GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

D.C. OFFICE OF ZONING

2012 DEC 27 PM 1:22

Certificate of Occupancy Authorization Form

Authorization form to Act on Behalf of the Owner

To the Director, Department of Consumer and Regulatory Affairs:

This is to certify that I, MARSHA Smith
(Print Name of solo owner, general partner, or corporation officer)

am the true Owner of the Business described below:

Proposed address of business you intend to occupy:

4275 4th Street S.E. Washington, DC. 20032

Type of business you intend to operate:

Before and After Care Program

I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFOREMENTIONED BUSINESS ESTABLISHMENT.

Name of Person/s to act on behalf of owner:

THERESA P. WASHINGTON

Address/es of Person/s to act on behalf of owner:

4276 East Capitol St. N.E # 4 Washington, DC 20019

Marsha V. Smith — (Signature of Business Owner)

08/31/12 — (Date)

Sworn to before me this 31st **day of** August **19** 2012

My Commission Expires: 02/23/2016 Maria M. Clair

MARIA M CLAIR
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
MY COMMISSION EXPIRES FEB 23,2016

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18518
EXHIBIT NO. 3