Recording Requested By: PLANNING DEPARTMENT COUNTY OF HUMBOLDT

DATED: March 21, 2023.

Exempt from fees per Government Code Section 27383

Return To:

Planning and Building Department – Planning Division 3015 H Street Eureka, CA 95501-4484

CERTIFICATION OF REZONING

(NOTICE OF TIMBERLAND PRODUCTION ZONE STATUS)

Pursuant to Government Code Sections 51117, 51140 and 51141, I hereby certify that on March 21, 2023, the Humboldt County Board of Supervisors, by Ordinance No. 2711, rezoned through an immediate conversion, approximately 1.5 acres from Timberland Production Zone (TPZ) to Unclassified (U) more fully described in said Ordinance and the map for the rezoned land (Attachment A, Exhibit 1A-1C, and Attachment B, of Resolution No. 23-44), a copy of which is attached to this Certification.

The ordinance shall take effect and be in full force thirty (30) days from the date of its passage.

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Chair of the Board of Supervisors of the County of Humboldt, State of California.

Steve Madrone

CERTIFICATE OF ACKNOWLEDGMENT
STATE OF CALIFORNIA COUNTY OF HUMBOLDT } }
On this day of 20, before me, See A Hached
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.
Witness my hand and official seal.

Other:

Signer Is Representing: _

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of before me, Shannon R Wilson, Notani Here Insert Name and Title of the Officer Date personally appeared Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. SHANNON R. WILSON WITNESS my hand and official seal. Notary Public - California Humboldt County Commission # 2438373 Comm. Expires Mar 14, 2027 Signature Signature of Notary Public Place Notary Seal Above OPTIONAL -Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: □ Corporate Officer — Title(s): □ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General Individual ☐ Attorney in Fact Individual Attorney in Fact Trustee ☐ Guardian or Conservator Trustee ☐ Guardian or Conservator

Other:

Signer Is Representing: