

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED
 Permit Number: 050564
MAY 27 2005
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that 164 Realty Llc/Maine Bay Co as

has permission to Add black awning with white lettering on door 3' x 10'

AT 35 Market St
160 Middle St

029 0002001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is occupied or enclosed-in. **HEAVY NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Deanne Bowler 5/26/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0564	Issue Date: PERMIT ISSUED	029 0002001
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Location of Construction: 160 Middle St 55 Market St	Owner Name: 164 Realty Llc	Owner Address: Po Box 800	Issue Date: MAY 27 2005
Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone: 207 878 8888
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Night Club	Proposed Use: "Big Easy" Add black awning with white lettering over door 3' x 10'	Permit Fee: \$125.00	Cost of Work: \$125.00	CEO District: 1
Proposed Project Description: Add black awning with white lettering over door 3' x 10'		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A2 Type: Sign IBC 2003 Awning Signature: JMB 5/26/05	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 05/09/2005	Zoning Approval		
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Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 5/19/05	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions see form to D.A. <input type="checkbox"/> Denied Date: _____
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D. Andrews
5/23/05

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0564	Date Applied For: 05/09/2005	CBL: 029 0002001
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Location of Construction: 55 Market st	Owner Name: 164 Realty Llc	Owner Address: Po Box 800	Phone:
Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone (207) 878-8888
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: "Big Easy" Add black awning with white lettering over door 3' x 10'	Proposed Project Description: Add black awning with white lettering over door 3' x 10'
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 05/19/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 05/26/2005
Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code

Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>55 MARKET ST. PORTLAND</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>029</u> Block# <u>0002</u> Lot# <u>001</u>	Owner: <u>164 REALTY, LLC</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>JAMES O'BRIEN</u> <u>WILLIAM O'BRIEN</u>	Applicant name, address & telephone: <u>398 FORE ST</u> <u>PORTLAND ME 04101</u> <u>(207) 761-0010</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total <u>30</u> Fee: \$ <u>60 + 65</u> Awning Fee = Cost of Work: \$ _____ Total Fee: \$ <u>125.00</u>
Current use: <u>MUSIC CLUB</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: <u>add Bill awning w/ white letter</u>		
		
Contractor's name, address & telephone: <u>MAINE CANVAS 53 INDUSTRIAL WAY, PORTLAND, ME 04103</u> <u>(207) 878-8888</u>		
Whom should we contact when the permit is ready: <u>MICHAEL MASTRONARDI 846-4800</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$109.00 fee if any work starts before the permit is picked up. PHONE: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: [Signature]

This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 55 Market Street Portland, ME ZONE: B-3

CBL: 029 0002 001

SINGLE TENANT LOT? YES NO MULTI TENANT LOT? YES NO
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 15' x 2 = 30' ^{MAX} Height: 11.5'

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: _____

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: 3' x 10'
BLDG. WALL SIGN(attached to bldg) ? YES NO DIMENSIONS: _____
AWNMG? YES NO DIMENSIONS: _____
LOT FRONTAGE (FEET): _____

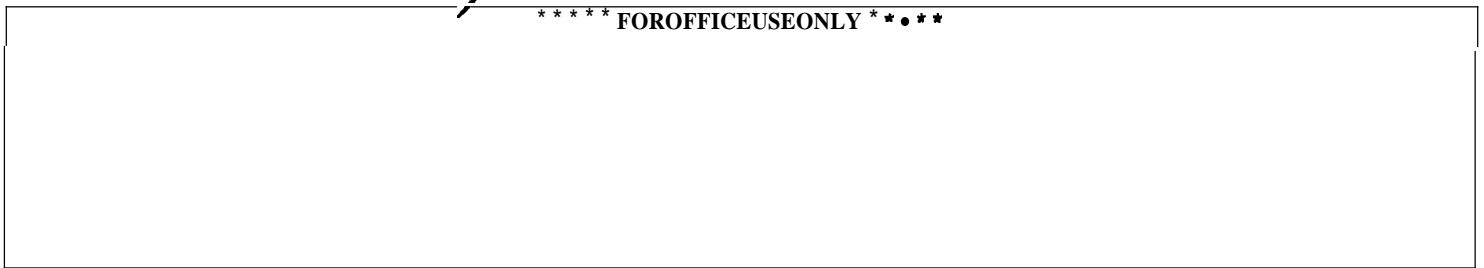
AWNING YES NO IS AWNING BACKLIT? YES NO
HEIGHT OF AWNING: 3'-10" LENGTH OF AWNING: 14' DEPTH: 4'-0"

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES NO
IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? 18 s.f.

