



March 30, 2026

Mary and Todd Dillman
1041 Ogden Avenue
Milwaukee, WI 53202

Re: Historic Tax Credit Certification Application
Project Number: WI260037-WI260038
Reviewed: **Conditionally Approved**

Dear Mary and Todd Dillman,

On February 23, 2026, the State Historic Preservation Office received Historic Tax Credit Certification Applications for your property at 1019-1045 E Ogden Ave in Milwaukee. Enclosed are copies of the signed Part 1 applications indicating your house has been determined to be a historic property for purposes of this program.

We have reviewed the Part 2 applications and determined the proposed project will meet the “Secretary of the Interior's Standards for Rehabilitation” **if the conditions on the following page are met**. Enclosed are copies of the signed Part 2 application.

Multiple applications submitted together are reviewed as one project and will only be approved when the scope of work on all the applications in the series is complete.

Should work items approved or conditionally approved in Part 2 need to be amended, submit your request via an amendment application available at

<https://wisconsinhistory.org/Records/Article/CS3942> **before beginning the work**. Pictures of the affected area may also need to be submitted as part of the amendment. If questions arise during your project, we have many new articles about maintaining and preserving historic buildings that you may find useful: www.wisconsinhistory.org/preserve-your-building

When all work is completed, the project must be closed out to claim/retain tax credit.

1. The final review of your project on the Part 3 applications will be conducted when the scope of work of the one application is completed and submitted to our office for review.
2. Take photographs showing the whole house from all sides, as well as detailed photos of the specific work that was completed. These photos should be printed in color and of a high resolution or submitted digitally in JPEG format at <https://wihist.org/HHTCApp> .

3. At the completion of the entire project, submit a Part 3: Request for Certification of Completed Work. The form can be downloaded from the webpage Homeowner’s Historic Tax Credits: <https://wisconsinhistory.org/Records/Article/CS3942>

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816 State Street Madison, Wisconsin 53706

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W I S C O N S I N
H I S T O R I C A L
S O C I E T Y

Fill it out with the project number that begins with WI250425, the actual costs of the eligible project work and submit it with the photos of all completed work. **Note that the actual costs listed cannot exceed \$40,000 if your project ran over the estimated amount.** This Part 3 form, with a signature from our office, will be required by the Wisconsin Department of Revenue to claim the tax credits.

If you have questions about this approval or the conditions, please contact Paul Porter at 608-264-6491 or [Paul Porter@wisconsinhistory.org](mailto:Paul.Porter@wisconsinhistory.org). **This approval is at the State level only. Consult your local municipality to determine if local historic preservation reviews are required.**

Sincerely,

Paul Porter

Rehabilitation Project Reviewer-Eastern District



ASSIGNED PROJECT CONDITIONS

Homeowner Copy

PROPERTY NAME: Abbot Row
PROJECT NUMBER: WI260037-WI260038
1019-1045 E Ogden Ave
Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

- 1) Retaining the historic windows is essential to maintaining the historic appearance of the building. Sashes and frames must be repaired where possible. These can include wood epoxy for small areas of rot, or replacement of pieces of the sash or frame that are rotted through but are milled to match the original pieces. Use of quality wood and matching species will prolong the life of the window. Stripping, priming, painting, glazing with clear, non-reflective glass, restringing sash cords (if applicable) and replacing missing or damaged sash cord weights are eligible activities.
- 2) New wooden storm windows must match the overall design of the historic windows. To complete the review for installation of new wooden combination storm windows/ screens submit for review drawings, bid proposals and/or manufacturer specification sheets. Details must show that 1) the line dividing the upper and lower panes of movable sashes aligns with the meeting rails of the original windows; . 2) The dimensions of the wood framing stiles and rails should be no wider than the historic windows so that the glass sizes match the historic primary windows.

