

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

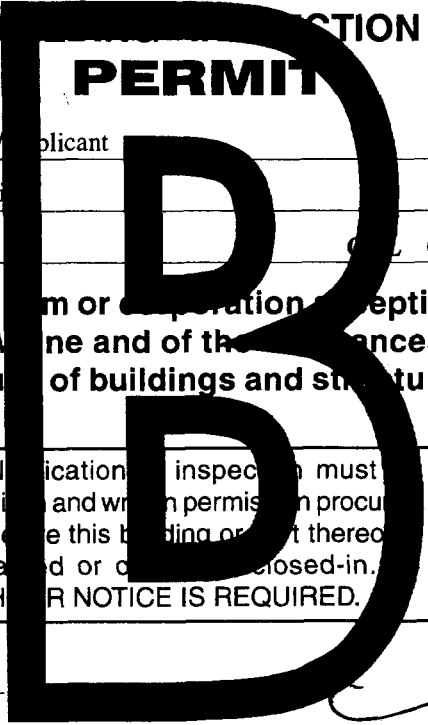
BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

This is to certify that 10 Exchange Properties Llc / Applicant
has permission to Sandwich board Side walk
AT 10 Exchange St

Permit Number 051002
PERMIT ISSUED
AUG - 4 2005
CITY OF PORTLAND

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 given and when permission procured before this building or part thereof laid or closed-in. **HEAR 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

[Signature]
8/4/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1012	Issue Date: AUG - 4 2005	CBL: 03251012001
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Location of Construction: 10 Exchange St	Owner Name: 10 Exchange Properties Llc	City: PORTLAND
Business Name: Mediterranean Bazaar	Contractor Name: Applicant	Contractor Address: Po Box 4894 Portland
Applicant/Owner/Buyer's Name: Brenner Bros. Imports LLC.	Phone:	Permit Type: Signs - Side Walk

Proposed Use: Commercial	Proposed Use: Commercial/ Sandwich board Side walk sign	Permit Fee: \$77.00	Cost of Work: \$77.00	CEO District: 1
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Proposed Project Description: Sandwich board Side walk sign	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: U Type: Sign IBC 2003 Signature: [Signature]
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input checked="" type="checkbox"/> Denied
Signature:	Date:	

Permit Taken By: L. Dobson	Date Applied For: 07/21/2005	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	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: 8/3/05	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 type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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CERTIFICATION

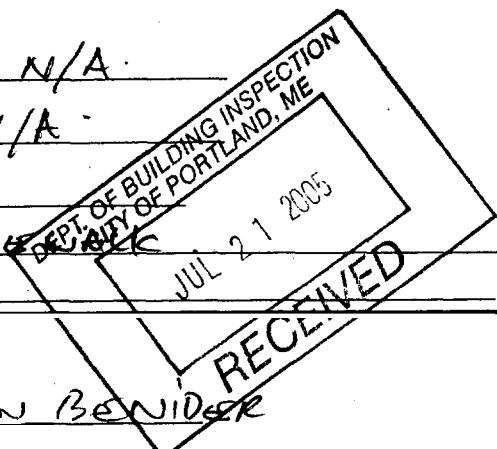
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

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>10 EXCHANGE ST # LOWER LEVEL.</u>	
Total Square Footage of Proposed Structure 600 sq. ft. <u>N/A</u>	Square Footage of Lot <u>650 sq. ft.</u>
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>I</u> Lot# <u>12</u>	Owner: <u>10 EXCHANGE, LLC</u> Telephone: <u>(207) 233-1607.</u>
Lessee/Buyer's Name (If Applicable) <u>BENIDER Bros Imports LLC</u> <u>MBIA</u> <u>MEDITERRANEAN BAZAAR</u>	Applicant name, address & telephone: <u>HASSAN BENIDER</u> <u>23 SUMMER ST</u> <u>YARMOUTH, ME 04096</u> <u>(207) 846-1435</u>
Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ _____ Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>77.00</u>	
Current use: <u>RETAIL.</u>	
If the location is currently vacant, what was prior use: <u>N/A.</u>	
Approximately how long has it been vacant: <u>N/A.</u>	
Proposed use: <u>RETAIL.</u>	
Project description: <u>BOARD ON THE SIDE</u>	
Contractor's name, address & telephone: _____	
Whom should we contact when the permit is ready: <u>HASSAN BENIDER</u>	
Mailing address: <u>23 SUMMER ST Apt #1.</u> <u>YARMOUTH, ME 04096</u>	
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 \$100.00 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] Date: 7/21/05

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

SIGNAGE/AWNING PFW APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 10 EXCHANGE ST lower level ZONE: B-3 (RETAIL,
PORTLAND, ME 04021.

