

Date of this notice: 10-22-2008

Employer Identification Number:  
26-3585301

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

GDM ELECTRIC INC  
1378 N QUAKER LN  
PROSPECT HTS, IL 60070

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-3585301. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

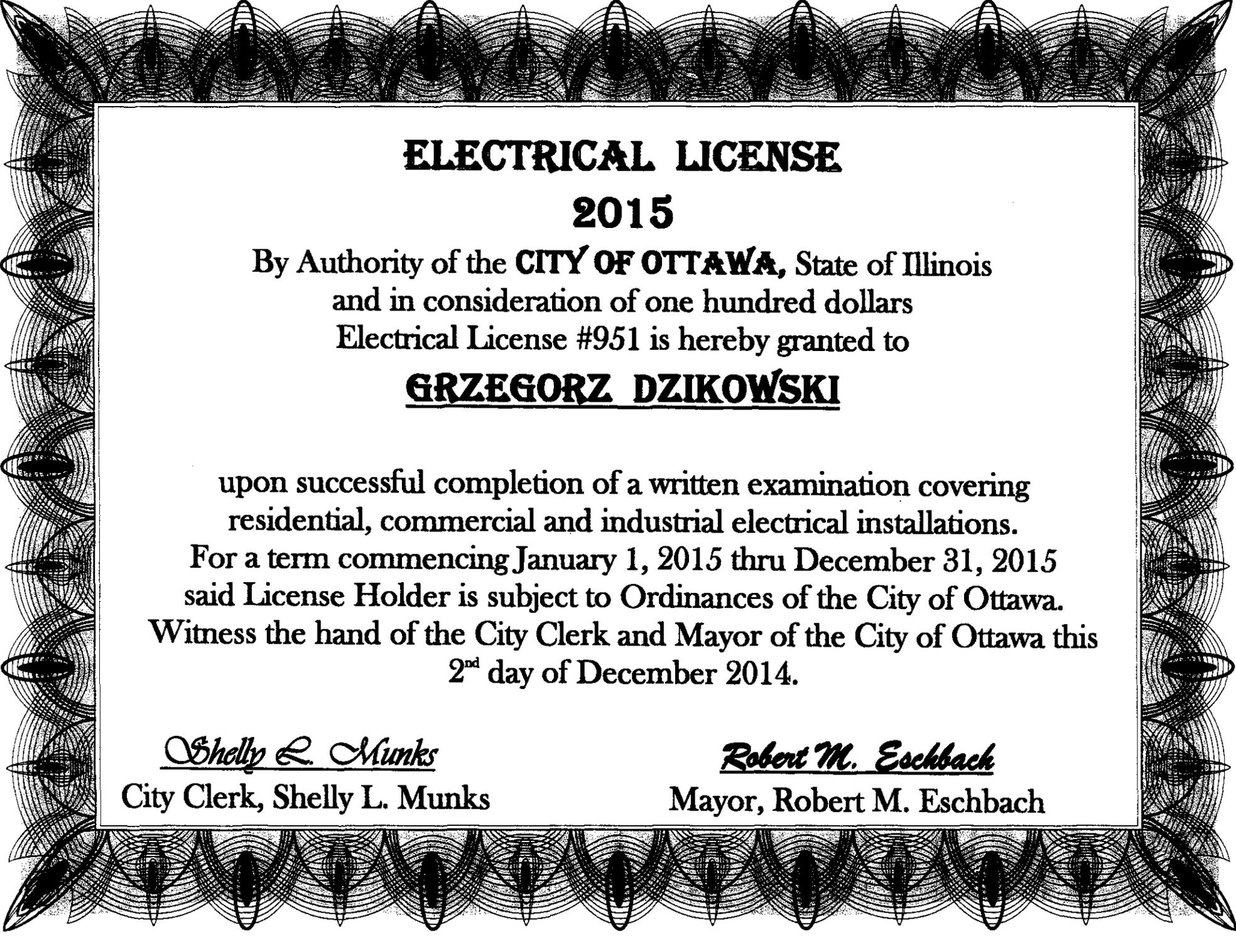
Form 941	07/31/2009
Form 940	01/31/2010
Form 1120	03/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



## **ELECTRICAL LICENSE**

### **2015**

By Authority of the **CITY OF OTTAWA**, State of Illinois  
and in consideration of one hundred dollars  
Electrical License #951 is hereby granted to

**GRZEGORZ DZIKOWSKI**

upon successful completion of a written examination covering  
residential, commercial and industrial electrical installations.  
For a term commencing January 1, 2015 thru December 31, 2015  
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  
2<sup>nd</sup> day of December 2014.