Paul Porter for Tricia Canaday, State Historic Preservation Officer

3/30/26

DATE



ASSIGNED PROJECT CONDITIONS

Contractor Copy

PROPERTY NAME: Abbot Row
PROJECT NUMBER: WI260037-WI260038
1019-1045 E Ogden Ave
Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

- 1) Retaining the historic windows is essential to maintaining the historic appearance of the building. Sashes and frames must be repaired where possible. These can include wood epoxy for small areas of rot, or replacement of pieces of the sash or frame that are rotted through but are milled to match the original pieces. Use of quality wood and matching species will prolong the life of the window. Stripping, priming, painting, glazing with clear, non-reflective glass, restringing sash cords (if applicable) and replacing missing or damaged sash cord weights are eligible activities.
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Paul Porter for Tricia Canaday, State Historic Preservation Officer

3/30/26
DATE



**Homeowner's Historic Rehabilitation Tax Credit Application
Part 1 -- Evaluation of Significance**

Received
2/23/2026

1. **Property Address** Street _____

City _____ County _____ Zip _____

Listed in the State or National Register in an Historic District or Individually
National/State Register Listing Name: _____

Not listed in the State or National Register, I have enclosed a National
Register Questionnaire with this application. <http://wihist.org/NRQ>

2. **Owner's Name** _____

Street _____

City _____ State _____ Zip _____ Telephone _____

Email address _____

The building is owner-occupied

The building is a rental/income-producing property

3. **Photographs** You must enclose current photographs of all buildings, clearly showing
all exterior sides of the buildings. See instructions on photo submittal and format requirements.

I have enclosed the required photographs of all four sides of the exterior of the building

4. **Owner's Certification**

Signature of Owner _____ **Date** 02/22/2026

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that
the property is my owner-occupied personal residence. By applying to this program, I consent to this
application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI260037

The State Historic Preservation Office has reviewed this application and has determined that:

- the property is listed in the State Register of Historic Places or National Register of Historic Places and is a historic property for purposes of the Homeowner's Historic Rehabilitation Tax Credit.
- the property contributes to the above-named State Register or National Register historic district and is a historic property for the purposes of the Homeowner's Historic Rehabilitation Tax Credit.
- the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for the purposes of the Homeowner's Historic Rehabilitation Tax Credit.
- NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing resource to a State Register or National Register historic district, and does not appear to meet the State or National Register Criteria for Evaluation; therefore the property is not a historic property for purposes of the Homeowner's Historic Rehabilitation Tax Credit.

For the State Historic Preservation Officer

3/30/26
Date



WISCONSIN
HISTORICAL
SOCIETY

Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

1. **Property Address** Street _____
City _____ County _____ Zip _____

2. **Owner's Name** _____
Street _____
City _____ State _____ Zip _____ Telephone _____
Email address _____

3. **Owner's Certification**

Signature of Owner _____ **Date** 02/22/2026

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project. By applying to this program, I consent to this application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY **WHS PROJECT NO.** WI260037

The State Historic Preservation Office has reviewed this application for the above-named property and has determined that: _____ the property is a historic property and the rehabilitation work as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

the property is a historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been submitted and approved.

For the State Historic Preservation Officer 3/30/26
Date

NON-CERTIFICATION

_____**THE OWNER MAY NOT CLAIM THE TAX CREDIT.** The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.

_____**THE OWNER MAY NOT CLAIM THE TAX CREDIT.** The property has not been determined to be historic property for the purposes of this program.

For the State Historic Preservation Officer _____
Date



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

4a. Eligible Tax Credit Work

1. Check the boxes below for the eligible work you plan to complete.
2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
3. Complete the estimated cost based on bids and materials cost estimates.
4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
5. Provide photos showing the areas of the proposed work.

Each application must have a total of eligible work costs between \$10,000 and \$40,000.