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: _____ Height: _____ in Basement

INFORMATION ON PROPOSED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: 8' x 3'
BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: _____

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): STANDING BOARD.
FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: _____
BLDG. WALL SIGN (attached to bldg)? YES NO DIMENSIONS: _____
AWNING? YES NO DIMENSIONS: _____
LOT FRONTAGE (FEET): _____

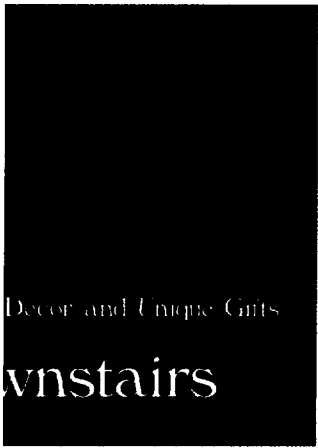
AWNING YES NO IS AWNING BACKLIT? YES NO
HEIGHT OF AWNING: N/A LENGTH OF AWNING: N/A DEPTH: N/A
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES NO
IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? N/A s.f.

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: 7/20/05

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

100um
outside
(10 EXCHANGE
&



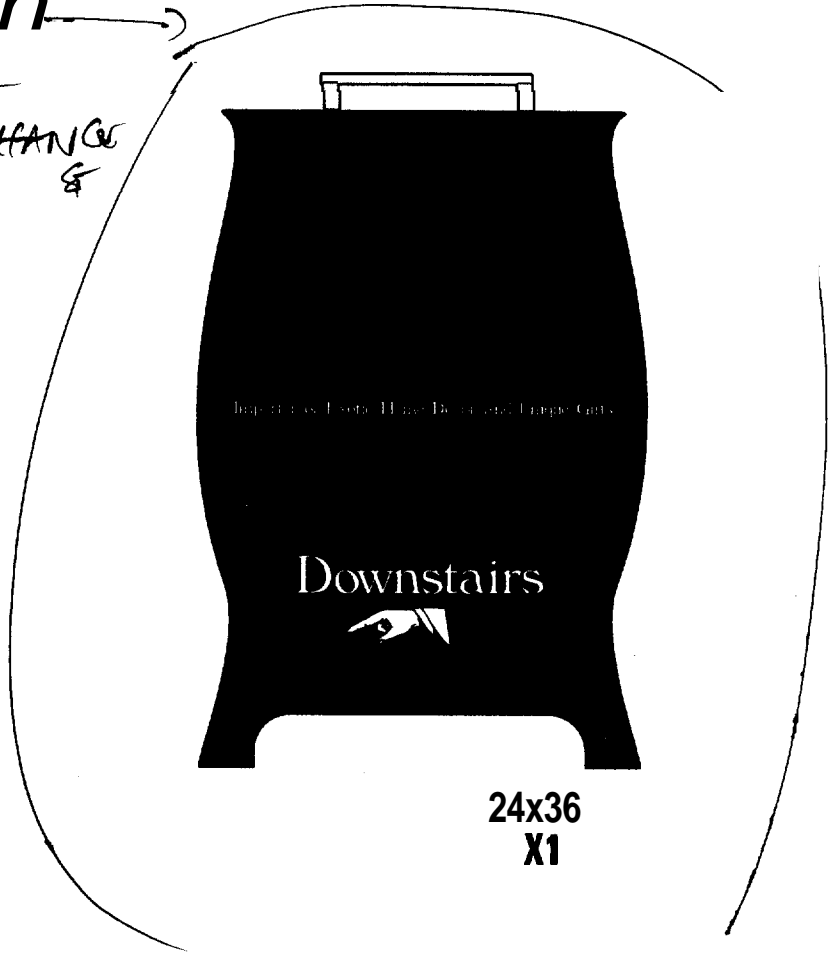
24X36
x2



8X24
X1



12X20
X1



24x36
X1

Approved BY: *[Signature]*
Date: *7-15-05*

PLEASE REVIEW THIS PROOF CAREFULLY!
AND SEND COPY BACK TO THE SIGNERY THANK YOU

INFO ER	X4 13oz ROYALBLUE BANNERS GROMMETS 4 CORNERS INT ORANGE, WHITE, GOLD HP-INTENS BLUE x 1 side walk board 24x36	INSTALL <input type="checkbox"/> Y <input type="checkbox"/> V <input type="checkbox"/> B	
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Until approved Joband Deposit is made, This proof is property of The Signery

BUSINESS APPLICATION
 MERCANTILE/SERVICE
 OFFICE

STATE FARM FIRE AND CASUALTY COMPANY
 Bloomington, Illinois

PR... NUMBER INI

New <input checked="" type="checkbox"/>	Rew. <input type="checkbox"/>	End. <input type="checkbox"/>	of Policy Number	Effective Date	Expiration Date	Is the applicant an existing State Farm client?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Applicant	Name Please Print	Last Name	First Name	Middle Name or Initial	Social Security Number
	D/B/A	Telephone Number			Telephone Number <input type="checkbox"/> Cell Phone <input type="checkbox"/> FAX <input type="checkbox"/>
	The named applicant is:	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input checked="" type="checkbox"/>	Other (please describe)
	Mailing Address	Number and Street	City or Town	State	ZIP
	Location of Property (if different than mailing address)	Number and Street	City or Town	State	ZIP

