

Exhibit 9



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

Date: 2/24/25

Name of Vendor Volkan Alkanoglu DESIGN LLC
Address
City State Zip 135 NW 9th Ave #814, Portland, OR 97209

Dear Volkan Alkanoglu Design LLC:

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation Insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 50 West Atlantic Boulevard, Pompano Beach 33060. If you have any questions about this letter please telephone me at 954.545-7800.

Sincerely,

Laura Newitt

Cultural Affairs Department

Volkan Alkanoglu DESIGN LLC has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida Volkan Alkanoglu DESIGN LLC, agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.



Signature

2/24/25

Date

Volkan Alkanoglu

Print Name