



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



*Certificate No. «Number»*

*This is to Certify that «Shareholder» holds  
«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*

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Transfer Agent

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Regional Administrator

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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 13<sup>th</sup> 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/ZIP Code: \_\_\_\_\_

\_\_\_\_\_  
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/ZIP Code: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_.

by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ 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.