#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 15:32 Serial Number: 80-003935

Date of Inspection: 12/01/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.048	0.078	0.196	0.079
0.000	0.048	0.078	0.197	0.080
0.000	0.048	0.077	0.196	0.080

Number	of	Simulators	Used:	5	

Remarks:

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

DANIEL E LYONS

12/01/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 13:27

Date of Inspection: 11/20/2024

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2024
0.000	0.000 / 0.049	0.077	0.195	0.080
0.000	0.048 / 0.048	0.078	0.194	0.080
0.000	0.049 / 0.049	0.078	0.195	0.080

Number of Simulators Used: 5

OS: Control Outside Tolerance. 15 TEST, I FAILED TO CONNECT THE SIMULATOR. CONNETTED SIMULATON AND RETESTED.

) with Chapter 11D-8, FAC. The above instrument complies ( X ) does not comply (

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

> DANIEL E LYONS Signature and Printed Name

> > 11/20/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 12:38 Serial Number: 80-003935

Date of Inspection: 10/25/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		NO
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
		No
Diagnostic Check (Post-Inspection): OK		
		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Mumbon	of	Simulat	ora I	Tand.	5

#### Remarks:

NO INT DET TEST 1&2 OF RESTART 2Non-compliance: NO SHOWING INT DET ON TEST/RETEST OR RESTART. TART

The above instrument complies ( ) does not comply ( X ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DANIEL/MICHAEL E LYONS/HERNANDEZ Signature and Printed Name

------

10/25/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 11:48

Serial Number: 80-003935

Date of Inspection: 10/25/2024

Software: 8100.27

DANIEL/MICHAEL E LYONS/HERNANDEZ

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
s and the second se	Yes	
Interferent Detect Test: Interferent Detect		
		No
Diagnostic Check (Post-Inspection): OK		
		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Number	- 4	C:	- 1 - 4	. TTJ.	_	

Remarks:								
	ъ	0	m	-	2	ŀ	0	

arks:
Int Det:NOT DET/SEALS CHECKED/RE-TESTED, Ambient Fail. NOT DETECTED. OOO

The above instrument complies ( 🔻 ) does not comply ( 📞 ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

ignature and Printed Name

10/25/2024

### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 11:48

Date of Inspection: 10/25/2024

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	110	NO
Diagnostic Check (Pre-Inspection): OK		No
	Yes	
Alcohol Free Subject Test: 0.000		
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Mark I   C	Yes	-2
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK	174	NO
		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:
0.000				Exp:
0.000				
0.000				

Number	of	Simulators	Used:	5	
--------	----	------------	-------	---	--

Remarks:

Int Det:NOT DET/SEALS CHECKED/RE-TESTED, Ambient Fail.

REC BACK FROM FOLE

INT DET TEST IST TEST: INT DET .000/INT DET

RESTAIRT: IST TEST .000/INT/INT

RESTAIRT: IST TEST .000/INT/INT

RETEST 2ND INT/.000/INT.

ENSURED SEACS(TEMP/CONNECTIONS ALL GOOD)

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

10/25/2024 Date

PC 407 861 2333 WIC 407 769 1711

DANIEL/MICHAEL E LYONS/HERNANDEZ

FDLE/ATP Form 40 - March 2004

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Time of Inspection: 11:48

Date of Inspection: 10/25/2024

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		1
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		1
		No
Diagnostic Check (Post-Inspection): OK		
		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Number	of	Cimi	latore	Head.	5	

#### Remarks:

Int Det: NOT DET/SEALS CHECKED/RE-TESTED, Ambient Fail.

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DANIEL/MICHAEL E LYONS/HERNANDEZ

Signature and Printed Name

10/25/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 12:38

Date of Inspection: 10/25/2024

Serial Number: 80-003935

Software: 8100.27

DANIEL/MICHAEL E LYONS/HERNANDEZ

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
		No
Diagnostic Check (Post-Inspection): OK		
		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Number	of	Simulators	Used:	5
Humber	OI	DIMUIACOIS	useu.	9

#### Remarks:

NO INT DET TEST 1&2 OF RESTART 2Non-compliance:NO SHOWING INT DET ON TEST/RETEST OR RESTART. TART

The above instrument complies ( ) does not comply ( X ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

10/25/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 11:43

Date of Inspection: 09/18/2024

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
		No
Diagnostic Check (Post-Inspection): OK	, , , , , , , , , , , , , , , , , , , ,	
	*	No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000		/ /		
0.000				
AMB FAIL				

Number	of	Sim	11ators	IIcad.	5	

#### Remarks

00:Ambient Fail/LET RM AIR OUT/RETESTED, Ambient Fail. Non-compliance:AMBIENT AIR ERROR, AIR OUT LON GER, RESTART T.

