

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

penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

For the value of \$ _____, I (we) hereby sell, assign and transfer unto:

Name(s): _____
First, Middle, and Last Name(s) or Name of Business* as will appear on the certificate

Mailing Address: _____

City/State/Zipcode: _____

Tax ID # (Federal Tax ID or SSN) Date of Birth or Date Business Filed (Area code) Phone Number
(MM/DD/YYYY)

*If the shareholder's certificate is owned by a business, then complete this section for each officer and shareholder associated with the business. Please attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business.

Position held – check ALL that apply
President _____ Vice President _____ Secretary _____ Treasurer _____ Director/Manager _____ 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 Filed (Area code) Phone Number
(MM/DD/YYYY)

_____ percentage shares represented by the within certificate and do hereby irrevocably constitute and appoint the Transfer Agent to transfer the said shares on the books of the National Marine Fisheries Service, Southeast Region

Buyer's Signature Position Date

Additional Buyer, if held jointly Position Date

Seller's Signature Position Date

Additional Seller, if held jointly Position Date

NOTARY PUBLIC: The above instrument was acknowledged before me this _____ day of _____, _____
Day Month Year

by _____ who is personally known to me or who has produced
Name of certificate seller

_____ as identification.
Type of identification

_____, Notary Public Commission Number: _____
Signature of Notary Public

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.