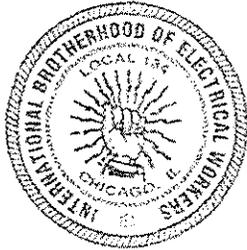


EXHIBIT A



Chicago & Cook County Building & Construction Trades Council

INTERNATIONAL BROTHERHOOD OF

Electrical Workers' Local 134 of Chicago

Meets 1st Thursday Evening of every month.

Phone 312-454-1340

600 W. Washington Blvd. Chicago, IL 60661-2490

2014
JAN.
FEB.
MAR.

36

SEN 3-14-88 D777635 A JW

FEDERICO E BIOSCA

320 ALEXIS CT

GLENVIEW, IL 60025-4712

is a member in good standing of above Organization.

Bond Bros. & Co.

President

Business Manager/Fin. Sec.

FORM 1

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
OFFICIAL RECEIPT

MEMBER'S COPY

SERIES KP-02

0121181

CL 1#30542

LOCAL UNION PORTION		LOCAL UNION PORTION												PAID					
AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	DATE PAID THRU	TOTAL												
204.00	9	7.44	10			01/06/2014	458.00												
180.00	25	76.56	13					CARD NO. 014											
								MEMBER TYPE											
								A BA											
								D966162											

JOURNEY WIREMAN
TRADE CLASSIFICATION

John G Thatcher
32065 S Warner Bridge Rd
Wilmington IL 60481

JOHN G THATCHER

REC'D OF

EXHIBIT C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Assurance Agency, Ltd. One Century Centre 1750 E. Golf Road Schaumburg IL 60173-	CONTACT NAME: Katie Tarpey	
	PHONE (A/C, No., Ext): (847) 463-7271	FAX (A/C, No.): (847) 440-9123
E-MAIL ADDRESS: ktarpey@assuranceagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED BLOCELE-01		INSURER A: St. Paul Fire & Marine
Block Electric Co., Inc. 7107 N. Milwaukee Ave. Niles IL 60714-		INSURER B: New Hampshire Ins 23841
		INSURER C: Amerisure Insurance Company
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 395861248 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPP20761530201	5/1/2013	5/1/2014	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA2076154	5/1/2013	5/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$		ZUP-14R09110-12-NF	5/1/2013	5/1/2014	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC048250407	5/1/2013	5/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Leased & Rented		CPP20761530201	5/1/2013	5/1/2014	Amount: \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Federal Employer Identification Number: 36-2097040

Proof of Insurance.

CERTIFICATE HOLDER Illinois Commerce Commission 527 E. Capitol Avenue Springfield, IL 62701	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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