Other Interests	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input checked="" type="checkbox"/> Named Add'l Insured (Additional charge may apply). <input type="checkbox"/> Franchise <input type="checkbox"/> Building Owner <input type="checkbox"/> Other	<input type="checkbox"/> Lessor of Leased Equip. Cost of contract or lease \$
	Name and Address	City of Portland Maine City Hall 389 Congress St Portland ME 04101
Other Interests	<input type="checkbox"/> 2nd Mortgagee <input type="checkbox"/> 2nd Loss Payee <input type="checkbox"/> Servicing Agent <input checked="" type="checkbox"/> Named Add'l Insured (Additional charge may apply). <input type="checkbox"/> Franchise <input type="checkbox"/> Building Owner <input type="checkbox"/> Other	<input type="checkbox"/> Lessor of Leased Equip. Cost of contract or lease \$
	Name and Address	Maine Commercial Assoc of Portland 10 Exchange St LLC PO Box 4894 Portland ME 04112

Billing	Renewal bills: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Servicing Agent
	Endorsement bills: <input checked="" type="checkbox"/> insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Servicing Agent

Deductible Amount	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> Other	PREMIUM
A. Building@)-includes value of all outbuildings, fences, walkways, lights		
<input type="checkbox"/> Form 3	<input type="checkbox"/> Replacement Cost (RC)	
<input type="checkbox"/> Form 1	<input type="checkbox"/> Actual Cash Value (ACV)	
<input type="checkbox"/> Builders Risk	<input type="checkbox"/> Condominium/Assoc	
Limit of Insurance		
Building \$		
Other Structures \$	Describe	
Submit replacement cost estimate/documentation for each building type. \$		

Coverages	B Business Personal Property	
	<input type="checkbox"/> Form 3	<input checked="" type="checkbox"/> % Replacement Cost (RC)
	<input type="checkbox"/> Form 3 excluding theft	<input type="checkbox"/> Actual Cash Value (ACV)
	<input type="checkbox"/> Form 1	<input type="checkbox"/> Condominium Unitowners
	Indicate the Replacement cost or Actual Cash Value of the following, then add for total	
Stock: Avg. Monthly Inventory	\$ 9,750	
Property of Others	\$	
Tenant's Improvements & Betterments	\$	
Owned & Leased Furniture	\$ 200	
Owned & Leased Equipment	\$ 50	
TOTAL RC/ACV - BUS PERS. PROP	\$ 10,000	\$

