DUE IN STATE OFFICE BY **MARCH 1, 2023**

Upload this form and all relevant documents **saved as ONE PDF** file to:

<https://www.dropbox.com/request/aY0tFczBEZ6SLbJoOreu>

All parties must sign all documents.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| District # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **NOMINATION FOR STATE OFFICER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Must be in current grades 9-11 to run for office.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I submit the name of | | | | | | |  | | | | | | | | | | | a member of | | | | | | | | |  | | | | | | | | | |  | |
| (Name of School) | | | | | | | | | |
| as a candidate for the following State Office: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | PRESIDENT | | | | | |  | | | SECRETARY-TREASURER | | | | |  | | | | | | | | | DISTRICT VICE PRESIDENT | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL ADDRESS | | | | | | | | City       State       Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FBLA CANDIDATE’S ADVISER EMAIL | | | | | | | | | | |  | | | | | | SCHOOL PHONE | | | | | | | | | | (     ) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CANDIDATE’S HOME ADDRESS | | | | | City       State       Zip | | | | | | | | | | | | | | | | | | | | | | | PHONE | | (     ) | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| CANDIDATE’S E-MAIL | | | | | | |  | | | | | | | | | | | | | | FAX NUMBER (     ) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this student in a competitive event? | | | | | | | | | | | | |  | YES | | | | | NO | | | |  |
| If yes, name of event entered | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of years in FBLA | | | | | | | | | |  | | | Local FBLA offices held | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other school offices held | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Offices held in community and church activities | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Present class: | | | | Freshman | | | | |  | | | Sophomore | | | |  | | | | Junior | |  | | | | | | | GPA: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business/Marketing subjects already completed or enrolled in during school year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Work experience (if any) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

Submitted with this form must be:

|  |
| --- |
| Keyed 100-word candidate’s essay “Why I Want to be a State Officer” |
| Signed copy of Commitment statement |
| Signed copy of Responsibilities of a State Officer |
| Signed copy of Travel and Chaperone Consent |
| Signed copy of State Officer Code of Conduct |
| Signed copy of Certification by Local Chapter Adviser |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Signature of Applicant | | Signature of Local Chapter President |

**RESPONSIBILITIES OF ALABAMA**

**FBLA STATE PRESIDENT**

1. I will preside over all Executive Board Meetings and other business meetings of the State FBLA chapter.

2. I will attend all FBLA meetings, workshops, and conferences on the local, state, and national levels in their entirety.

3. I will serve as a delegate at the National Leadership Conference.

4. I will represent the Alabama State Chapter at functions such as the Alabama Association of Career and Technical Education, Alabama Career and Technical Joint Leadership Development Conference, etc. as assigned.

5. I will head the State Installation Team.

6. I will promote FBLA through the visitation of schools, businesses, etc.

7. I will wear official dress (navy blazer with FBLA emblem for male and female; navy skirts and designated blouses for ladies; coordinated tie, dress white/off white shirt and navy slacks for gentlemen) when functioning in my official FBLA role or when requested by the State Adviser.

8. I will complete and submit all assignments by the designated due date.

9. I will abide by the State Officer Code of Conduct.

10. I will approach each task with confidence in my ability to perform my work at a high standard.

11. I understand that failure to comply with the officer responsibilities will result in review of my actions by the FBLA Administrative Board. The Board will follow the due process procedure according to Alabama FBLA By-Laws.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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**RESPONSIBILITIES OF ALABAMA**

**FBLA STATE SECRETARY-TREASURER**

1. I will attend all business meetings of the State chapter, keep an accurate record of the proceedings, and provide three copies of the minutes to the FBLA State Adviser within one week after each meeting.

2. I will read the minutes of all Executive Board Meetings at the following meeting.

3. I will attend all FBLA meetings, workshops, and conferences on the local, state, and national levels in their entirety.

4. I will serve as a delegate at the national leadership conference.

6. I will serve as a member of the State Installation Team.

7. I will promote FBLA through the visitation of schools, businesses, etc.

8. I will wear official dress (navy blazers with FBLA emblem for male and female; navy skirts and designated blouses for ladies; coordinated tie, dress white/off white shirt and navy slacks for gentlemen) when functioning in my official FBLA role or when requested by State Adviser.

9. I will prepare two editions of the State Newsletter and submit print ready copy to the state adviser by the deadline date.

10. I will prepare the state chapter annual business report and submit it to the state adviser in final form by the deadline date.