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

▷ SIGNATURE OF APPLICANT: [Signature] DATE: 4/5/05

***** FOR OFFICE USE ONLY *****



CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building.**
- A **sketch** or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- Certificate of Flammability required for awning or canopy at time of application.
- UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

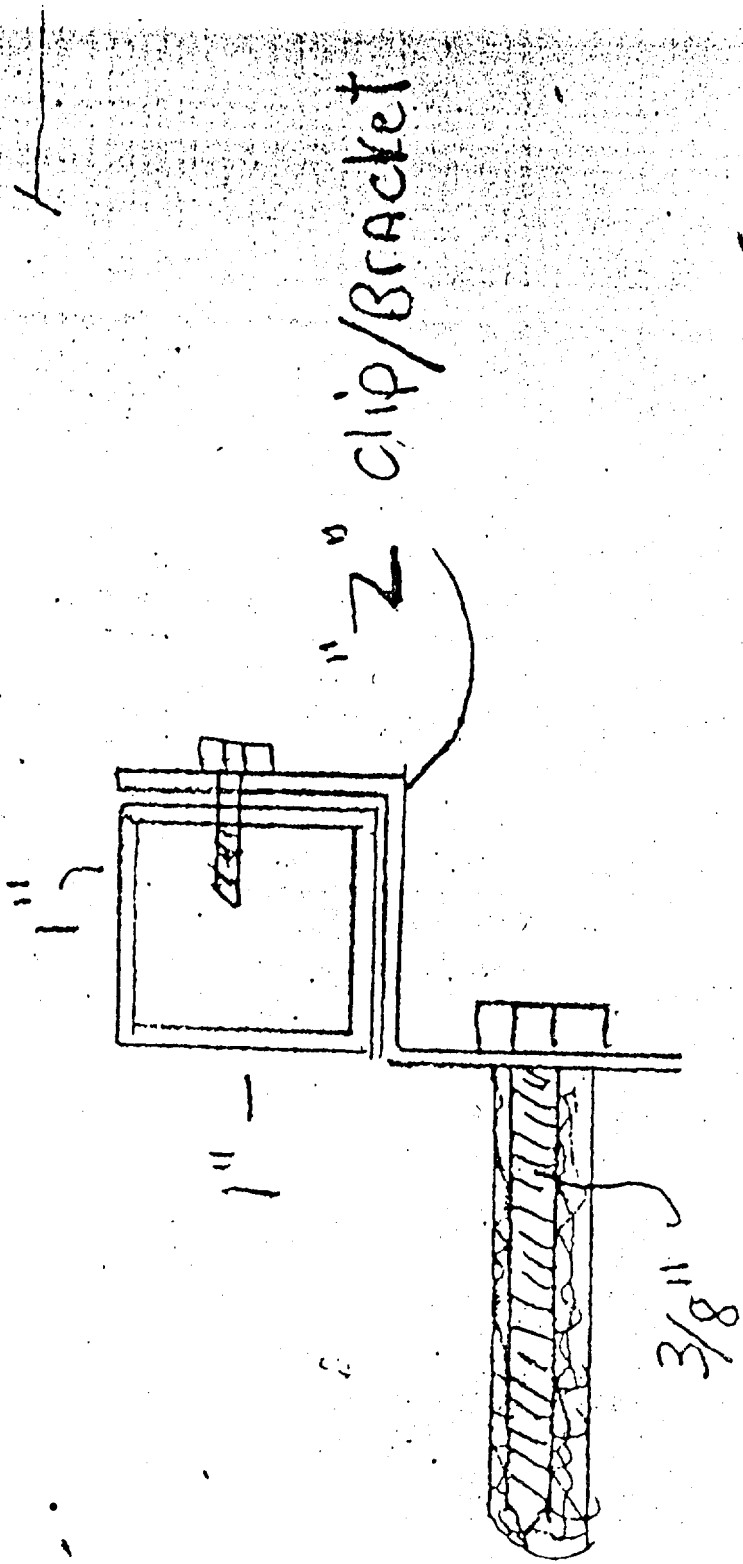
LANDLORD RELEASE FORM

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 53 MARKET ST, PORTLAND
IN PORTLAND, MAINE 164 REALTY, LLC being the owner of the premises
at 53 MARKET ST in Portland, Maine hereby gives consent to the
erection of a certain sign owned by _____ over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

And in consideration of the issuance of said permit 164 REALTY, LLC
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign within ten days of notice from said
Inspector of Buildings that said sign is in such condition and of order from
to remove it.

