

Full Term Certificate No.: PM-171109

Interim Certificate No.: PM-17 222 016

DOCUMENT OF COMPLIANCE

Issued under the provisions of the International Convention for the Safety of the Life at Sea, 1974, as amended,

UNDER THE AUTHORITY OF THE GOVERNMENT OF THE REPUBLIC OF PANAMA

Name and Address of the Company:

(See paragraph 1.1.2 of the ISM Code)

ROOM 501, KUKJE OFFICETEL, 1147-14, CHORYANG-DONG, DONG-GU, BUSAN, KOREA

Company Identification Number:

5370149

THIS IS TO CERTIFY THAT the safety management system of the company has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) for the types of ships listed below (*):

Passenger Ship
Passenger high-speed craft
Cargo high-speed craft
Bulk carrier
Oil tanker

Gas carrier

Mobile offshore drilling unit

Other cargo ship

Completion date of the verification on which this certificate is based:

O1 / JUNE / 2017

(Day / Month / Year)

This Document of Compliance is valid until:

O7TH
(Day)
(Month)
(Year)

Subject to periodical verification.

Chemical tanker

Issued at : PANAMA, REP. OF PANAMA , O1ST of SEPTEMBER of 2017 (Place of issue of the Document) (Day) (Month) (Year)

Name and Signature of the duly authorized official issuing the Document

Panama Maritime Documentation Services Inc.

^(*) Delete as appropriate

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ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with Regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the Safety Management System was found to comply with the requirements of the ISM Code.

| 1 ST ANNUAL VERIFICATION | Name: | |
|-------------------------------------|-------------|---|
| Authorization No.: | Signed: | |
| | - 3 | Signature of Authorized Official |
| | | By: Panama Maritime Documentation Services Inc. |
| | Place/Date: | |
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| 2 ND ANNUAL VERIFICATION | Name: | |
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| Authorization No.: | | Signature of Authorized Official |
| | | By: Panama Maritime Documentation Services Inc. |
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| OPD ANNUAL MEDICIOATION | Manager | |
| 3 RD ANNUAL VERIFICATION | Name: | |
| | Signed: | |
| Authorization No.: | | Signature of Authorized Official |
| | | By: Panama Maritime Documentation Services Inc. |
| | Place/Date: | |
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| ATH ANNUAL MEDICIOATION | 100 | |
| 4 TH ANNUAL VERIFICATION | Name: | |
| | Signed: | |
| Authorization No.: | | Signature of Authorized Official |
| | | By: Panama Maritime Documentation Services Inc. |
| | Place/Date | |

ISM/DOC/FTC/P (02/13) 2/2