

EXHIBIT A

MARK CAMPBELL

JOSEF ZEMAITIS

JOSEPH ZEMAITIS

RAMIRO TORRES

DARREN FINDRICK

EXHIBIT A (b)

I Ramiro Torres have completed more than (5) installations of Charging stations for Orchard Electric Inc.

Ramiro Torres

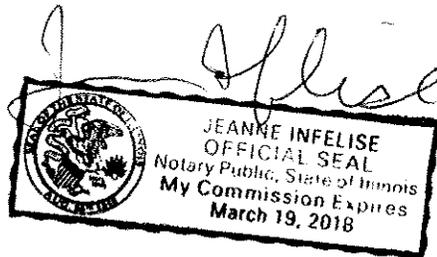


EXHIBIT A (b)

I Josef Zemaitis have completed more than (5) installations of Charging stations for Orchard Electric Inc.

Josef Zemaitis

J. Felis
 JEANNE INFELISE
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 19, 2018

EXHIBIT A (b)

I Mark Campbell have completed more than (5) installations of Charging stations for Orchard Electric Inc.

Mark Campbell

Jeanne Inelise
JEANNE INELISE
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 19, 2018

EXHIBIT C

Attached please find Certificate of Insurance for Orchard Electric Inc.

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder ORCHARD ELECTRIC INC

Address of policyholder 6475 JOLIET RD SUITE B COUNTRYSIDE IL 60525

Location of operations _____

Description of operations ELECTRICAL CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
93-CS-Y697-2	Comprehensive Business Liability	04/01/14	04/01/15	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Medical/Person \$10,000 <input checked="" type="checkbox"/> Damage to Rented Premises \$300,000 ea occ <input type="checkbox"/>		Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000
93-EP-Z028-8	EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	09/08/14	04/01/15	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ 5,000,000 Aggregate \$ 5,000,000
93-C3-H119-9	Workers' Compensation and Employers Liability	04/01/14	04/01/15	Part I - Workers Compensation - Statutory Part II - Employers Liability Each Accident \$ 1,000,000 Disease - Each Employee \$ 1,000,000 Disease - Policy Limit \$ 1,000,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
454 9229-A18-13G	AUTOMOBILE	01/18/14	01/18/15	1,000,000 COMBINED SINGLE LIMIT

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative _____
 AGENT 10/31/14
 Title _____ Date
 TOM PORTER
 Agent Name
 Telephone Number 708-425-8899

Agent's Code Stamp
 Agent Code 2825
 AFO Code 16