11. I will complete and submit all assignments by the designated due date.

12. I will abide by the State Officer Code of Conduct.

13. I will approach each task with confidence in my ability to perform my work at a high standard.

14. I understand that failure to comply with the officer responsibilities will result in review of my actions by the FBLA Administrative Board. The Board will follow the due process procedure according to Alabama FBLA By-Laws.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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**RESPONSIBILITIES OF ALABAMA**

**FBLA DISTRICT VICE PRESIDENTS**

1. I will preside in the president's excused absence (district vice president from president's district).

2. I will assist the president in duties assigned to him/her.

3. I will attend all FBLA meetings, workshops, and conferences on the local, state, region, and national levels in their entirety.

4. I will assist host chapter at the region meeting and preside at that meeting.

5. I will serve as a member of the State Installation Team.

6. I will promote FBLA through the visitation of schools, businesses, etc.

7. I will submit articles for the State FBLA Newsletter and State Annual Business Report as assigned.

8. I will wear official dress (navy blazers with FBLA emblem for male and female; navy skirts and designated blouses for ladies; coordinated tie, dress white/off white shirt and navy slacks for gentlemen) when functioning in my official FBLA role or when requested by the State Adviser.

9. I will complete and submit all assignments by the designated date.

10. I will abide by the State Officer Code of Conduct.

11. I will approach each task with confidence in my ability to perform my work at a high standard.

12. I understand that failure to comply with the officer responsibilities will result in review of my actions by the FBLA Administrative Board. The Board will follow the due process procedure according to Alabama FBLA By-Laws.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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**STATE OFFICER CODE OF CONDUCT**

As a state FBLA officer I will:

1. Be totally dedicated and committed to the total program of Career and Technical Education in business/marketing and FBLA.

2. Fully participate in all appropriate activities, conferences, workshops, etc. for which I have responsibility.

3. Be an active member as verified by the local adviser (participated in events, etc.)

4. Attend all officer functions and activities.

5. Consider FBLA officer activities to be my primary responsibility.

6. Serve as a member of the team, always maintaining a cooperative attitude.

7. Evaluate constantly my personality and attitudes, making every effort to improve myself.

8. Conduct myself in a manner that commands respect without any display of superiority.

9. Treat all FBLA members equally.

10. Maintain at least an over-all “C” average during each grading period.

11. Have no more than one unexcused absence per grading period (as defined in homeroom register).

12. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon the FBLA‑PBL association.

13. Forego all alcohol, tobacco, and illegal substances at all times during my year of service.

14. Avoid places and actions that in any way could raise questions as to my moral character or conduct.

15. Not violate any state or federal laws.

16. Through preparation and practice, develop myself into an effective public speaker and project a desirable image of the FBLA at all times.

17. Accept and search out constructive criticism and evaluation of my total performance.

18. Work in harmony with fellow FBLA officers, and not knowingly engage in conversations detrimental to other FBLA members, officers, or adults.

19. Take and follow instructions as directed by those responsible for them.

20. Communicate to the FBLA‑PBL State Adviser any circumstances that prevent carrying out predetermined plans at assigned conferences.

21. Regularly and timely write letters, reports, and other correspondence that are necessary and desirable.

22. Not damage or deface property. Damages to any property or furnishings in hotel rooms, private accommodations, and/or buildings will be paid for by state officers at their own expense.

1. Maintain and protect my health.

24. Abide by dress code as explained in the state officers’ manual and the prescribed association dress code.

25. Not wear any campaign materials at the national or state leadership conference, nor will I campaign for a candidate or serve as a campaign manager, except when campaigning for myself.

26. Follow all other policies as listed in the Alabama FBLA Code of Conduct Conference Policies.

27. Resign my office if there are any changes in marital or parenthood status.

28. I will be honest and sincere.

I have read, studied, and understand the above points. If elected to office, I will carry out my responsibilities in accordance with these statements and understand that I can be removed from office at any time if I do not completely adhere to these established standards for FBLA state officers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Witness) Parents

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Witness) Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code Date

**(Returning this form is a prerequisite to running for Office)**

STATE OFFICER APPLICATION

Commitment Statement

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office seeking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Serving as a successful FBLA-PBL state officer is a unique commitment that requires a strong partnership between the officer, the adviser, and school officials. This form is to be completed and signed by each party and returned to the state office.

### Chapter Adviser

If **If \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is elected to FBLA-PBL state officer, I agree to**

Place and “x” in each box and sign.

* Support this officer if he/she is elected by attending all meetings and conferences and assisting with related duties.
* Ensure that all school policies regarding travel and absences are followed.
* Ensure that school officials are appropriately informed of officer activities.
* Assist the officer in making appropriate travel arrangements.
* Monitor the officer’s academic program.
* Communicate with FBLA-PBL State staff regarding any officer performance issues.
* Attend all Executive Board Meetings and other business meetings of the State, serving as ex-officio, non-voting

member.

