

**80-90 CORPS.
100 SILVER STREET
PORTLAND ME 04101
207-774-1885
FAX # 207-774-8397
E-MAIL COMPROP 1 @ AOL.COM**

July 17, 1998

Granger Northern, Inc.
84 Middle Street
Portland, ME 04101

Re: Signage

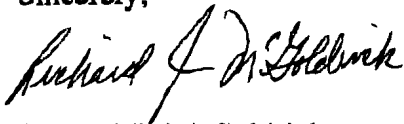
Dear Ed:

With regard to the signage for your company, I understand you want to put a sign on the building at the 2nd floor level.

You have our permission to do this as long as it conforms to the City of Portland's code for signage.

If we can be of further help, please do not hesitate to call.

Sincerely,



Richard J. McGoldrick
Treasurer

RJM:lp

ACORD CERTIFICATE OF LIABILITY INSURANCE PAGE 1 OF 2 DATE (MM/DD/YY) 23-JUN-1998

PRODUCER
 Willis Corroon Corporation of Massachusetts
 Three Copley Place
 Suite 300
 Boston MA 02116-6501
 (617) 437-6900

75393

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY A American Alliance Insurance Company
- COMPANY B
- COMPANY C
- COMPANY D

Lisa Bradley
 INSURED
 Granger Northern, Inc.
 84 Middle Street
 Portland ME 04101

RECEIVED

JUN 25 1998

GRANGER NORTHERN, INC.

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | PAC903018500 | 01-NOV-1997 | 01-NOV-1998 | GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$ |
| A | OTHER Equipment Floater | PAC903018500 | 01-NOV-1997 | 01-NOV-1998 | Total value- \$30,573 \$250 Deductible |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John J. Corroon

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 84 Middle St. ZONE: B3

OWNER/manager: Commercial Properties / 80-90 Corps.
(owner)

APPLICANT: Granger Northern, Inc.

ASSESSOR NO. 2924

SINGLE TENANT LOT? YES NO

MULTI TENANT LOT? YES NO

FREESTANDING SIGN? YES NO DIMENSIONS

(ex. pole sign. . .)

MORE THAN ONE SIGN? YES N/A NO DIMENSIONS

BLDG. WALL SIGN? YES NO DIMENSIONS 56" x 155"

(attached to bldg)

MORE THAN ONE SIGN? YES NO DIMENSIONS

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: NONE

LOT FRONTAGE (FEET): Approx 135'

BLDG FRONTAGE (FEET): Approx 120' x 2 = 240'

AWNING YES NO IS AWNING BACKLIT? YES NO

HEIGHT OF AWNING:

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? no

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 7/15/98

25#

Project: GRANGER NORTHERN

Drawing Title:

Date: 6/19/98

Drawing: Sign Type A

Scale: NA



8" **GRANGER NORTHERN INC.** 9 1/2"

155"

25 1/2"

SPECIFICATIONS

SIGN PANEL

Size..... NA
 Materials..... NA
 Edges..... NA
 Corners..... NA
 Colors..... NA
 Backing..... NA

GRAPHICS

Application..... Acrylic Letters
 Type Style..... Helvetica
 Copy Height..... 8"
 Copy Colors.....
 Braille..... NA

