                                                                                                                                                         |                                | Comments    |         | Date               |                  | Type               |                 | Is                          | Id       | Cd                                                          | Purpose/Result |          |            |  |        |  |
|                                                                                                                                            |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| LAND LINE VALUATION SECTION                                                                                                                |        |             |  |                                                                            |             |                   |         |                                                                 |           |            |                         |                                                                                                                                                                                                                                                                   |                                |             |         |                    |                  |                    |                 |                             |          |                                                             |                |          |            |  |        |  |
| B                                                                                                                                          | Use Co | Description |  | Zone                                                                       | D           | Fronta            | Depth   | Land Units                                                      |           | Unit Price | I. Fact                 | S.A.                                                                                                                                                                                                                                                              | Ac Di                          | C. Fact     | St. Idx | Adj                | Notes            |                    | Special Pricing |                             |          | Size A                                                      | Adj Unit Pric  |          | Land Value |  |        |  |
| 1                                                                                                                                          | 130    | LAND        |  | RA                                                                         |             |                   |         | 40,000                                                          |           | SF         | 2.58                    | 1.190                                                                                                                                                                                                                                                             | 7                              | LAND        | 0.30    | MG                 | 1.00             | ACCESSORY L        |                 |                             | 0        |                                                             |                | 1.000    | 0.92       |  | 36,800 |  |
| 1                                                                                                                                          | 130    | LAND        |  | RA                                                                         |             |                   |         | 0.545                                                           |           | AC         | 7,000                   | 1.000                                                                                                                                                                                                                                                             | 0                              |             | 1.00    | MG                 | 1.00             |                    |                 |                             | 0        |                                                             |                | 1.000    | 7,000      |  | 3,800  |  |
| Total Card Land Units                                                                                                                      |        |             |  |                                                                            |             |                   |         | 1.46                                                            |           | AC         | Parcel Total Land Area: |                                                                                                                                                                                                                                                                   |                                |             | 1.46    |                    | Total Land Value |                    |                 |                             |          |                                                             |                |          | 40,600     |  |        |  |

| CONSTRUCTION DETAIL                                                |             |    |             |          |     |       | CONSTRUCTION DETAIL (CONTINUED) |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------|-------------|----|-------------|----------|-----|-------|---------------------------------|-------------|----|-------------|------|------------|------|------------|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|
| Element                                                            |             | Cd | Description |          |     |       | Element                         |             | Cd | Description |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Style                                                              |             | 99 | VACANT      |          |     |       | Basement Floor                  |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Model                                                              |             | 00 | VACANT      |          |     |       | Bsmt Garage                     |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Grade                                                              |             |    |             |          |     |       | #Heat Sys                       |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Stories                                                            |             |    |             |          |     |       | Units                           |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Foundation                                                         |             |    |             |          |     |       | MIXED USE                       |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Exterior Wall 1                                                    |             |    |             |          |     |       | Code                            | Description |    |             |      | Percentage |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Exterior Wall 2                                                    |             |    |             |          |     |       | 130                             | LAND        |    |             |      | 100        |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Roof Structure                                                     |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  | 0         |  |  |  |  |  |  |  |  |  |  |  |  |
| Roof Cover                                                         |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  | 0         |  |  |  |  |  |  |  |  |  |  |  |  |
| Interior Wall 1                                                    |             |    |             |          |     |       | COST / MARKET VALUATION         |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Interior Wall 2                                                    |             |    |             |          |     |       | Adj Base Rate                   |             |    |             | 0.00 |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Interior Floor 1                                                   |             |    |             |          |     |       | RCN                             |             |    |             | 0    |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Interior Floor 2                                                   |             |    |             |          |     |       | Net Other Adj                   |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Heat Fuel                                                          |             |    |             |          |     |       | Year Built                      |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Heat Type                                                          |             |    |             |          |     |       | Effective Year Built            |             |    |             | 0    |            |      |            |  | No Sketch |  |  |  |  |  |  |  |  |  |  |  |  |
| AC Type                                                            |             |    |             |          |     |       | Depreciation Code               |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Bedrooms                                                           |             |    |             |          |     |       | Remodel Rating                  |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Baths                                                         |             |    |             |          |     |       | Year Remodeled                  |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Half Baths                                                         |             |    |             |          |     |       | Depreciation %                  |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Extra Fixtures                                                     |             |    |             |          |     |       | Functional Obsol                |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Rooms                                                        |             |    |             |          |     |       | External Obsol                  |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Bath Style                                                         |             |    |             |          |     |       | Cost Trend Factor               |             |    |             | 1    |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Half Bath Style                                                    |             |    |             |          |     |       | Condition                       |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Kitchens                                                           |             |    |             |          |     |       | % Complete                      |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Kitchen Style                                                      |             |    |             |          |     |       | Overall % Condition             |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Extra Kitchens                                                     |             |    |             |          |     |       | RCNLD                           |             |    |             | 0    |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Extra Kitchen St                                                   |             |    |             |          |     |       | Dep % Ovr                       |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| FBM Sqft                                                           |             |    |             |          |     |       | Dep Ovr Comment                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| FBM Quality                                                        |             |    |             |          |     |       | Misc Imp Ovr                    |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Fireplaces                                                         |             |    |             |          |     |       | Misc Imp Ovr Comment            |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| WS Flues                                                           |             |    |             |          |     |       | Cost to Cure Ovr                |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Central Vac                                                        |             |    |             |          |     |       | Cost to Cure Ovr Comment        |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Frame                                                              |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| OB - OUTBUILDING & YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B) |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Code                                                               | Description |    | Su          | Sub Type | Lan | Units | Unit Price                      | Yr Blt      | %  | Dep.        | Cond | Gra        | Qual | Apprais Va |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |    |             |          |     |       |                                 |             |    |             |      |            |      |            |  |           |  |  |  |  |  |  |  |  |  |  |  |  |