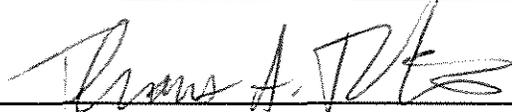


# GENERAL AFFIDAVIT

The within named person (Affiant), THOMAS A. THURSTON, who is a resident of Will County, State of ILLINOIS, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

James Sanchez, as an employee of Thurston Electrical Specialties Company, has installed more than 5 (the required number) car charging stations as required by the State of Illinois, Illinois State Commerce Commission, for the purpose of applying for Certification to Install, Maintain or Repair, Vehicle Charging Stations under Section 16-128A of the Public Utilities Act.

Dated this 7<sup>th</sup> day of OCTOBER, 2016,

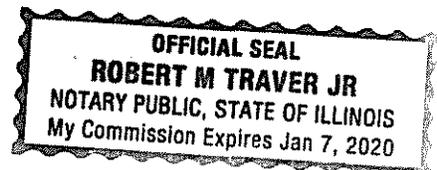
  
Signature of Affiant

State of ILLINOIS

County of Will

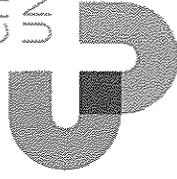
Subscribed and sworn to, or affirmed, before me on this 7<sup>th</sup> day of OCTOBER, 2016 by Affiant THOMAS A THURSTON.

  
Signature of Notary Public



JANUARY 7, 2020  
My Commission Expires

CHARGEPOINT  
UNIVERSITY



This

# Certificate of Completion

is presented to

**James Sanchez**

for successfully completing the requirements for

**CT4000 Series Installation Training**

*Candace Yeung*

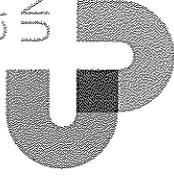
Candace Yeung, Manager, ChargePoint Training Programs

Certificate ID 19796528

Date Sep 23, 2016

**chargepoint**

CHARGEPOINT  
UNIVERSITY



This

# Certificate of Completion

is presented to

**James Sanchez**

for successfully completing the requirements for

**ChargePoint Fleet 25 Installation Training**

*Candace Yeung*

Candace Yeung, Manager, ChargePoint Training  
Programs

Certificate ID **19018866**

Date **Sep 19, 2016**

**—chargepoint—**

CHARGEPOINT  
UNIVERSITY



This

# Certificate of Completion

is presented to

**James Sanchez**

for successfully completing the requirements for

**ChargePoint Express 200 Installation Training**

*Candace Yeung*

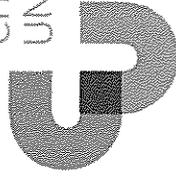
Candace Yeung, Manager, ChargePoint Training Programs

Certificate ID 94446983

Date Sep 17, 2016

—chargepoint

CHARGEPOINT  
UNIVERSITY



This

# Certificate of Completion

is presented to

**James Sanchez**

for successfully completing the requirements for

**ChargePoint Express 100 Installation Training**

*Candace Yeung*

Candace Yeung, Manager, ChargePoint Training  
Programs

Certificate ID 70966437

Date Sep 17, 2016

—chargepoint—





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/7/2016

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> JACK J SCHILTZ (20324) 314 W EGGLESTON AVE ELMHURST, IL 60126-0000	<b>CONTACT NAME:</b> JACK J SCHILTZ <b>PHONE (A/C, No, Ext):</b> 630-279-5986 <b>FAX (A/C, No):</b> 630-279-7912 <b>E-MAIL ADDRESS:</b> JACK.SCHILTZ@COUNTRYFINANCIAL.COM
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> COUNTRY Mutual Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> 2839293 SANCHEZ JAMES DBA ADEPT ELECTRIC PO BOX 324 ELMHURST, IL 60126	

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

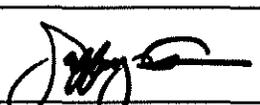
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		AM9012564	3/2/2016	3/2/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	<b>AUTOMOBILE LIABILITY</b> <input 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 Covered on Businessowners		AM9012564	3/2/2016	3/2/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

POLICY INFORMATION:  
HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE \$100,000 EACH OCCURRENCE SUBJECT TO A \$100,000 AGGREGATE LIMIT

**CERTIFICATE HOLDER**                      **CANCELLATION**

STATE OF 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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