U. S. Department of Commerce, NOAA National Marine Fisheries Service 263 13th Avenue South St. Petersburg, FL 33701

Certificate No. [certificate number]

This is to Certify that [shareholder name] is the owner of [shares] percentage shares of the Wreckfish Fishery transferable only on the books of the National Marine Fisheries Service, Southeast Region, by the holder hereof upon Surrender of this certificate properly endorsed.

Witness, the signatures of its duly authorized officers

Transfer Agent	
Regional Administrator	
Date	

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, 263 13th Ave South, St. Petersburg, FL 33701. The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson-Stevens Act. Information submitted will be submitted as confidential in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a

OMB Number: 0648-

Expires: 11/30/2014

For the value of \$, I (we) hereby sell, assign and transfer	unto:		
Name(s):	nd Last Name(s) or Name of Business* as w	:11 4b	: <i>C</i> :	
First, Middle, ar	id Last Name(s) or Name of Business* as w	ill appear on the cert	ificate	
Mailing Address:				
City/State/Zipcode:				
Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Fil (MM/DD/YYYY)	ed (A	rea code) Phone N	umber
*If the shareholder's certificate is owned by business. Please attach additional sheets as i				
Position held – check ALL that apply				
President Vice President Secre	tary Treasurer Director/Manage	er Shareholder	Other	
Percent (%) of corporation held				
Name:	First, Middle, and Last Name			
Mailing Address:				
City/State/Zipcode:				
Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Fil (MM/DD/YYYY)	ed (A	rea code) Phone N	umber
percentage shares represe	ented by the within certificate and d	o hereby irrevoc	ably constitute	and appoint
the Transfer Agent to transfer the s Region	said shares on the books of the Na	tional Marine Fi	isheries Servic	e, Southeast
Buyer's Signature	Desition	Data		
buyer's Signature	Position	Date		
Additional Buyer, if held jointly	Position	Date		
 Seller's Signature	Position	Date		
ocher o organicare	rosidon	Dute		
Additional Seller, if held jointly	Position	Date		
NOTARY PUBLIC: The above instrum	nent was acknowledged before me this _	day of		
		Day	Month	Year
byName of confiscate coller	who i	s personally know	n to me or who h	as produced
rvaine of Certificate Selier			as idont	ification.
Type of identification			as idein	incation.
	, Notary Public Comi	mission Number		
Signature of Notary Public	, INOLATY PROJECT COILL	imooioii ivuillueli _		
Name of Notary typed, printed	or stamped			

Any or all share certificates previously issued in the name of any Buyer(s) named above must be enclosed herewith for reissue pursuant to this transfer.