GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

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, Ode H Hines President
(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:

5100 E St SE Washington, DC 2017

Type of business you intend to operate:

daycare

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:

Kemeca Mashack

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

2012 16th St SE WDC 20020

Ode H. Hines — 10/13/04
(Signature of Business Owner) (Date)

Sworn to before me this 13th **day of** October, **19** 2004

My Commission Expires: _____

BERTHA M. WILLIAMS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
STATE OF MARYLAND
COMM. EXP. 12-01-05

BZA
Case No. 17338
Exhibit No. 27

Board of Zoning Adjustment
District of Columbia
CASE NO. 17338
EXHIBIT NO. 27