Coverages	C. Loss of Income (not exceeding 12 consecutive months) - actual loss sustained	
	<input type="checkbox"/> Delete Loss of Income	<input type="checkbox"/> Include Loss of Income (Condominium Association Only)

Coverages	L Business Liability	Each Occurrence
	NOTE: The annual aggregate and Products/Completed Operations aggregate limits are equal to 2 times the Occurrence limit	\$ 1,000,000

Coverages	M. Medical Payments	\$5,000 Each person - included
	NOTE Subject to the occurrence and annual aggregate limits.	Other \$ 10,000

<input type="checkbox"/> Exterior Signs (ES)	Amt. Incl. \$500	Add'l Amt. + \$	Total Amt. = \$	PREMIUM
<input type="checkbox"/> Money and Securities (MO)				
Office:	<input type="checkbox"/> \$1,000/\$1,000	<input type="checkbox"/> \$4,000/\$2,000	<input type="checkbox"/> \$8,000/\$2,000	
Merc/Serv.	<input type="checkbox"/> \$2,000/\$1,000	<input type="checkbox"/> \$6,000/\$2,000	<input type="checkbox"/> \$10,000/\$2,000	
Safe on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, type \$				
<input type="checkbox"/> Employee Dishonesty (ED)				
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 *non-binding only				
Number of employees (for all locations) \$				
<input type="checkbox"/> Accounts Receivable (AR)	Amt. Incl. \$5,000	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Valuable Papers (VP)	Amt. Incl. \$5,000	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Not kept in fire resistive receptacle				
<input type="checkbox"/> Kept in labeled receptacle Label				
<input type="checkbox"/> Kept in unlabeled receptacle				
<input type="checkbox"/> Property of Others (PO)	Amt. Incl. \$2,500	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Trees, Shrubs, Plants (TP)	Amt. Incl. \$5,000	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Peak Season Extension to 40% (25% included)				
<input type="checkbox"/> Temperature Change Amount of Coverage \$				
<input type="checkbox"/> Mechanical Breakdown (MB) <input type="checkbox"/> Delete Loss of Income (Cannot be deleted unless deleted in Coverage C)				
<input type="checkbox"/> Boiler (hot water or steam)				
<input type="checkbox"/> Water heater or other pressure vessel				
<input type="checkbox"/> Air conditioning or refrigeration unit (5 hp or more)				
(Describe any optional equipment in Remarks)				
<input type="checkbox"/> Building Ordinance or Law - select one or both of the following:				
<input type="checkbox"/> Loss to Undamaged Portion of Building				
<input type="checkbox"/> Demolition Cost and Increased Cost of Construction				
% of Coverage A <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%				
<input type="checkbox"/> Hired Auto Liability Annual Cost of Hired Autos \$				
<input type="checkbox"/> Condominium Loss Assessment (Unitowners only) \$				
Is a master policy in force for the building? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Billing

IRenewal bills: Insured Mortgagee Servicing Agent
 SFPP - Amount Number _____

IEndorsement bills: Insured Mortgagee Servicing Agent
 SFPP - Amount Number _____

Deductible Amount \$500 \$1,000 Other _____ PREMIUM

A Building(s)-includes value of all outbuildings, fences, walkways, lights
 Form3 Replacement Cost (RC)
 Form 1 Actual Cash Value (ACV)
 Builders Risk Condominium/Assoc

Limit of Insurance
 Building \$ _____
 Other Structures \$ _____ Describe _____
 Submit replacement cost estimate/documentation for each building type \$ _____

B Business Personal Property
 Form3 Replacement Cost (RC)
 Form 3 excluding theft Actual Cash Value (ACV)
 E Form 1 E Condominium Unitowners

indicate the Replacement cost or Actual Cash Value of the following, then add for total

Stock: Avg. Monthly Inventory \$ 9750
 Property of Others \$ _____
 Tenant's Improvements & Betterments \$ _____
 Owned & Leased Furniture \$ 250
 Owned & Leased Equipment \$ 50
TOTAL RC/ACV - BUS PERS. PROP \$ 10,000

C Loss of Income (not exceeding 12 consecutive months) - actual loss sustained
 Delete Loss of Income
 Include Loss of Income (Condominium Association Only) \$ _____