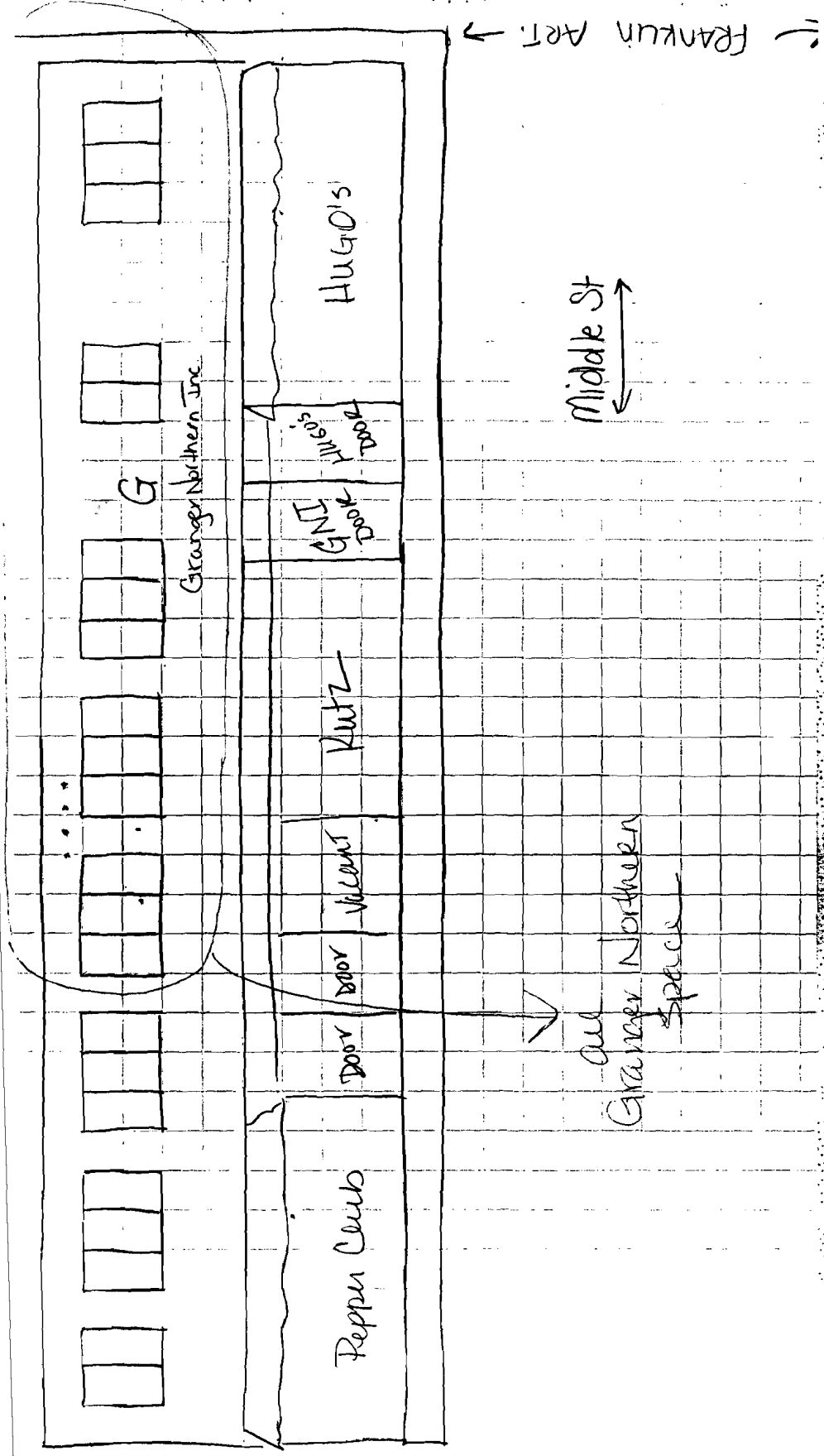
FRAMES AND BRACKETS

Type..... NA
 Frame Size..... NA
 Frame Color.... NA
 Interior Frame Substrate.. NA

FRAMES - BRACKETS - MOUNTING

Type..... Stud Mount
 Height & Location.....
 Latch Side of Door

MANUFACTURER: Welch Architectural Signage 800-635-3506



all
Granger Northern
Space

COMMENTS

8/14/98 sign permit has been installed
OK
Smily

| | Type | Inspection Record | Date |
|-------------|-------|-------------------|-------|
| Foundation: | _____ | _____ | _____ |
| Framing: | _____ | _____ | _____ |
| Plumbing: | _____ | _____ | _____ |
| Final: | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ |