

EXHIBIT A

EXHIBIT A:

Exhibit A contains the following information for each qualified person who will perform or directly supervise installations, maintenance, or repairs to satisfy the requirements of Part 469.40. Attached is a copy of the certification of satisfactory completion of the relevant training program.

QUALIFIED PERSON:

Erik Brandenburger
Owner
New Chicago LLC
773-317-3745
erikbrandenburger@hotmail.com


Erik Brandenburger



CERTIFICATE OF COMPLETION

**This is to certify that
Erik Brandenburger**

has successfully completed the UL Knowledge Services Training

Electric Vehicle Charging System Installation

7/18/2014



Patrick Boyle
President, UL Knowledge Services

Form **LLC-5.5**

Illinois
Limited Liability Company Act
Articles of Organization

FILE # 04461142

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
www.cyberdriveillinois.com

Filing Fee: \$500
Expedited Fee: \$100
Approved By: REH

FILED
JUL 19 2013
Jesse White
Secretary of State

1. Limited Liability Company Name: NEW CHICAGO LLC
2. Address of Principal Place of Business where records of the company will be kept:
3133 HOME AVE
BERWYN, IL 60402
3. Articles of Organization effective on the filing date.
4. Registered Agent's Name and Registered Office Address:
ERIK BRANDENBURGER
3133 HOME AVE
BERWYN, IL 60402-2911 COOK
5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."
6. The LLC is to have perpetual existence.
7. The Limited Liability Company has management vested in the member(s).
BRANDENBURGER, ERIK
3133 HOME AVE
BERWYN, IL 60402

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: JULY 19, 2013

ERIK BRANDENBURGER
3133 HOME AVE
BERWYN, IL 60402

Form **LLC-1.20**

Illinois
Limited Liability Company Act
Application to Adopt an Assumed Name

FILE # **4461142**

Secretary of State **Jesse White**
Department of Business Services
Limited Liability Division
Room 351 Howlett Building
501 S. Second St.
Springfield, IL 62756
www.cyberdriveillinois.com

Filing Fee: **60.00**
Approved: **JMD1**

FILED
Jul 26, 2013
Jesse White
Secretary of State

1. Limited Liability Company Name: NEW CHICAGO LLC
2. State under the laws of which the company is organized: IL
3. Date organized or authorized in Illinois: 07/19/2013
4. The Limited Liability Company intends to adopt and transact business under the assumed name of:
NEW CHICAGO SOLAR

The right to use the assumed name shall be effective from the date this application is filed by the Secretary of State until 07/01/2015, the first day of the company's anniversary month in the next year, which is evenly divisible by five.

5. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated Jul 26, 2013
Month & Day Year

ERIK BRANDENBURGER

Name

MEMBER

Title

ERIK BRANDENBURGER

If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Insurance Intermediaries Inc. 280 N High Street Ste 300 Columbus, OH 43215	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Liability Insurance Company	NAIC # 27714
INSURED Erik Brandenburger dba New Chicago Solar 3133 Home Ave Berwyn, IL 60402	INSURER B:	
	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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CL 1666247	08/18/2014	08/15/2015	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)

No Additional Insured or Special Wording

CERTIFICATE HOLDER

CANCELLATION

NONE LISTED
NONE LISTED
NONE LISTED
NONE LISTED

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

