Exhibit 9



Volkan Alkanoglu

Print Name

APPROVED Daniel Bercher

By Daniel Beecher at 8:35 am, Oct 08, 2025

Date:	2/24/25
Name of Vendo Address City State Zip	volkan Alkanoglu DESIGN LLC
	135 NW 9th Ave #814, Portland, OR 97209
Dear UC	ikan Alkanoglu Design LLC:
Your company Insurance to co- you are require employees and	has fewer than four employees, and you have elected not to purchase Workers' Compensation were these employees. The State of Florida allows your company to operate without insurance, however do by the State to "post clear written notice in a conspicuous location at each worksite directed to a other persons performing services at the worksite of their lack of entitlement to benefits" as described of the Florida Statutes.
EMPLOYMEN	mpano Beach requires: ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THIT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJUR'BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.
	area below acknowledging your compliance with the above requirements. Return this original letter that the Atlantic Boulevard, Pompano Beach 33060. If you have any questions about this letter please telephone media.
Sincerely,	
Laura 1	Vewitt
Cultural Affairs	s Department
insurance cover responsible for	plu DESIGN LLC has posted notice(s) declaring the absence of Workers' Compensation rage, as required by the State of Florida Volkan Alkanoglu DESIGN 1, agrees to be the employment, control and conduct of our employees and for any injury sustained by such are course of their employment.
18	2/24/25
Signature	V Date