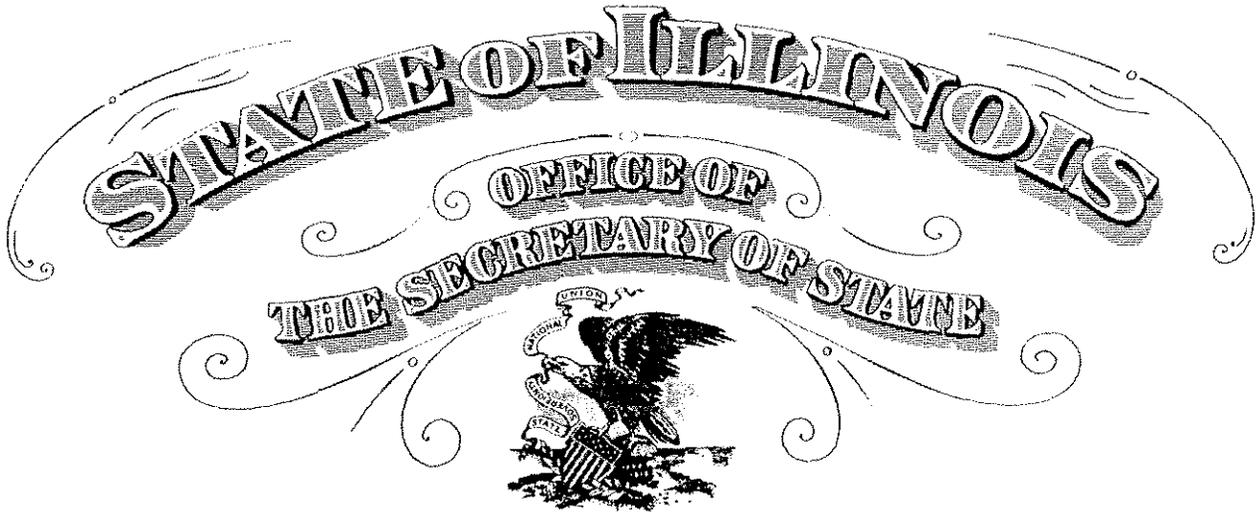


File Number

6595-111-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FACILITY SOLUTIONS GROUP, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JANUARY 03, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of JULY A.D. 2015 .

Jesse White

SECRETARY OF STATE



Amendment: Docket 14-0707

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/25/2015

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 IBTX Risk Services DFW 6363 N State Highway 161 Suite 100 Irving TX 75038	CONTACT NAME: Danielle Dinser PHONE (A/C, No, Ext): (214) 989-7100 E-MAIL ADDRESS: service@ib-tx.com FAX (A/C, No): (214) 596-9030														
INSURED Facility Solutions Group, Inc. (See complete Named Insureds below) 2525 Walnut Hill Lane, Ste 100 Dallas TX 75229	INSURER(S) AFFORDING COVERAGE <table border="1"> <thead> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Travelers Prop Cas of America</td> <td>25674</td> </tr> <tr> <td>INSURER B: Charter Oak Fire Insurance Co</td> <td>25615</td> </tr> <tr> <td>INSURER C: Starr Indemnity & Liability Co</td> <td>38318</td> </tr> <tr> <td>INSURER D: Travelers Indemnity Co</td> <td>25658</td> </tr> <tr> <td>INSURER E: Travelers Cas & Surety of Amer</td> <td>31194</td> </tr> <tr> <td>INSURER F: Underwriters at Lloyd</td> <td>15792</td> </tr> </tbody> </table>	INSURER	NAIC #	INSURER A: Travelers Prop Cas of America	25674	INSURER B: Charter Oak Fire Insurance Co	25615	INSURER C: Starr Indemnity & Liability Co	38318	INSURER D: Travelers Indemnity Co	25658	INSURER E: Travelers Cas & Surety of Amer	31194	INSURER F: Underwriters at Lloyd	15792
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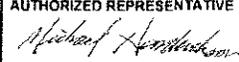
COVERAGES **CERTIFICATE NUMBER:** Cert ID 17659 **REVISION NUMBER:**

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Contractual Liab <input checked="" type="checkbox"/> No XCU Excl <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		VTC2JC05803B046	10/1/2014	10/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
AB	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>	VTCJCAP5803B06A VTOBAP5803B071 (PD)	10/1/2014	10/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE CED RETENTIONS		1000020423	10/1/2014	10/1/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
D	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 type="checkbox"/> N/A <input checked="" type="checkbox"/>	VTC2KUB5803B034 VTRJUB0923P941	10/1/2014	10/1/2015	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Third Party Crime		105910238	10/1/2014	10/1/2015	Employee Theft-\$50K Retention 2,500,000
F	Professional Liability		PFSG00214	10/1/2014	10/1/2015	Occ/Agg Limits 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Scheduled: FSG Electric; FSG Lighting; FSG, Inc.; GB Realty Management, LLC; 801 Richfield Partnership, LLC; Sign Tech International; Design Electric, Inc.; FSG Signs;

The General Liability and Automobile policies include a blanket automatic additional insured endorsement [CGD316 11/11, CGD604 08/13 & CAT353 03/10] that provides additional insured status only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability, Automobile and Workers' Compensation policies includes a blanket automatic waiver of subrogation endorsement [CGD316 11/11, CAT353 03/10 & WC000313] that provides this feature only when there is a written contract between the named insured and the

CERTIFICATE HOLDER Illinois Commerce Commission 527 E. Capitol Avenue 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 
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DESCRIPTION OF OPERATIONS SECTION CONTINUED

DATE
6/25/2015

CERTIFICATE HOLDER:

Illinois Commerce Commission

527 E. Capitol Avenue

Springfield IL 62701

INSURED:

Facility Solutions Group, Inc.
(See complete Named Insureds below)
2525 Walnut Hill Lane, Ste 100
Dallas TX 75229

DESCRIPTION OF OPERATIONS CONTINUED:

certificate holder that requires such status. Primary & Non-Contributory wording per endorsement [CGD604 08/13]. Cancellation see attached [ILF025 09/98, ILT320 09/97 & WC9906Q1(00)]. Excess policy follows form of underlying GL, Auto and WC policies.