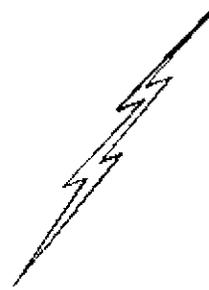


KEITH MARTIN, INC.
1005 East 9th
Johnston City, IL 62951



ELECTRICAL CONSTRUCTION
618-983-5550
FAX No. 618-983-6710
martinelectric.us

DATE: 10/27/2014

TO: ILLINOIS COMMERCE COMMISSION

REGARDING: ELECTRIC VEHICLE CHARGING STATION INSTALLER CERTIFICATION

MESSAGE: EXHIBIT 'A'

ATTACHED ARE THE REQUIRED CERTIFICATIONS FOR THE FOLLOWING PERSONS:

KIM ARCHIONE – JOURNEYMAN ELECTRICIAN (2 PAGES)

BILLY BONE – APPRENTICE ELECTRICIAN (2 PAGES)

THANK YOU

CATHY LINTON

cathylinton@martinelectric.us

EXHIBIT "A"



JOINT APPRENTICESHIP & TRAINING COMMITTEE
I.B.E.W. Local Union 702 & Southern IL Chapter N.E.C.A.
William "Bill" Yeager, Training Director



11846 Country Club Rd.
West Frankfort, IL 62896
E-Mail: byeager@ibew702.org

Office: 618-937-3311
Fax: 618-932-3400
Cell: 618-534-9079

October 27, 2014

To Whom It May Concern:

The following individual is a Journeyman Inside Wireman registered with the U.S. Department of Labor Bureau of Apprenticeship and Training, under the sponsorship of I.B.E.W. Local Union # 702, and the Southern Illinois Chapter of NECA, under Program # IL006780039:

KIM ARCHIONE - COMPLETION: AUGUST, 1983

We, the sponsor, confirm the apprentice has demonstrated competencies in all phases of the required on-the-job training and classroom instruction as stated in our registered apprenticeship standards.

Please feel free to contact our office should you need anything further.

Sincerely,

A handwritten signature in cursive script that reads "Bill Yeager".

Bill Yeager
Training Director

db

c: Martin Electric

EXHIBIT "A"



JOINT APPRENTICESHIP & TRAINING COMMITTEE
L. U. 702 I.B.E.W. & SOUTHERN DIV. ILL. CH. N.E.C.A.

106 North Monroe Street
West Frankfort, Illinois

8



August 2, 1983

Dear Sir:

This is to inform you as of after 1½ hours on August 8, 1983 Mr. Kim Archione has met all necessary requirements and will be reclassified as Journey Wireman entitling him to all the benefits of this classification.

Thank You.

Sincerely,

JOINT APPRENTICESHIP & TRAINING COMMITTEE

Gary L. Roan

Gary L. Roan
Director of Apprenticeship

GLR:sk

EXHIBIT "A"

U.S. Department of Labor, Office of Apprenticeship

U.S. DEPARTMENT OF LABOR - OFFICE OF APPRENTICESHIP
APPRENTICESHIP CERTIFICATION

KEITH MARTIN, INC.
P.O. BOX 117
JOHNSTON CITY, IL 62951

The following individuals are apprentices registered with the U.S. Department of Labor, Office of Apprenticeship, under the sponsorship of Program Number IL006780039:

Southern Illinois Chapter NECA/ IBEW 702 JATC
11846 Country Club Rd
WEST FRANKFORT, IL 62896

APPRENTICE ID	SSN	APPRENTICE NAME	OCCUPATION	DATE APPRENTICESHIP BEGAN	DATE CANCELLED (If applicable)	DATE COMPLETED (If applicable)
IL12N052904	Not Provided	BILLY BONE	ELECTRICIAN	08/14/2012		

CERTIFIED BY:

DATE ISSUED:

10/28/2014



Signature on file

RONDA KLIMAN (IL006)

Apprenticeship Training Representative

*****VOID 90 DAYS FROM ISSUE DATE*****

**Program Registration and
Apprenticeship Agreement**
Office of Apprenticeship

U.S. Department of Labor
Employment and Training Administration

APPRENTICE REGISTRATION-SECTION II

OMB No. 1205-0223 Expires: 04-30-2015

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 22)

The program sponsor and apprentice agree to the terms of Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6.

