

Saas Lighting Experts.

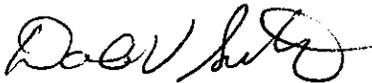
Exhibit A

To:
Illinois Commerce Commission
Certification to Install and Maintain,
or Repair Electric Vehicle
Charging Station Facilities

I, Dale Smith, do hereby attest that I am a qualified person for the applicant and have satisfactorily completed at least five installations of electric vehicle charging stations.

Five charging stations were installed at Nissan of St Charles, 2535 E. Main Street, St Charles IL. 60174 11/8/2012

Contact information:
2216 State Route 31
Owsego IL 60543
Cell 630-399-7754
Office 630-876-7227
Fax 630-551-7800
dalev41@comcast.net



Dale V. Smith

Date: 2/15/2015

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: battery Location: panel

Battery type (if applicable): sealed lead acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>Rapid Response</u>	Time: <u>11:45</u>
Building management	Contact: <u>Phil Saas</u>	Time: <u>11:45</u>
Building occupants	Contact: <u>unoccupied</u>	Time: _____
Authority having jurisdiction	Contact: <u>West Chicago FD</u>	Time: <u>11:45</u>
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	NA
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	NA
Ground-fault monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	NA
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	NA
	<input type="checkbox"/>	<input type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	passed
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	NA

State of Illinois, County of Kendall ss. I, the undersigned, a
Notary Public in and for said County, in the State aforesaid, do hereby certify
that Dale V. Smith

IMPRESS

SEAL

HERE

personally known to me to be the same person whose name(s) are sub-
scribed to the foregoing instrument appeared before me this day in person,
and acknowledged that h² signed and delivered the said instrument as
his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 16 day of February 2015
Commission Expires _____ Cathy Smith

NOTARY PUBLIC

ILL 141



Saas Lighting Experts.

To:
Illinois Commerce Commission
Certification to Install and Maintain,
or Repair Electric Vehicle
Charging Station Facilities

^{J PS}
I, Phil Saas, do hereby attest that I am a qualified person for the applicant and have satisfactorily completed at least five installations of electric vehicle charging stations.

Five charging stations were installed at Nissan of St Charles, 2535 E. Main Street, St Charles IL. 60174 11/8/2012

Contact information:
2216 State Route 31
Owsego IL 60543
Cell 630-514-7227
Office 630-876-7227
Fax 630-551-7800
Saaselectric@gmail.com


Phil Saas
^{J.}
PS

Date:



State of Illinois, County of Kendall ss. I, the undersigned, a
Notary Public in and for said County, in the State aforesaid, do hereby certify
that Phil J. Sias

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and acknowledged that he signed and delivered the said instrument as
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Given under my hand and official seal, this 16 day of February, 2015
Commission Expires _____
Cathy Smith

NOTARY PUBLIC

ILL 141



Exhibit A



NISSAN of St. Charles
2535 E. Main Street (North Ave.)
St. Charles, Illinois 60174
(630) 584-3900 • Fax (630) 584-3998
www.thenissansuperstore.com

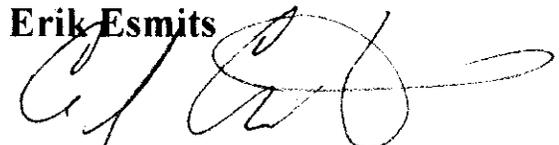


To whom it may concern;

**Please be advised that Sass lighting experts has completed and installed
5 Nissan EV 30 amp charging stations, at Nissan of St Charles IL.**

Dealer code 3831 2535 E Main , St Charles IL 60174

Erik Esmits


Service Director

WWW.CYBERDRIVEILLINOIS.COM

JESSE WHITE
SECRETARY OF STATE



CORPORATION FILE DETAIL REPORT

Entity Name	SAAS LIGHTING EXPERTS, INC.	File Number	63933988
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	12/22/2004	State	ILLINOIS
Agent Name	BERNARD K WELLER	Agent Change Date	12/22/2004
Agent Street Address	2111 PLUM ST STE 201	President Name & Address	PHILLIP J SAAS PO BOX 454 WINFIELD 60190-0454
Agent City	AURORA	Secretary Name & Address	DALE V SMITH 2216 STATE RTE 31 OSWEGO 60543
Agent Zip	60506	Duration Date	PERPETUAL
Annual Report Filing Date	12/02/2014	For Year	2014

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(One Certificate per Transaction)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE PART
COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

With respect to coverage provided by this endorsement, the provisions of the Coverage Part (Policy) apply unless modified by the endorsement.

Cancellation

The following is added under the Cancellation Condition applicable to the Coverage Parts (Policy) listed above:

If we cancel this policy for any reason other than non payment of premium, we will mail written notice of cancellation to the certificate holder(s) on file with the Company. Notice will be provided prior to the effective date of cancellation. We will give the number of days notice as provided for in the Cancellation Condition of this policy. The notice will state the effective date of cancellation. The policy period will end on that date.

If you cancel this policy, or if we cancel for non payment of premium, we will mail written notice of such cancellation to the certificate holder(s) on file with the Company. The notice will state the date the policy was cancelled.

The notice will be mailed by first-class mail to the last known mailing address of the certificate holder(s) on file with the Company.

Any notice of cancellation provided by this endorsement applies only to the certificate holder(s) with a certificate of insurance applicable to this policy's period.

Our failure to send notice of cancellation to the certificate holder(s) will not amend, extend or alter the terms and conditions of this policy, including the cancellation of this policy.

If there is a conflict between any other policy cancellation provisions pertaining to the certificate holder(s) and this endorsement, the other policy provisions shall control.

Nothing contained here varies, alters, or extends any provisions of the policy except as provided in this endorsement.

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