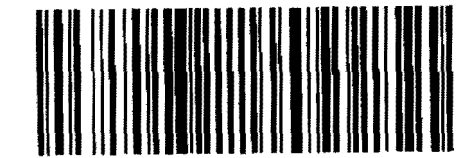
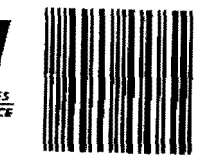


Strengthening a Remarkable City
Building a Community for Life
**PORTLAND
MAINE**
Inspection Services Division
389 Congress Street, RM 315
Portland, Maine 04101-3509

CERTIFIED MAIL™



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**Director of Planning and Urban Development
Penny St. Louis Littel**

**Inspection Services, Director
Jeanie Bourke**

ELEVEN EXCHANGE LLC
PO BOX 4894
PORTLAND , ME 04112

CBL: 032 F012001
Located at 5 EXCHANGE ST

Certified Mail 70072560000237885800

Dear ELEVEN EXCHANGE LLC ,

STOP WORK ORDER

An evaluation of the above-referenced property on 01/16/2009 revealed that building construction was being conducted without benefit of a valid building permit as required by Section 105.1 of the 2003 International Building Code and the 2003 International Residential Code of the City of Portland.

Appropriate permitting has not been issued for the property listed above, therefore all construction activity at that property must STOP immediately. This is a STOP WORK ORDER pursuant to Section 114. of 2003 International Building Code and the 2003 International Residential Code of the City of Portland.

You may resume construction activity only after issuance of the appropriate building permit and the subsequent lifting of this order. Building Permit Applications are available in this office, Room 315 at Portland City Hall, from 8:00 a.m. to 4:00 p.m. weekdays except holidays.

Failure to comply will result in this office referring the matter to the City of Portland Corporation Counsel for legal action and possible civil penalties, as provided for in Section 1-15 of the Code and in Title 30-A of M.R.S.A. Section 4452. This constitutes an appealable decision pursuant to Section 112 of the City of Portland Building Code.

If you wish to discuss this matter, or you have any questions, please feel free to contact me.

Sincerely,

@

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS BLOCK AT POSTAGE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
1. Article Addressed to: <i>Elevor Exchange LLC P.O. Box 4894 Portland, Maine 04112</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
2. Article Number <i>(Transfer from service label)</i>	7007 2560 0002 3788 5800
PS Form 3811, February 2004	Domestic Return Receipt 102985-02-M-1540