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

1. Name (Last, First, Middle), Address(No., Street, City, Zip Code), and *Social Security Number (Voluntary - See Reverse).		Answer Both A And B (Definitions on reverse)	5. Veteran Status (Mark one) Non-Veteran
BONE, BILLY B. Not Provided 1959 NORTHWIND OLMSTEAD, IL 62970		4. a. Ethnic Group (mark one) <i>Caucasian</i> b. Race (mark one or more) <i>white</i>	6. Highest education level (Mark one) High School or Greater
2. Date of Birth(Mo., Day, Yr.) 02/13/1984	3. Sex (Mark one) Male	7. Career Linkage or Direct Entry (Mark one) (Instructions on reverse) None	
8. Signature of Apprentice <i>Billy Bone</i> 9/4/12		9. Signature of Parent/Guardian(if minor) _____ Date _____	

PART B: TO BE COMPLETED BY SPONSOR.

10. Sponsor Program No. IL006780039 Sponsor Name and Address(No. Street, City, County, State, Zip Code) NECA-IBEW # 702 J.A.T.C. 106 NORTH MONROE STREET WEST FRANKFORT, IL 62896		11a. Trade/Occupation (The work processes listed in the standards are part of this agreement) ELECTRICIAN								
		11b. Occupation Code 0159	12. Term (Hrs.,Mos.,Yrs.) 8000 Hours	13. Probationary Period (Hrs.,Mos.,Yrs.) 2000 Hours						
		14. Credit for previous Experience (Hrs.,Mos.,Yrs.) 5001 Hours	15. Term remaining (Hrs.,Mos.,Yrs.) 2999 Hours	16. Date apprenticeship begins 08/14/2012						
17a. Related Instruction 930 Hours	17b. Apprentice wages for Related Instruction Will not be paid	17c. Related Training Instruction Source ELECTRICIANS								
18. Wages: (Instruction on reverse)										
18a. Pre-Apprenticeship Hourly Wages: \$0.00 /hour		18b. Apprentice's Entry Hourly Wage \$28.98 /hour		18c. Journeyworker's Hourly Wage \$38.64 /hour						
Period	1	2	3	4	5	6	7	8	9	10
18d. Term(Hrs.,Mos.,Yrs.)	1000	1000	1500	1500	1500	1500	0	0	0	0
18e. Wage Rate: %	45.00	50.00	55.00	65.00	75.00	90.00	0.00	0.00	0.00	0.00
19. Signature of Sponsor's Representative(s) <i>Steve Hughart</i> 3-21-13			21. Name and address of sponsor designee to receive complaints NECA-IBEW # 702 J.A.T.C. 106 NORTH MONROE STREET WEST FRANKFORT, IL 62896							
20. Signature of Sponsor's Representative(s) <i>R. Mart</i> 3-21-13										

PART C: TO BE COMPLETED BY REGISTRATION AGENCY.

22. Registration agency and address USDOL/ETA/OA 3162 WEST WHITE OAKS DR SPRINGFIELD IL 62704 7407	23. Signature (Registration agency) (CREMEENS-RISINGER, DEBRA)	24. Date registered 09/04/2012
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25. Apprentice Identification Number (Definition on reverse): **IL12N052904**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2014

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 Consolidated Insurance Agency 312 East Main Street P. O. Box 849 Carbondale, IL 62903-0849 Charles W. Decker	CONTACT NAME: Charles W. Decker PHONE (A/C, No, Ext): 618-457-0471 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Monroe Guaranty Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Keith Martin Inc. 1005 East 9th P.O. Box 117 Johnston City, IL 62951	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0013030 03	12/31/2013	12/31/2014	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
A	<input checked="" type="checkbox"/> 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			CA 0019741 03	12/31/2013	12/31/2014	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 DED <input checked="" type="checkbox"/> RETENTION \$ 0			UMB0013425 03	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	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	N/A	WC00001503 03	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER ICC-SPR Illinois Commerce Commission 527 E Capitol Ave. 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 Charles W. Decker 
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