

**CERTIFICATE OF SERVICE**  
BZA Application No. #BZATmp4674

Pursuant to the requirements of Subtitle Y § 407.3, I certify that a copy of the application and all accompanying documents have been served upon:

- (a) **The Main ANC Office**
- (b) **The ANC Single Member District Office**
- (c) **The Office of Planning**

Service was made on November 14, 2024 by email to the following:

Advisory Neighborhood Commission 6A:  
Amber Gove, Chairperson  
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Signature: \_\_\_\_\_

