

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TMLT INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



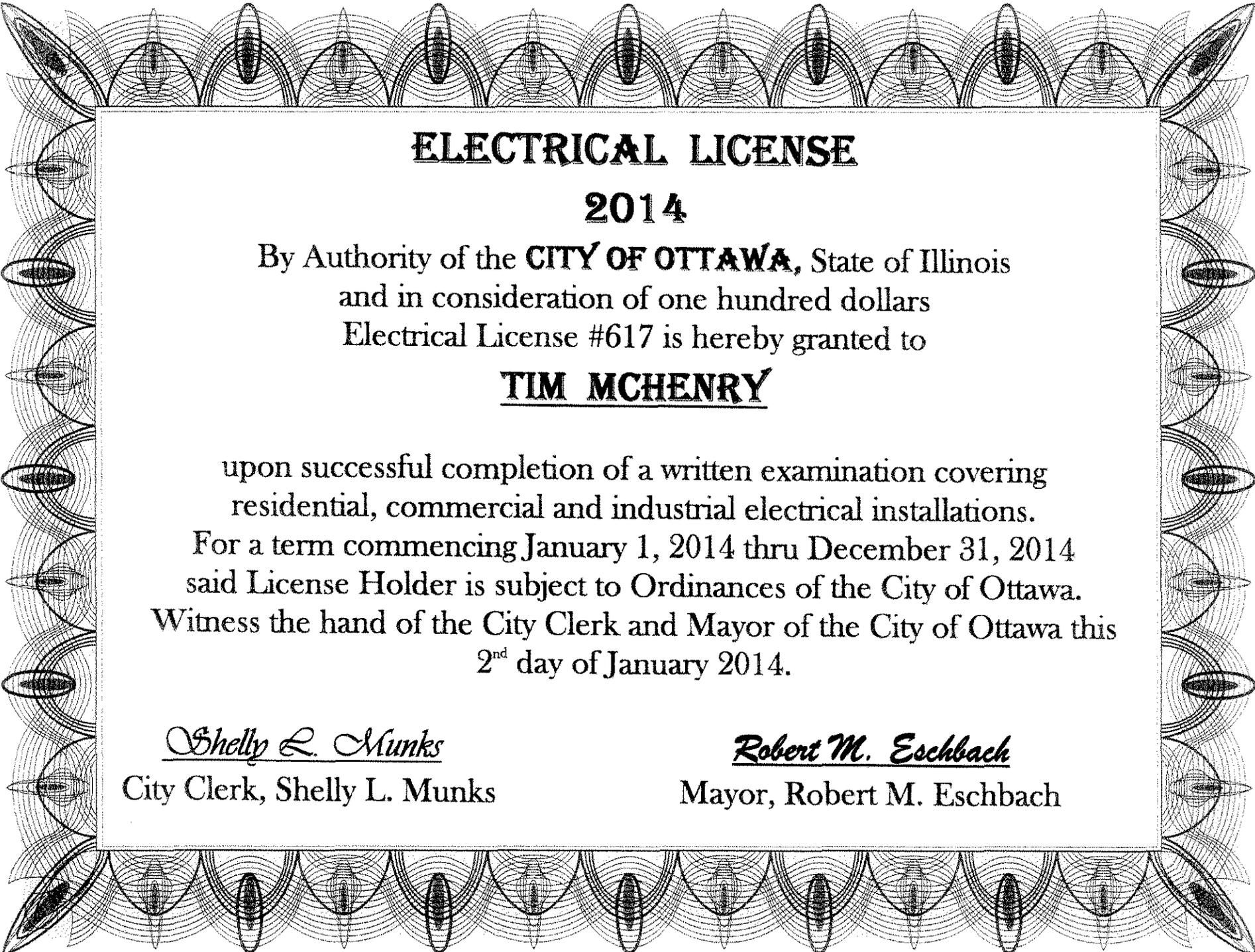
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of APRIL A.D. 2013 .

Jesse White

Authentication #: 1311201824

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE



ELECTRICAL LICENSE

2014

By Authority of the **CITY OF OTTAWA**, State of Illinois
and in consideration of one hundred dollars
Electrical License #617 is hereby granted to

TIM MCHENRY

upon successful completion of a written examination covering
residential, commercial and industrial electrical installations.

For a term commencing January 1, 2014 thru December 31, 2014
said License Holder is subject to Ordinances of the City of Ottawa.
Witness the hand of the City Clerk and Mayor of the City of Ottawa this
2nd day of January 2014.

Shelly L. Munks

City Clerk, Shelly L. Munks

Robert M. Eschbach

Mayor, Robert M. Eschbach



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/13/2014

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 Jim Donahue, Agent 1005 E. 31st Street La Grange Park, IL 60526  | CONTACT NAME: Janell Dunker PHONE (A/C, No, Ext): 708-354-1616 E-MAIL ADDRESS: Janell@JimDonahue.com | | FAX (A/C, No): 708-354-1649 |
| | INSURER(S) AFFORDING COVERAGE | | |
| INSURED Mr. Electric of the North Shore 2425 Pfingsten Rd. Glenview, IL 60026 | INSURER A : State Farm Fire and Casualty Company | | NAIC # 25143 |
| | INSURER B : State Farm Mutual Automobile Insurance Company | | 25178 |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

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 | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | 93-CQ-Z712-9 | 08/01/2013 | 08/01/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 810 9796-D03-13A 576 9323-C03-13A | 04/03/2014 03/03/2014 | 10/03/2015 09/03/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 500,000 |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | 93-CS-N222-2 | 08/01/2013 | 08/01/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

| | |
|---------------------------|---|
| CERTIFICATE HOLDER | 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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Public Redacted
Exhibit A

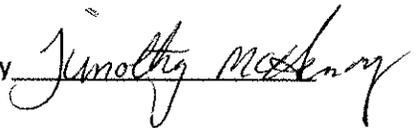
Affidavit

I, Timothy McHenry do hereby attest that I am the qualifying person for the applicant and have satisfactory completed at least five installations of electrical vehicle charging stations.

1. Thomas Greenhaw, Installed April 30, 2013, located at [REDACTED] Dr., Glenview, IL 60025
2. Daniel Ushmen, Installed September 18, 2013, located at [REDACTED] Chicago, IL 60093
3. Brad Charcut, Installed June 18, 2013, located at [REDACTED], Northfield, IL 60093
4. Mike Jones, Installed September 4, 2013, located at [REDACTED]. Deerfield, IL 60022
5. Bruce Sayer, Installed August 12, 2013, located at [REDACTED]. Northbrook Illinois 60062

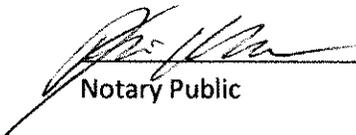
Here are my contact details and information

Timothy McHenry
2425 Pfingsten Rd.
Glenview, IL 60026
tjmchenry@msn.com

Timothy McHenry 

To be completed by a Notary Public
Subscribed and sworn to before me

This 14th day of May, 2014



Notary Public

