



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2016

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 J.L. Hubbard Insurance and Bonds 1090 South Route 51 Forsyth, IL 62535	CONTACT NAME: Kacy Osborne PHONE (A/C, No, Ext): (217) 877-3344 3261 E-MAIL ADDRESS: kosborne@jlhubbard.com	FAX (A/C, No): (217) 877-0795
	INSURER(S) AFFORDING COVERAGE	
INSURED Willis Electric Phyllis Willis P.O. Box 545 3205 E Rene Ave Chillicothe, IL 61523	INSURER A: United Fire & Casualty Company	NAIC # 13021
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

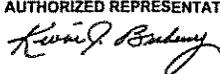
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:		60315817	10/23/2015	10/23/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		60315817	10/23/2015	10/23/2016	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"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		60315817	10/23/2015	10/23/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> Y N/A	60315817	10/23/2015	10/23/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Installation Floater		60315817	10/23/2015	10/23/2016	\$ 75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Donald Willis and Phyllis Willis are Excluded Officers on the Workers Compensation policy.

Re: All Work

CERTIFICATE HOLDER **CANCELLATION**

Illinois Commerce Commission 527 E Capitol Ave Springfield, IL 62701	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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International Brotherhood Electrical Workers

IBEW Local 34

400 N.E. Jefferson Avenue • Suite 409
Peoria, Illinois 61603

Phone: 309.673.3691 • Fax 309.673.4747



June 20, 2016

To whom it may concern:

Jacob A Willis, IBEW Card #7020171, completed our accredited NECA-IBEW National Joint Apprenticeship & Training for Inside Journeyman in May of 2011.

Thank you for using apprenticeship trained IBEW Electricians,

A handwritten signature in black ink that reads "Mark McCarthy". The signature is written in a cursive, flowing style.

Mark McCarthy
Assistant Business Manager
IBEW Local 34

International Brotherhood Electrical Workers

IBEW Local 34

400 N.E. Jefferson Avenue • Suite 409

Peoria, Illinois 61603

Phone: 309.673.3691 • Fax 309.673.4747



June 20, 2016

To whom it may concern:

Joe D Willis, IBEW Card #D661696, completed our accredited NECA-IBEW National Joint Apprenticeship & Training for Inside Journeyman in May of 1984.

Thank you for using apprenticeship trained IBEW Electricians,

A handwritten signature in black ink that reads "Mark McCarthy". The signature is written in a cursive, flowing style.

Mark McCarthy

Assistant Business Manager

IBEW Local 34

International Brotherhood Electrical Workers

IBEW Local 34

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Peoria, Illinois 61603

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June 20, 2016

To whom it may concern:

Don J Willis, IBEW Card #D779504, completed our accredited NECA-IBEW National Joint Apprenticeship & Training for Inside Journeyman in May of 1993.

Thank you for using apprenticeship trained IBEW Electricians,

A handwritten signature in black ink that reads "Mark McCarthy". The signature is written in a cursive, flowing style.

Mark McCarthy

Assistant Business Manager

IBEW Local 34

International Brotherhood Electrical Workers

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Peoria, Illinois 61603

Phone: 309.673.3691 • Fax 309.673.4747



June 20, 2016

To whom it may concern:

Dennis A Poland, IBEW Card #D912549, completed our accredited NECA-IBEW National Joint Apprenticeship & Training for Inside Journeyman in May of 2000.

Thank you for using apprenticeship trained IBEW Electricians,

A handwritten signature in black ink that reads "Mark McArthy". The signature is written in a cursive, flowing style.

Mark McArthy
Assistant Business Manager
IBEW Local 34



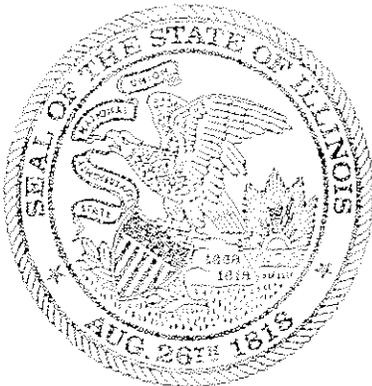
Whereas,

ARTICLES OF INCORPORATION OF
WILLIS ELECTRIC, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

*Now Therefore, I, George H. Ryan, Secretary of State of the
State of Illinois, by virtue of the powers vested in me by law, do
hereby issue this certificate and attach hereto a copy of the
Application of the aforesaid corporation.*

In Testimony Whereof, *I hereto set my hand and cause to
be affixed the Great Seal of the State of Illinois,
at the City of Springfield, this 25TH
day of MAY A.D. 1993 and
of the Independence of the United States
the two hundred and 17TH.*



George H Ryan
SECRETARY OF STATE

93-16837

2 of 3

Form **BCA-2.10**

ARTICLES OF INCORPORATION

(Rev. Jan. 1991)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756

FILED

MAY 25 1993

GEORGE H. RYAN
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date 5-25-93

Franchise Tax \$25.00
Filing Fee \$75.00

Approved: [Signature] \$100.00

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. CORPORATE NAME: WILLIS ELECTRIC, INC.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent:	<u>PHYLLIS A.</u> <i>First Name</i>	<u>WILLIS</u> <i>Middle Initial</i>	<u>WILLIS</u> <i>Last name</i>
Initial Registered Office:	<u>3205 East Rene</u> <i>Number</i>	<u>Chillicothe, Illinois</u> <i>Street</i>	<u>Peoria</u> <i>Suite #</i>
	<u>Chillicothe, Illinois</u> <i>City</i>	<u>61523</u> <i>Zip Code</i>	<u>Peoria</u> <i>County</i>

3. Purpose or purposes for which the corporation is organized:
(If not sufficient space to cover this point, add one or more sheets of this size.)

The transaction of any or all lawfull purposes for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
A	\$ 10.00	10000	100	\$ 1000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: n/a One class of shares only.
(If not sufficient space to cover this point, add one or more sheets of this size.)

(over)

93-16837

John for Elizabeth Bank Attorney for 1993

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: _____
(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:
Name Residential Address

93-16837

6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
(b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
(c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. OPTIONAL: OTHER PROVISIONS
Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated May 19, 19 93.

Signature and Name	Address
1. <u>Phyllis A. Willis</u> <i>Signature</i> Phyllis A. Willis <i>(Type or Print Name)</i>	1. <u>3205 East Rene</u> <i>Street</i> CHillicothe, Illinosi 61523 <i>City/Town State Zip Code</i>
2. _____ <i>Signature</i> _____ <i>(Type or Print Name)</i>	2. _____ <i>Street</i> _____ <i>City/Town State Zip Code</i>
3. _____ <i>Signature</i> _____ <i>(Type or Print Name)</i>	3. _____ <i>Street</i> _____ <i>City/Town State Zip Code</i>

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)
NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State Springfield, IL 62756
Department of Business Services Telephone (217) 782-9522
782-9523

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