



**JOINT APPRENTICESHIP & TRAINING COMMITTEE**  
**I.B.E.W. Local Union 702 & Southern IL Chapter N.E.C.A.**  
**William "Bill" Yeager, Training Director**

11846 Country Club Rd.  
West Frankfort, IL 62896  
E-Mail: [byeager@ibew702.org](mailto:byeager@ibew702.org)

Office: 618-937-3311  
Fax: 618-932-3400  
Cell: 618-534-9079

August 3, 2016

To Whom It May Concern:

Please be advised that Kaelin Turrentine is a Journeyman Inside Wireman, registered with the U.S. Department of Labor Bureau of Apprenticeship and Training, under the sponsorship of our Program # IL006780039, for the I.B.E.W. Local Union # 702 and Southern Illinois Chapter of NECA.

We, the sponsor, confirm the individual has demonstrated competencies in all phases of the 900 hours of classroom instruction, and successfully completed the required 8,000 hours of on-the-job training in April of 2013, as stated in our registered apprenticeship standards.

Please feel free to contact our office should you need anything further.

Sincerely,

*Bill Yeager*

Bill Yeager  
Training Director

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August 3, 2016

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We, the sponsor, confirm the individual has demonstrated competencies in all phases of the 900 hours of classroom instruction, and successfully completed the required 8,000 hours of on-the-job training in May of 1982, as stated in our registered apprenticeship standards.

Please feel free to contact our office should you need anything further.

Sincerely,

*Bill Yeager*

Bill Yeager  
Training Director

db

STATE OF ILLINOIS  
COUNTY OF JEFFERSON JSS  
**FILE FOR RECORD**  
At 2:45 O'clock PM

JAN 16 1997

Recorded Cabinet 5

Drawer 6 Inst. 3343

*Don Rector* RECORDER  
15.00 *PR*

1997-00326

# State of Illinois

## Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF  
K T 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  
foresaid 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 7<sup>TH</sup>  
day of JANUARY A.D. 19 97 and of  
the Independence of the United States the two  
hundred and 21<sup>ST</sup>



*George H Ryan*

Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/04/2016

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).

<b>PRODUCER</b> GUY WOOD INSURANCE, MVIBI 1400 BROADWAY  MT. VERNON, IL 62864- INSURED KT Electric Company P. O. Box 1571  Mt. Vernon IL 62864-		<b>CONTACT NAME</b> PHONE (A/C, No. Ext): (618) 242-2050 FAX (A/C, No): (618) 242-2055 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: AUTO OWNERS INSURANCE (A+) 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 SHBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		07584393-14	10/24/2015	10/24/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMP/OP AGG \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY			/ /	/ /	
	CLAIMS MADE X OCCUR			/ /	/ /	
	GENL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC			/ /	/ /	
A	AUTOMOBILE LIABILITY		46-936-939-00	08/31/2015	08/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 300,000
	X ANY AUTO			/ /	/ /	
	X ALL OWNED AUTOS			/ /	/ /	
	X SCHEDULED AUTOS			/ /	/ /	
	X HIRED AUTOS			/ /	/ /	
	X NON-OWNED AUTOS			/ /	/ /	
A	X UMBRELLA LIAB X OCCUR		46-554-393-00	10/24/2015	10/24/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	EXCESS LIAB CLAIMS MADE			/ /	/ /	
	DEDUCTIBLE			/ /	/ /	
	RETENTION \$			/ /	/ /	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		07240154	10/15/2015	10/15/2016	WE STATUTORY LIMITS X OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N/A			/ /	/ /	
	(Mandatory in NH)			/ /	/ /	
	If yes, describe limit			/ /	/ /	
	DESCRIPTION OF OPERATIONS/BIAS			/ /	/ /	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> ( ) - ( ) -  Illinois Commerce Commission 527 E. Capital Avenue  Springfield IL 62701-	<b>CANCELLATION</b> 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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