In witness whereof, the owner of said premises has signed this consent and
agreement this 5th day of April 2005

164 REALTY, LLC
By [Signature]
NAs/President
MF. MUSTONARDI



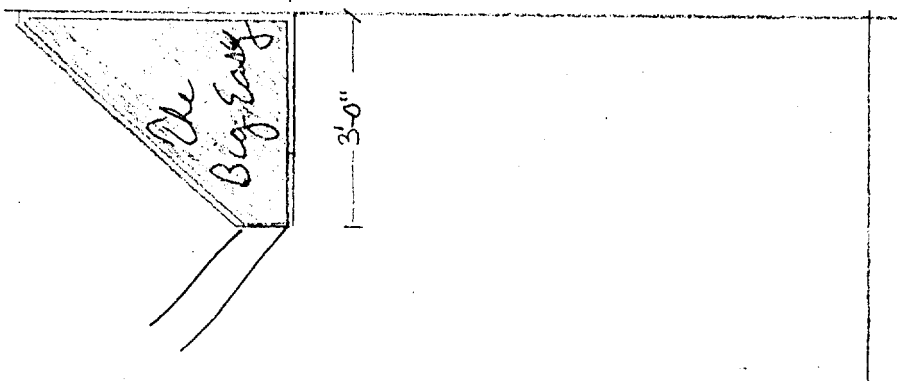
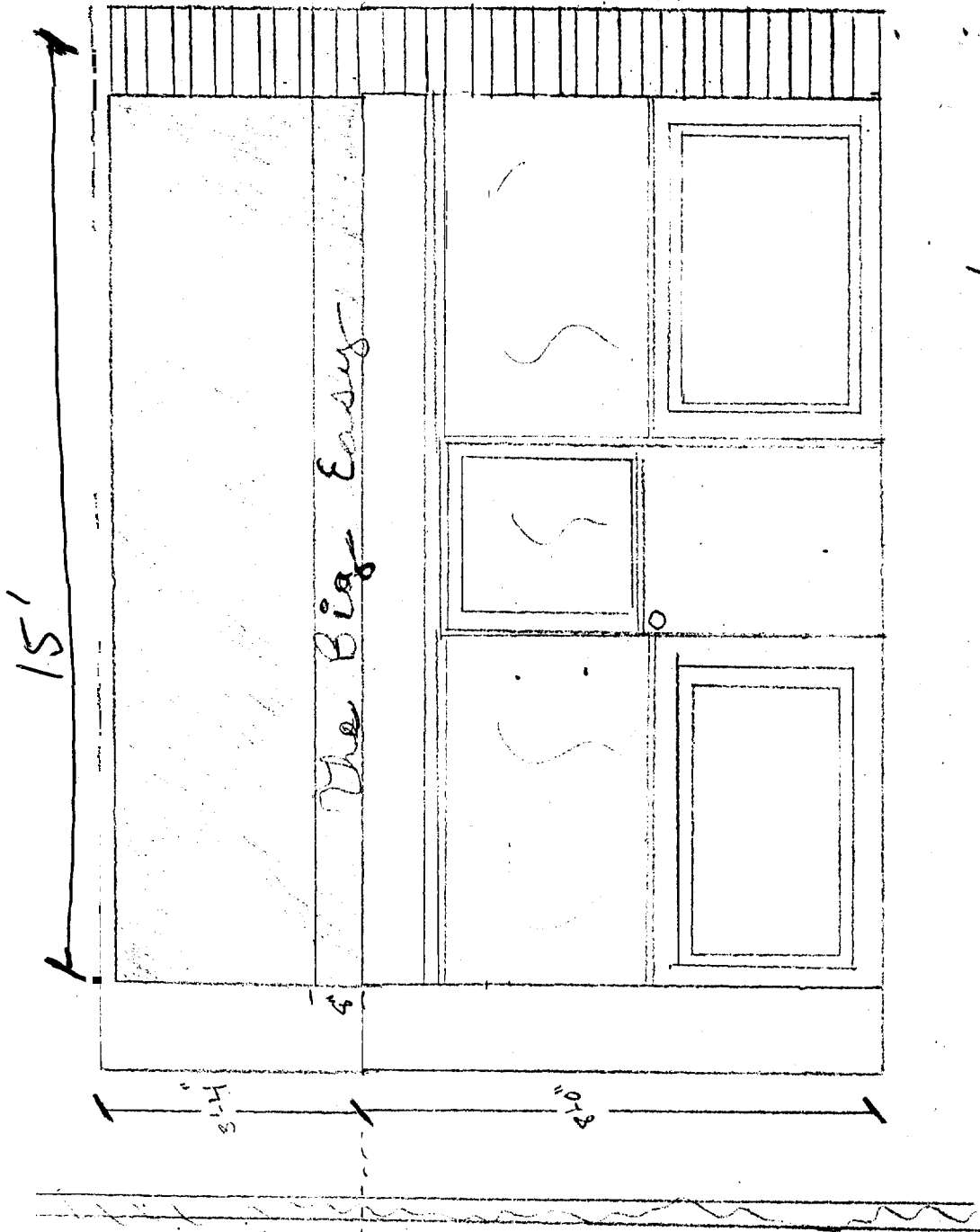
1" Z⁰ clip/bracket

FASTENER

3/8"

1"

1"



Black
~~Black~~ Fining
 White Lettering

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

GA-217

ISSUED BY
JOHN BOYLE & COMPANY, INC.