Eligible Work	TOTAL COST OF ABBOT ROW PROJECT EXPECTED TO BE \$80,000. THIS IS PROPOSAL # 1 of 2.				Estimated Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Chimney	Repair	Replace	Chimney Cap	Flue Liner				
Doors	Repair	Replace	Front/Rear	Storm				
Rough Electrical	Repair	Update	Panel/Wiring	Wall Repair				
Foundation	Repair	Rebuild	Waterproofing	Interior Drain Tile/ Sump Pump				
Garage*	Roof	Siding	Doors	Foundation				
HVAC	Boiler	Furnace	AC/Mini Split	Ducts				
Masonry	Repoint	Clean						
Painting	House	Trim	Garage	Outbuilding				
Rough Plumbing	Repair	Update	Wall Repair	Water heater				
Porch*	Repair	Replace	Steps			04/01/2026	12/31/2027	
Roof	Repair	Replace	Gutters	Downspouts				
	Soffits	Facia						
Siding	Repair	Replace	Remove artificial					
Structural	Columns	Beams	Joists	Trusses				
Other Utilities	Solar Panels	Geo-Thermal	Well/Septic					
Windows	Repair	Replace	Storm Windows	Skylights		04/01/2026	12/31/2027	
Other						04/02/2026	12/31/2027	
Total Estimated Cost					\$40,000			



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

SHPO must review ALL work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.

4b. Ineligible Tax Credit Work

1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
2. If you have an ineligible work item not on the list, please add it.
3. Complete the estimated cost reflective of bids and materials costs.
4. Enclose photos showing the proposed work.

Ineligible Work				Estimated Costs	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Addition	New	Electrical	Plumbing				
Deck	Addition	Rebuilding	Repair				
Driveway	Repair	New					
Electrical	New Service						
Fireplace	Insert	Conversion & gas plumbing					
Fixtures	Lighting	Plumbing					
Floors	Repair	Refinish	New				
Insulation	Wall	Attic					
Interior	Refinish	Plaster Repair	Painting				
Landscaping	Patio	Fencing					
Plumbing	New Service						
Remodeling	Kitchen	Bath	Attic				
	Basement						
Walls	Opening	Removal	Adding				
Other							
Other							
Total Est Cost							

By checking this box, I attest that I have disclosed all ineligible work.

Abbot Row Owners

Abbot Row 1 Application

WI260037

Michael and Roberta Schaalman
1043 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 202-9305
SSNs: 502-52-1381 and 319-42-8112
Email: michael@schaalmanlaw.com

Signature: Michael H Schaal

Signature: Roberta J Schaalman

Stacy and Nicole Novinski
1037 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 217-4356
SSNs: 391-90-2999 and 399-98-1242
Email: nikhov2@yahoo.com

Signature: Nicole Novinski

Signature: Stacy Novinski

Kay Koehler
1033 E Ogden Ave, Milwaukee, WI 53202
Phone: (561) 312-3573
SSNs: 325-40-0646
Email: kaykwpb@gmail.com

Signature: Kay Koehler

Dale Skaggs and Lynda Lambert
1025 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 339-2556
SSNs: 329-42-0740 and 357-42-2803
Email: lyndamlambert@gmail.com

Signature: Dale Skaggs

Signature: Lynda Lambert

Marsha Sehler
1027 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 403-6189
SSN: 325-34-7058
Email: msehler@wi.rr.com

Signature: Marsha Sehler

Todd and Mary Dillmann
1041 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 704-0757
SSNs: 393-62-1765 and 390-66-9091
Email: mdillmann@wi.rr.com

Signature: Todd Dillmann

Signature: Mary Dillmann

Thomas Ellis
1035 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 406-2047
SSN: 389-66-9954
Email: tellis170@gmail.com

Signature: Thomas Ellis

Leone Lewensohn
1031 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 276-9351
SSN: 397-26-7622
Email: leone4517@wi.rr.com

Signature: Leone Lewensohn

Marvin and Sharon Strawn
1021 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 477-7252
SSNs: 388-44-5236 and 343-34-0054
Email: sfilz@sbcglobal.net