* Attend all FBLA meetings, workshops, and conferences on the local, district, and state levels.
* Assist the state officer from my chapter in performance of all duties and responsibilities. I will secure the endorsement

and support of parents, school officials, and employers, if applicable.

* Carry out duties assigned at Career and Technical Leadership Conference and the District and State Leadership Conferences, which may include administering tests, chaperoning dances, assisting with decorations, registration, etc.
* Be prepared to devote office space and personal time to my state officer.
* Be informed about state and national programs, priorities, and critical issues so ideas and counsel may be given to my

state officer.

* Present a positive image of FBLA-PBL and its programs.
* Proofread and initial before mailing all correspondence, newspaper articles, etc., written by my state officer and ensure

deadlines are met.

* Review all speeches, workshop presentations, etc. for which my state officer is responsible. I will practice these with

my state officer and ensure that the officer is well prepared before attending the meeting, workshop, or conference

including memorization of special parts assigned.

NOTE: A stipend for officer and officer adviser will be provided to cover travel expenses for NLC (stipend will not be given to chaperone if adviser does not attend NLC).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# State Officer Applicant

## If elected to serve FBLA-PBL as a member of the State Officer Team, I agree to

Place an “x” in each box and sign

* Remain committed to my education and family obligations.
* Make FBLA-PBL state service my top priority after my education and family responsibilities.
* Take the EXTRA STEP as a state leader and promote the growth and success of chapters.
* Attend all required meetings, activities, and events in their entirety.
* Cooperate with my school, adviser, local chapter, state chapter, and national association throughout the year.
* Perform all assigned officer responsibilities.
* Keep my school administration, local adviser, and state adviser informed of all activities.
* Maintain the highest degree of personal honor, integrity, and ethics.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### School Administrator

#### If \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is elected to FBLA-PBL state office I agree to

#### Place an “x” in each box and sign

* Support this officer if he/she is elected.
* Support the adviser’s role throughout the year and attendance at required events.
* Enable the officer and adviser to attend events required of a state officer and state officer’s adviser.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OFFICER APPLICATION

Name                                          Phone Number                

School                                         Phone Number                

Directions: All FBLA-PBL members must adhere to their local school’s student transportation and chaperone policy and procedures. Please attach a copy of the completed school documentation pertaining to student travel for school activities or complete the form below

**School administrator initial each of the following that apply:**

**\_\_\_\_\_\_\_\_** If approved by the parent/guardian, the above-named student may utilize public transportation by herself/himself to functions as part of his/her official responsibilities if a school official or parent drops the student off and a representative of Future Business Leaders of America-Phi Beta Lambda, Inc. picks the student up and provides appropriate chaperonage.

\_\_\_\_\_\_\_\_ The above-named student may be transported with representatives of Future Business Leaders of America-Phi Beta Lambda, Inc. to or during functions as part of his/her official responsibilities.

\_\_\_\_\_\_\_\_ The above-named student may be chaperoned by a representative of Future Business Leaders of America-Phi Beta Lambda, Inc. in the event that a school employee or parent is unable to participate in functions required of state officers in the fulfillment of their official responsibilities.

As a school official, my signature below verifies that the above modes of transportation are not in violation of our student transportation policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator Date

My signature below indicates that I have read and understand the enclosed student transportation policy. In addition, I agree to adhere to the above mode(s) of transportation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

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**CERTIFICATION FOR FBLA OFFICER APPLICANTS**

The local chapter adviser and prospective applicant should be familiar with the general regulations that govern the nomination and election of state officers presented in the State Bylaws and the current State Officers Guidelines and Procedures.

The responsibility for sponsoring the state officer candidate is vested in the local chapter. (Should the candidate be elected, the local adviser will serve a concurrent term as a member of the FBLA State Executive Council.)

**CERTIFICATION BY LOCAL CHAPTER ADVISER**

(Complete and mail to state chairperson)

|  |  |  |
| --- | --- | --- |
| The credentials for | , who is the choice of our chapter, are attached. To the | |
|  | | |
| best of my knowledge, this applicant meets the qualifications specified in the State Bylaws and the current State Officer | | |
|  | | |
| Guidelines and Procedures for the office of state | | , and if elected, will |
|  | | |
| receive the enthusiastic support of the school, chapter, and adviser in the execution of the duties of the office. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Local Adviser's Signature | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
| School | | | |  | | | | | | Chapter # | |  | |
|  | | | | | | | | | | | | | |
| City |  | | | | | State |  | Zip |  | | Phone | | (      ) |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Principal's Signature | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Parent's Signature | |  | | | | | | | | | | | |

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