Salisbury Road
Statesville, NC 28677
704-872-8151

_____ or
manufactured

This is to certify that the materials described below have been @me-retardant treated (or are inherently nonflammable).

FOR Maine Bay Canvas, Inc. ADDRESS 53 Industrial Yay
CITY Portland, ME 04103 STATE _____

Certification is hereby made that: (Check "a" or "b")

(a) The articles described below this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem: Reg. No. _____

Method of application _____

(b) The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used Sunbrella Firesist Reg No. _____

The Flame-Retardant Process Used WILL NOT Be Removed By Washing

JOHN BOYLE & COMPANY, INC.

Name of Applicator or Production Superintendent

JOHN BOYLE & COMPANY, INC.

By

Walter Conize
Specialty Products Manager

NEW
Renewal of Number

United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087

**COMMERCIAL
LIABILITY
POLICY**
CUSTOMER COPY

POLICY DECLARATIONS
CL1147817

- United States Liability Insurance Company
- Mount Vernon Fite Insurance Company
- U.S. Underwriters Insurance Company

Named Insured **WILLIAM & JAMES O'BRIAN**
DBA: THE BIG EASY PLAYERS BLUES CLUB
Address **55 MARKET ST**
PORTLAND, ME 04101

Policy Period From 011054005 To 01/05/2006
Form Of Business Pannershup
Business Description Bar/Tavern

12:01 AM STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A LIMIT OF INSURANCE IS INDICATED

Coverage Part	Limits Of Insurance	Premium
Commercial General Liability		\$3,913.00
Each Occurrence Limit	\$500,000	
Personal & Advertising Injury Limit (Any One Person/Organization)	\$500,000	
Medical Expense Limit (Any One Person)	\$5,000	
Damage To Premises Rented To You (Any One Premises)	550,000	
Products/Completed Operations Aggregate Limit	\$500,000	
General Aggregate Limit (Other Than Products/Completed Operations)	4500,000	
Signage Liability		\$0.00
Each Common Cause Limit	Not Covered	
Aggregate Limit	Not Covered	
Professional Liability		\$0.00
Each Claim/Medical Incident Limit	Not Covered	
Aggregate Limit	Not Covered	
Other		\$0.00
		\$3,913.00

Location Classification Territory	Code No.	Premium Basis	Rate Pr/Co	All Other	Advance Premium Pr/Co	All Other

Coverage Form(s)/Part(s) and Endorsement(s) made a Part of this policy el time of Issue: See **Endorsement EOD (01/95)**

Policy Premium **\$3,913.00**
E&S Tax **\$117.39**
Total **\$4,030.39**

Issued Date: 12/29/2004

By Thomas P. McNeely
Authorized Representative

Agent **INSURANCE INNOVATORS, INC. (ME)**
Broker **& RYAN INC**

PRODUCER Curley Associates 1087 Main Street Sanford ME 04073 Phone: 207-324-8800 Fax: 207-324-8822	OP ID TO THEBI-1 DATE (MM/DD/YYYY) 05/04/05
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.	
INSURED Big Easy Players Blues Club Bill O'Brian 55 Market Street Portland ME 04101	INSURERS AFFORDING COVERAGE INSURER A: Insurance Innovators of N.E. NAIC# I INSURER B: INSURER C: INSURER D:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> USLI GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL1147817	01/05/05	01/05/06	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 50000 GENERAL AGGREGATE \$ 500000 PRODUCTS, COMP/OP AGG \$ 500000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

CERTIFICATE HOLDER

 CITY OF P

 City of Portland
 389 Congress Street
 Portland ME 04101

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Timothy S. Curley

CURLEY

05/05/2005 09:24 2073248822

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TO DATE (MM/DD/YYYY)
THEBI-1 05/04/05

PRODUCER
Curley Associates
1087 Main Street
Sanford ME 04073
Phone: 207-324-8800 Fax: 207-324-8822

INSURED
Big Easy Players Blues Club
Bill O'Brian
55 Market Street
Portland ME 04101

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Insurance Innovators of N.E.	I
INSURER B		
INSURER C		
INSURER D		
INSURER E		

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> USLI GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL1147817	01/05/05	01/05/06	EACH OCCURRENCE \$ 500000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 500000 PRODUCTS - COMP/OP AGG \$ 500000
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE, EA EMPLOYEE \$ E.L. DISEASE, POLICY LIMIT \$

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland ME 04102

CITY OF P

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Timothy S. Curley