TEST ENDED

The	above	instrument	complies	-(	) does	not	comply	r (	X	) with	Chapter	11D-8,	FAC.
-----	-------	------------	----------	----	--------	-----	--------	-----	---	--------	---------	--------	------

Signature and Printed Name

09/18/2024 Date DANIEL E LYONS

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 11:52

Date of Inspection: 09/18/2024

Serial Number: 80-003935

Software: 8100.27

	YES	NO
Check or Test		
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Number of Simulators Used: 5	Number	of	S	mulators	Used:	5

AF/MA FAIL, RETESTAmbient FailAmbient Fail. Non-compliance: AMABIENT AIR FAILURE.

CONDUCTING ALCOHOL FREE - SHOWED INT DET/AMBIENT FAIL RE-START- AIRED DUT POOM RETESTED - RECIEVED SAME ERROR FOLE HANDLER ADVISED VIOL PX @ 1210 HRS

The	above	instrument	complies	(	)	does	not	comply	(	X	)	with	Chapter	11D-8,	FAC.
-----	-------	------------	----------	---	---	------	-----	--------	---	---	---	------	---------	--------	------

I certify that, I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DANIEL E LYONS Signature and Printed Name

> 09/18/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 12:56 Serial Number: 80-003935

Date of Inspection: 09/18/2024 Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
		No
Mouth Alcohol Test: Slope Not Met		
		No
Interferent Detect Test: Interferent Detect		
		No
Diagnostic Check (Post-Inspection): OK		
		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Numbor	of	Cir	n111	2+0	re	TICAR	5	

P	0	m	2	r	b	c	

AF/MA:Interferent Detect/SEC DEP PROVIDE SAMPLE, SHOWS INT . Non-compliance:AMBIENT AIR FAIL 2 RESTA RT, SEND FOR SVC 2ND RE-STANT

MOVED INSTRUMENT - AIRED OUT EXT TIME RE-STARTED - CONDUCTING ACCOHOL FREE-SHOWED INT/DET FOUND ANOTHER DEPLTY- PRIVIDED SAMPLE SHOWED. SLOPE NOT MET. TEST ENDED. WILL BE SENT TO SVC @ FDLE.

FALE HANDLER ADV VIA PX @ 1302

The	above	instrument	complies (	) does not comply	( X	) with Char	ter 11D-8.	FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

DANIEL E LYONS

09/18/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 12:37 Serial Number: 80-003935

Date of Inspection: 07/19/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000	:	
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	1
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	1

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.049	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.049	0.078	0.197	0.080

Number	οf	Simulat	ors	<b>Used:</b>	5

Remarks:

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed his inspection in accordance with the provisions of Chapter 11D-8, FAC.

DANIEL E LYONS

Signature and Printed Name

07/19/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Serial Number: 80-003935

Time of Inspection: 12:03

Date of Inspection: 06/17/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.049	0.079	0.196	0.082
0.000	0.050	0.079	0.196	0.081
0.000	0.050	0.079	0.196	0.082

Number	Ωf	Simul	athre	iiged:	5

Remarks:

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

DANIEL E LYONS

06/17/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 11:54 Serial Number: 80-003935

Date of Inspection: 05/17/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		
- -	Yes	

Alcohol Free Test (g/210L)	0.05g/2 (g/210L) Lot#:202 Exp: 032	) 2303.	J	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.049	/	0.049	0.078	0.199	0.082
0.000	0.049	/	0.050	0.078	0.198	0.082
0.000	INT	/	0.049	0.077	0.198	0.082

Number	Ωf	Simu	latore	iiced.	5	

Remarks:

05: Interferent Detect.

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DANIEL E LYONS

Signature and Printed Name

05/17/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-003935

Time of Inspection: 14:47

Date of Inspection: 04/19/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		NO
Alcohol Free Subject Test: 0.000	Yes	
AIGORDI FIGE BUDJECT 165C. 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.049	0.078	0.197	0.081
0.000	0.049	0.078	0.196	0.081
0.000	0.048	0.079	0.195	0.081

Number	of	Simulate	ors (	Jsed:	5

Remarks:

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

DANIEL E LYONS

04/19/2024 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O. Time of Inspection: 11:10

Date of Inspection: 02/23/2024

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402328118 Exp: 01/20/2025
0.000	0.049	0.078	0.195	0.081
0.000	0.049	0.077	0.196	0.081
0.000	0.049	0.077	0.196	0.081

Number	οf	Simula	tors	Used:	5

Remarks:

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DANIEL E LYONS

Signature and Printed Name

02/23/2024 Date