*Shelly L. Munks*

City Clerk, Shelly L. Munks

*Robert M. Eschbach*

Mayor, Robert M. Eschbach

**Qualified Person:** GRZEGORZ DZIKOWSKI  
1378 Quaker Lane  
Prospect Heights, IL 60070  
(773) 656-3138  
gdmelectricinc@gmail.com

The qualified person, "Grzegorz Dzikowski," attests the satisfactory completion of the following six EC charging station facilities:

1. 544 Sheridan Rd. Evanston, IL  
Owner: Ted & Corinne Nash (312) 505-1959  
Date of Completion: 10/03/2012
  
2. 9512 Karlov Ave. Skokie, IL  
Owner: Adam Davis (954) 444-4565  
Date of Completion: 04/23/2013
  
3. 255 Weidner Rd. Buffalo Grove, IL  
Owner: Mark Tomkiel (630) 877-3333  
Date of Completion: 09/12/2013
  
4. 1419 Fox Path Ln. Hoffman Estates  
Owner: Vijay Sylavong (630) 248-9937  
Date of Completion: 05/22/2013
  
5. 20 Wescott Ln. South Barrington, IL  
Owner: Bryan Bertoglio – [Bryan@bertoglio.org](mailto:Bryan@bertoglio.org)  
Date of Completion: 07/13/2013
  
6. Water Tower Place  
835 N. Michigan Ave. Chicago, IL  
Owner: Volta Industries, Michael Menendez (808) 383-1225  
Date of Completion: 12/12/2014

I, Grzegorz Dzikowski, certify that all information stated above is true, correct and completed to the best of my knowledge.

Signature: Grzegorz Dzikowski

Date: 12 / 16 / 2014

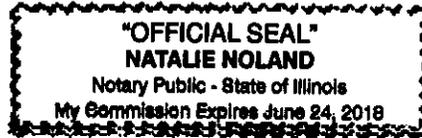
Grzegorz Dzikowski  
GDM Electric, Inc.

**To be completed by a Notary Public**

Subscribed and sworn to before me

this 16<sup>th</sup> day of December, 2014

[Signature]



Notary Public

**Exhibit B**

GDM Electric, Inc.

3. Applicant's Federal Employer Identification Number (FEIN) or Taxpayer Identification Number (TIN), as applicable, is:

26-3585301

*Grzegorz Dzikowski*

Grzegorz Dzikowski

GDM Electric, Inc.



# BUSINESS OWNERS APPLICATION

DATE (MM/DD/YYYY)  
02/20/2014

AGENCY PHONE (A/C. No. Ext): (773)427-2851 FAX (A/C. No.): BOROWIEC MARGARET M 3703 N HARLEM AVE CHICAGO IL 60634-0000	COMPANY COUNTRY Mutual Insurance Company COMPANY POLICY OR PROGRAM NAME	NAIC CODE: POLICY #: AM 9173800 PROGRAM CODE: TOTAL PREMIUM: \$ 500.
E-MAIL ADDRESS: CODE: 21265AA AGENCY CUSTOMER ID:	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL EFFECTIVE DATE: 02/20/2014 EXPIRATION DATE: 02/20/2015 <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY BOUND (DATE):	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL PAYMENT PLAN: Annual <input type="checkbox"/> STD <input checked="" type="checkbox"/> SPEC <input type="checkbox"/> DEPOSIT \$

## APPLICANT INFORMATION

NAME (First Named Insured) GDM ELECTRIC INC	INDIVIDUAL PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION	L L C JOINT VENTURE OTHER	GL CODE	SIC	FED OR SOC SEC #
MAILING ADDRESS (INCLUDING ZIP+4) 1378 QUAKER LN PROSPECT HEIGHTS IL 60070	CONTACT FOR INSPECTION GRZEGORZ DZIKOWSKI		PHONE (A/C. No. Ext): (773)656-3138		
INTERNET ADDRESS:	CREDIT BUREAU NAME		ID NUMBER		

## NATURE OF BUSINESS

<input type="checkbox"/> OFFICE SERVICE	<input type="checkbox"/> RETAIL WHOLESALE	<input type="checkbox"/> APARTMENTS CONDOMINIUMS	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> CONTRACTOR	DATE BUSINESS STARTED 2008
DESCRIPTION OF OPERATIONS ELECTRIC					
RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK					

## GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES? OWNER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANY WORKERS COMPENSATION CARRIED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			16. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DESCRIBE ANY LOCATION / BUSINESS INTEREST OWNED / OPERATED BY INSURED BUT NOT LISTED