Signature: Marvin S. Strawn

Signature: Sharon L. Strawn

Susan Ela
1019 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 651-0736
SSN: 328-50-5305
Email: susan.e.ela@gmail.com

Signature: Susan Ela



Homeowner's Historic Rehabilitation Tax Credit Application
Part 1 -- Evaluation of Significance

1. **Property Address** Street _____

City _____ County _____ Zip _____

Listed in the State or National Register in an Historic District or Individually
National/State Register Listing Name: _____

Not listed in the State or National Register, I have enclosed a National
Register Questionnaire with this application. <http://wihist.org/NRQ>

2. **Owner's Name** _____

Street _____

City _____ State _____ Zip _____ Telephone _____

Email address _____

The building is owner-occupied

The building is a rental/income-producing property

3. **Photographs** You must enclose current photographs of all buildings, clearly showing
all exterior sides of the buildings. See instructions on photo submittal and format requirements.

I have enclosed the required photographs of all four sides of the exterior of the building

4. **Owner's Certification**

Signature of Owner _____ **Date** 02/22/2026

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that
the property is my owner-occupied personal residence. By applying to this program, I consent to this
application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI260038

The State Historic Preservation Office has reviewed this application and has determined that:

- the property is listed in the State Register of Historic Places or National Register of Historic Places and is a historic property for
purposes of the Homeowner's Historic Rehabilitation Tax Credit.
- the property contributes to the above-named State Register or National Register historic district and is a historic property for the
purposes of the Homeowner's Historic Rehabilitation Tax Credit.
- the property appears to meet the State Register of National Register Criteria for Evaluation and, therefore is determined to be
historic property for the purposes of the Homeowner's Historic Rehabilitation Tax Credit.
- NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is
not a contributing resource to a State Register or National Register historic district, and does not appear to meet the State or
National Register Criteria for Evaluation; therefore the property is not a historic property for purposes of the Homeowner's
Historic Rehabilitation Tax Credit.

For the State Historic Preservation Officer

Date 3/30/26



WISCONSIN
HISTORICAL
SOCIETY

Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

Per state law, you must receive signed written approval by SHPO before work begins to receive the credits.

1. **Property Address** Street _____
City _____ County _____ Zip _____

2. **Owner's Name** _____
Street _____
City _____ State _____ Zip _____ Telephone _____
Email address _____

3. **Owner's Certification**

Signature of Owner _____ **Date** 02/22/2026

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project. By applying to this program, I consent to this application becoming a public record.

STATE HISTORIC PRESERVATION OFFICE USE ONLY **WHS PROJECT NO.** WI260038

The State Historic Preservation Office has reviewed this application for the above-named property and has determined that: _____ the property is a historic property and the rehabilitation work as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

the property is a historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been submitted and approved.

For the State Historic Preservation Officer 3/30/26
Date

NON-CERTIFICATION

_____**THE OWNER MAY NOT CLAIM THE TAX CREDIT.** The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.

_____**THE OWNER MAY NOT CLAIM THE TAX CREDIT.** The property has not been determined to be historic property for the purposes of this program.

For the State Historic Preservation Officer _____
Date



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

4a. Eligible Tax Credit Work

1. Check the boxes below for the eligible work you plan to complete.
2. If you have an eligible work item not on the list, please add it as "Other". For items marked with an asterisk, see instructions.
3. Complete the estimated cost based on bids and materials cost estimates.
4. Add the estimated start and completion dates. Per state law, approved work must be completed within two years, or up to five years if you file a "Request for Five-year Phasing" form (HPD:WTC004) with this Part 2 application.
5. Provide photos showing the areas of the proposed work.

Each application must have a total of eligible work costs between \$10,000 and \$40,000.

