

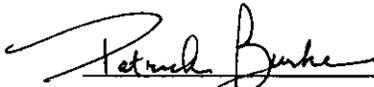
Exhibit A

I, Patrick Burke, do hereby attest that I am the qualifying person for the applicant and have satisfactory completed at least five installations for the install, maintain, or repair of Electric Vehicle Charging Station Facilities.

1. Alan Kozlowski, 1210D South Federal St, Chicago, IL 60605
2. Tim Loats, 183 South Glenwood Place, Aurora, IL 60506
3. Thomas Baker, 935 West Leland Ave, Apt 1E, Chicago, IL 60604
4. Michael Wojcik, 649 South Bennett Ave, Palatine, IL 60067
5. Richard Mueggenborg, 12 Country Ct, Lemont, IL 60439

Here is my contact information:

Patrick Burke
 21455 Pioneer Ct
 Frankfort, IL 60423
 815-694-2564
 Burkeev1@gmail.com



 Patrick Burke

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

State of Illinois)
) S.S.
 County of Cook)



Subscribed and sworn to (or affirmed)
 Before me this 9th day of January, 20 15,
 By Diane J. Ipema.



 Notary Public



EV Solutions™
Electric Vehicle Charging Products and Services

EVSE Service Training Certification

is hereby granted to

Patrick Burke

who has successfully completed the AeroVironment, Inc. training program for:

EVSE Installations and Service

On this day: July 7, 2011

A handwritten signature in black ink, appearing to read 'Blake Dickinson', written over a horizontal line.

Blake Dickinson
Director of Customer Satisfaction
Efficient Energy Systems

A handwritten signature in black ink, appearing to read 'Martin Young', written over a horizontal line.

Martin Young
EVSE Installation and Service Trainer
Efficient Energy Systems

Exhibit "C"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2014

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 815-937-5533 815-937-8571 FIRST COMMUNITY INSURANCE & ANNUITY CENTER 731 LARRY POWER RD. BOURBONNAIS, IL 60914	CONTACT NAME: FIRST COMMUNITY INSURANCE & ANNUITY CENTER PHONE (A/C, Ho, Ext): 815-937-5533 FAX (A/C, No): 815-937-8571 E-MAIL ADDRESS: service@firstcommunityinsurance.com PRODUCER CUSTOMER ID #:
INSURED Dav-Com Electric Inc 8741 Robinhood Dr Orland Park, IL 60462	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Midwest Family Mutual Insurance Co. 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 SUBR INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ACIL050162408	02/19/2014	02/19/2015	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAIL050162411	02/19/2014	02/19/2015	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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		CUIL050162409	02/19/2014	02/19/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
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 <input checked="" type="checkbox"/> N/A	WCIL050162410	02/19/2014	02/19/2015	WC STATUS: TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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)
W.C. Excluded Officer: Karen Schmidt

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