

EXHIBIT A

Affidavit of Thomas Zimmer

State of Illinois

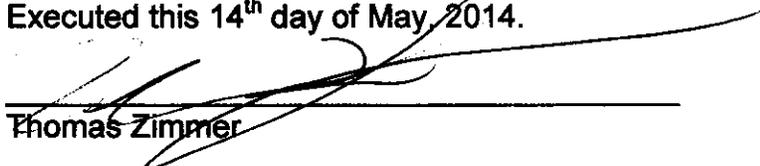
County of Cook

The undersigned, Thomas Zimmer, being duly sworn, hereby deposes and says:

1. I am over the age of 18 and am a resident of the State of Illinois. I have personal knowledge of the fact herein, and if, called as a witness could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
3. I am a certified Journeyman Electrician with International Brotherhood of Electrical Workers (IBEW) Local 134.
4. My IBEW Local 134 Union Card Number is [REDACTED]
5. I have a Supervising Electrician's License from the City of Chicago Department of Building, ID # [REDACTED] which expires in February 2015.

Under penalties as provided by Illinois law, the undersigned certifies that the statements set forth in this instrument are true and correct.

Executed this 14th day of May, 2014.



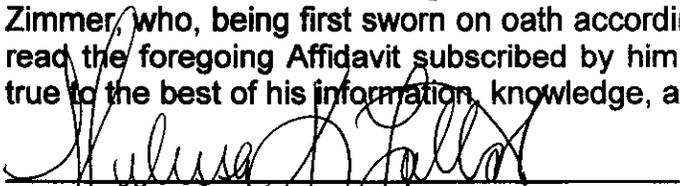
Thomas Zimmer

Notary Acknowledgement

State of Illinois

County of Cook

This Affidavit was acknowledged before me on this 14th day of May, 2014 by Thomas Zimmer, who, being first sworn on oath according to law, deposes and says that he has read the foregoing Affidavit subscribed by him, and that the matters stated herein are true to the best of his information, knowledge, and belief.



Melissa K Talbot, Notary Public
My Commission expires 12/05/2017





Chicago & Cook County Building & Construction Trades Council
INTERNATIONAL BROTHERHOOD OF

Electrical Workers Local 134 of Chicago

Meets 1st Thursday Evening of every month.

Phone 340

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

| |
|------|
| 2014 |
| APR. |
| MAY |
| JUNE |
| 36 |

[REDACTED] A JW
THOMAS ZIMMER

[REDACTED]

is a member, in good standing of above Organization.

Thomas A. Manning

T. Zell

Bond Bros. & Co.

President

Business Manager/Fin. Sec.



Rahm Emanuel, Mayor

Certificate of Registration

issued by the

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

*This is to Certify that
located at*

**ALL-TECH. ELECTRICAL CONSTRUCT - [REDACTED]
4645 W. 138TH ST. CRESTWOOD, IL 60455**

*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 February 27, 2015.*

SUPERVISING ELECTRICIAN: THOMAS F. ZIMMER - [REDACTED]

In Witness Whereof I have hereunto set my hand on January 29, 2014.

A handwritten signature in cursive script, appearing to read "Thomas F. Zimmer", written over a horizontal line.

EXHIBIT C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/7/2014

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 Hicks Insurance Group 19144 S 88th Ave Mokena IL 60448 | | CONTACT NAME: Susan Devries PHONE (A/C No. Ext): (708) 532-7474 E-MAIL ADDRESS: susan@hicksinsurance.com FAX (A/C No.): (708) 532-7677 | | | | | | | | | | | | | | | |
|--|--------|---|--|-------------------------------|--------|-----------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED All-Tech Electrical Construction Co. 4645 W. 138th Street Crestwood IL 60445 | | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A Acuity Insurance</td> <td>14184</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A Acuity Insurance | 14184 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | | | |
| INSURER A Acuity Insurance | 14184 | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** CL144303800 **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 | | | X15818 | 4/14/2014 | 4/14/2015 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A | AUTOMOBILE LIABILITY | | | X15818 | 4/14/2014 | 4/14/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | Medical payments \$ 5,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | X15818 | 4/14/2014 | 4/14/2015 | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | X15818 | 4/14/2014 | 4/14/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certification to install, maintain or repair electric vehicle charging station facilities under section 16-128A of the Public Utilities Act.

CERTIFICATE HOLDER

CANCELLATION

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, IL 62701

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

Jerry Hicks/SUSAN