Eligible Work	TOTAL COST OF ABBOT ROW PROJECT EXPECTED TO BE \$80,000. THIS IS PROPOSAL # 2 of 2.				Estimated Costs	Estimated Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Chimney	Repair	Replace	Chimney Cap	Flue Liner				
Doors	Repair	Replace	Front/Rear	Storm				
Rough Electrical	Repair	Update	Panel/Wiring	Wall Repair				
Foundation	Repair	Rebuild	Waterproofing	Interior Drain Tile/ Sump Pump				
Garage*	Roof	Siding	Doors	Foundation				
HVAC	Boiler	Furnace	AC/Mini Split	Ducts				
Masonry	Repoint	Clean						
Painting	House	Trim	Garage	Outbuilding				
Rough Plumbing	Repair	Update	Wall Repair	Water heater				
Porch*	Repair	Replace	Steps			04/01/2026	12/31/2027	
Roof	Repair	Replace	Gutters	Downspouts				
	Soffits	Facia						
Siding	Repair	Replace	Remove artificial					
Structural	Columns	Beams	Joists	Trusses				
Other Utilities	Solar Panels	Geo-Thermal	Well/Septic					
Windows	Repair	Replace	Storm Windows	Skylights		04/01/2026	12/31/2027	
Other						04/02/2026	12/31/2027	
Total Estimated Cost					\$40,000			



Homeowner's Historic Rehabilitation Tax Credit Application

Part 2 – Description of Proposed Work

SHPO must review ALL work for compliance with the Secretary of the Interior's Standards, even if it is not eligible or claimed for tax credits.

4b. Ineligible Tax Credit Work

1. Below, check the box(es) for the ineligible work which you have completed in the last year, or plan to complete during the project.
2. If you have an ineligible work item not on the list, please add it.
3. Complete the estimated cost reflective of bids and materials costs.
4. Enclose photos showing the proposed work.

Ineligible Work				Estimated Costs	Start Date mm/dd/yyyy	Completion Date mm/dd/yyyy	Photos included (check box)
Addition	New	Electrical	Plumbing				
Deck	Addition	Rebuilding	Repair				
Driveway	Repair	New					
Electrical	New Service						
Fireplace	Insert	Conversion & gas plumbing					
Fixtures	Lighting	Plumbing					
Floors	Repair	Refinish	New				
Insulation	Wall	Attic					
Interior	Refinish	Plaster Repair	Painting				
Landscaping	Patio	Fencing					
Plumbing	New Service						
Remodeling	Kitchen	Bath	Attic				
	Basement						
Walls	Opening	Removal	Adding				
Other							
Other							
Total Est Cost							

By checking this box, I attest that I have disclosed all ineligible work.

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Phone: (414) 202-9305
SSNs: 502-52-1381 and 319-42-8112
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Signature: Michael H Schaal

Signature: Roberta J Schaalman

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Phone: (414) 217-4356
SSNs: 391-90-2999 and 399-98-1242
Email: niknov2@yahoo.com

Signature: Nicole Novinski

Signature: Stacy Novinski

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1033 E Ogden Ave, Milwaukee, WI 53202
Phone: (561) 312-3573
SSNs: 325-40-0646
Email: kaykwpb@gmail.com

Signature: Kay Koehler

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Phone: (414) 339-2556
SSNs: 329-42-0740 and 357-42-2803
Email: lyndamlambert@gmail.com

Signature: Dale Skaggs

Signature: Lynda Lambert

Marsha Sehler
1027 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 403-6189
SSN: 325-34-7058
Email: msehler@wi.rr.com

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Email: tellis170@gmail.com

Signature: Thomas Ellis

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1031 E Ogden Ave, Milwaukee, WI 53202
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SSN: 397-26-7622
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SSNs: 388-44-5236 and 343-34-0054
Email: sfilz@sbcglobal.net

Signature: Marvin S. Strawn

Signature: Sharon L. Strawn

Susan Ela
1019 E Ogden Ave, Milwaukee, WI 53202
Phone: (414) 651-0736
SSN: 328-50-5305
Email: susan.e.ela@gmail.com

Signature: Susan Ela