

Exhibit A

AFFIDAVIT

I, Donald Butler, do hereby attest that I am the qualifying person for the applicant and have satisfactorily completed at least (5) installations of Distributed Generation facilities.

1. Peggau Residence (6.68kW), installed 10/2/2013, 1426 Ferncroft Ct, Naperville, IL
2. Saulis Residence (9.31kW), installed 10/31/2013, 5627 S Garfield Ave, Hinsdale, IL
3. Ramirez Residence (2.45kW), installed 7/12/2013, 211 N Stratford Road, Arlington Heights, IL
4. Durkin Residence (8.82kW), installed 9/1/2013, 461 S Cottage Hill, Elmhurst, IL
5. Raab Residence (4.00kW), installed 5/6/2013, 114 Appian Way, Vernon Hills, IL

Here are my contact details and information:

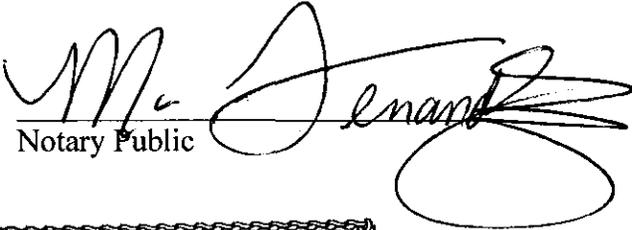
1240 Mark St.  
Bensenville, IL 60106  
(630) 833-2389 ext 386  
[dbutler@kapitalelectric.com](mailto:dbutler@kapitalelectric.com)



Donald Butler

(To be completed by a Notary Public)

Subscribed and sworn to before me this 13<sup>th</sup> day of March 2014.



Notary Public





Rahm Emanuel, Mayor

# *Certificate of Registration*

*issued by the*

***Department of Buildings***  
***of the City of Chicago***

*This is to Certify that  
located at*

**KAPITAL ELECTRIC COMPANY - ECC94196  
1240 MARK STREET BENSENVILLE, IL 60106**

*having complied with the requirements of Ordinances passed by the City Council of the City of Chicago  
providing for the registration of electrical contractors is hereby recorded as a*

**REGISTERED ELECTRICAL CONTRACTOR**

**General Electrician**

*and is entitled to perform electrical work in the City of Chicago under the Direction of Supervising Electrician  
provided that such work permits are subject to the provisions of all the Ordinances of the City of Chicago  
now in force or which may be hereafter passed. This certificate EXPIRES June 15, 2014.*

**SUPERVISING ELECTRICIAN: DONALD T BULTER - SE6840**

*In Witness Whereof I have hereunto set my hand on May 6, 2013.*

Handwritten signature of Michael Merchant in black ink.

Michael . Merchant, Commissioner

“EXHIBIT A”

Verify that all of your Illinois Business Authorization information is correct.

✓ If not, contact us immediately.

✓ If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard** - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

**Illinois Business Authorization**

**KAPITAL ELECTRIC INC**

**1240 MARK ST  
BENSENVILLE IL 60106-1022**

**Expiration Date:  
8/15/2016**

**Loc. Code: 022-0003-1-001  
Bensenville (DuPage)  
DuPage County**

**Certificate of Registration**

**Sales Tax ID: 022-0003-1-001-001 (4050-8341)**

**Director**  
**ISSUED DATE: 01/17/2012**



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: DL

DATE (MM/DD/YYYY)

08/08/2013

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).

<b>PRODUCER</b> Midwest Insurance Brokerage Ser 54 W. Seegers Rd. Arlington Heights, IL 60005 Dennis Light	Phone: 847-427-8000 Fax: 847-640-8011	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>KAP-105</b>	FAX (A/C, No):																				
	<b>INSURED</b> Kapital Electric Co., Inc. 1240 Mark St Bensenville, IL 60106		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Rockford Mutual Ins. Co.</td> <td>27065</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Rockford Mutual Ins. Co.	27065	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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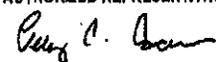
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			COIL011446	07/15/2013	07/15/2014	EACH OCCURRENCE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input 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			COIL011446	07/15/2013	07/15/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DEDUCTIBLE</b> <b>RETENTION \$</b>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

ELECTRICAL CONTRACTOR

<b>CERTIFICATE HOLDER</b>  KAPITAL  Kapital Electric Co., Inc. FOR INFORMATION PURPOSES ONLY 1240 Mark St Bensenville, IL 60106	<b>CANCELLATION</b>  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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