**PRIOR POLICY(IES)/LOSS HISTORY**  See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST 5 YRS	TOTAL LOSSES
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					
Date of Occurrence	Type/Description of Loss/Claim	Date Reported	Amt Paid	Amt Reserved	Open Closed

**POLICY LEVEL COVERAGES**

**LIABILITY (Choose the limit options compatible with the program you are requesting)**

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SINGLE LIMIT	\$ 1,000,000		HIRED AUTO	\$	
BODILY INJURY & PROP DAMAGE	OCCURRENCE \$ 1,000,000		NON-OWNED AUTO	\$	
	AGGREGATE \$ 2,000,000		EMPLOYEE BENEFITS	\$ /	
MEDICAL EXPENSE (PER PERSON)	\$ 5,000		Care, Custody & Control	\$	
DAMAGE TO RENTAL PREMISES	\$ 50,000		Directors & Officers	\$ /	
PROFESSIONAL LIABILITY	\$		Enhancement Endorsement	\$	
LIQUOR LIABILITY			Newly Acquired Organizations	\$	
	GEN. AGGREGATE \$		Products Aggregate	\$ 2,000,000	
	PER PERSON \$		MA Supplement for Lead Poisoning	\$	
OTHER:	\$		Stop Gap Employers Liability	\$	

**ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired**

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		COMPUTERS	\$	\$	
		\$		ORD OR LAW	\$ (See Remarks)	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ERISA	\$	\$	
		\$		FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB	\$	\$		TRANSIT	\$	\$	
STIK	\$	\$		Water Backup	\$	\$	
BRG/ROB MNY	\$	\$		Food Contam.	\$ /	\$	
MONEY & SEC - INSIDE	\$	\$		Florists	\$	\$	
MONEY & SEC OUTSIDE	\$	\$		Fungi/Bacteria	\$	\$	
SPOILAGE	\$	\$					

**SPECIALTY PROGRAMS**

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION
CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION
PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS

**ADDITIONAL INTEREST**

**ACORD 45 ATTACHED**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED		See Acord 45 for all Additional Interests			PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
					ITEM DESCRIPTION:	

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**ILLINOIS / INDIANA / KENTUCKY / WEST VIRGINIA MINE SUBSIDENCE  
PROPERTY INSURANCE SUPPLEMENT**

<b>AGENCY</b> BOROWEC MARGARET M 3783 N HARLEM AVE CHICAGO IL 60641-2880	<b>APPLICANT / NAMED INSURED</b> GDM ELECTRIC INC	
<b>POLICY NUMBER</b> AM 9173800	<b>CARRIER</b> COUNTRY Mutual Insurance Company	<b>NAIC CODE</b> 21265AA
<b>EFFECTIVE DATE:</b> 02/20/2014	<b>EXPIRATION DATE:</b> 02/20/2015	

Mine Subsidence Insurance provides coverage for damages caused by collapse of man-made underground mines. It does not provide coverage for damages resulting from earth movements such as, but not limited to earthquake, landslides, volcanic eruption, or collapse of storm or sewer drains. Note: In Kentucky, the collapse must result in direct damage to a structure. Also, water seepage is not covered.

State Laws in Illinois, Kentucky and West Virginia require that we provide you with Mine Subsidence Coverage in specified counties, unless rejected in writing. In Illinois and West Virginia, you may also have the option of purchasing this coverage if your structure is located in a county which does not mandate coverage. Your agent has a list of these counties.

Indiana law requires that we make Mine Subsidence Coverage available to you in specified counties. Your agent has a list of these counties.

Mine Subsidence Coverage is provided for dwellings and other structures at the limit stated in the coverage form, or the amount of coverage stated in the Declarations, whichever is smaller.

However, the maximum amount of coverage available is:

- Illinois - \$750,000 per residential structure, maximum \$15,000 per living unit  
\$750,000 per commercial structure, maximum \$15,000 per living unit
- Indiana - \$200,000 per structure
- Kentucky - \$300,000 per structure
- West Virginia - \$75,000 per structure

I do not desire Mine Subsidence Coverage and waive any right to such coverage under this policy or any future policy covering the property described in the Declarations, unless requested in writing.

I wish to purchase Mine Subsidence Coverage for my structure at the following limit:  
\$ \_\_\_\_\_

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

\_\_\_\_\_  
*Gregor Diloszli*  
APPLICANT'S SIGNATURE

02/20/2014  
DATE (MM/DD/YYYY)