L Business Liability Each Occurrence
 NOTE: The annual aggregate and Products/Completed Operations aggregate limits are equal to 2 times the Occurrence limit
 \$ 1,000,000

M. Medical Payments \$5,000 Each person - included
 NOTE: Subject to Occurrence and annual aggregate limits.
 Other \$ 10,000

Options / Endorsements

<input type="checkbox"/> Exterior Signs (ES)	Amt. Incl. \$500	Add'l Amt. + \$	Total Amt. = \$	PREMIUM \$
<input type="checkbox"/> Money and Securities (MO)	Office: <input type="checkbox"/> \$1,000/\$1,000 <input type="checkbox"/> \$4,000/\$2,000 <input type="checkbox"/> \$8,000/\$2,000 <input type="checkbox"/> \$2,000/\$1,000 <input type="checkbox"/> \$6,000/\$2,000 <input type="checkbox"/> \$10,000/\$2,000			
Merc/Serv. \$ _____ on premises \$ _____ off premises				
Safe on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, type _____				\$
<input type="checkbox"/> Employee Dishonesty (ED)	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000* <input type="checkbox"/> \$50,000* *non-binding only			
Number of employees (for all locations) _____				\$
<input type="checkbox"/> Accounts Receivable (AR)	Amt. Incl. \$5,000	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Valuable Papers (VP)	Amt. Incl. \$5,000	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Not kept in fire resistive receptacle <input type="checkbox"/> Kept in labeled receptacle Label _____ <input type="checkbox"/> Kept in unlabeled receptacle				
<input type="checkbox"/> Property of Others (PO)	Amt. Incl. \$2,500	Add'l Amt. + \$	Total Amt. = \$	
<input type="checkbox"/> Trees, Shrubs, Plants (TP)	Amt. Incl. \$5,000	Add'l Amt. + \$	Total Amt. = \$	\$
<input type="checkbox"/> Peak Season Extension to 40% (25% included)				
<input type="checkbox"/> Temperature Change Amount of Coverage \$ _____				
<input type="checkbox"/> Mechanical Breakdown (MB) <input type="checkbox"/> Delete Loss of Income (Cannot be deleted unless deleted in Coverage C)				
<input type="checkbox"/> Boiler (hot water or steam) <input type="checkbox"/> Water heater or other pressure vessel <input type="checkbox"/> Air conditioning or refrigeration unit (5 hp or more) (Describe any optional equipment in Remarks)				
<input type="checkbox"/> Building Ordinance or Law - select one or both of the following: <input type="checkbox"/> Loss to Undamaged Portion of Building <input type="checkbox"/> Demolition Cost and Increased Cost of Construction % of Coverage A <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%				
<input type="checkbox"/> Hired Auto Liability Annual Cost of Hired Autos \$ _____				
<input type="checkbox"/> Condominium Loss Assessment (Unitowners only) \$ Is a master policy in force for the building? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Physicians and Surgeons Endorsement (automatically included on office policies for medical professionals)				
<input type="checkbox"/> Earthquake Zone _____ Deductible _____ % (Not available on Builders Risk) Construction Rating Code _____ Is coverage desired on masonry veneer? <input type="checkbox"/> Yes <input type="checkbox"/> No Fees not apply to all states				
PROFESSIONAL LIABILITY				
<input type="checkbox"/> Professional Liability - Available for Funeral Directors, Hearing Aid Professionals, Veterinarians and Opticians Annual Receipts \$ _____				
<input type="checkbox"/> Barber & Cosmetologist Professional Liability _____ Number of Barbers' _____ Number of Cosmetologists/Nail Technicians: including owners, operators, partners, directors, and independent contractors Shampooers and manicurists? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other				
Amount Paid		Balance Due		TOTAL PREMIUM
325		0		325

Underwriting Use Only

Approved By	Date
GFU Code	Date

Date and Time of Application: Mo. Day Yr.
 Agent Code Stamp: **D. NEWMAN(INC) 1089 MAINE F874**


Here Attach C

NOTE: For your protection, the law of your state requires the following to appear on this form: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Coverage is not provided until this application is approved by State Farm's Underwriting Department

By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the coverages, including options and endorsements, and the amounts of coverage, on this application are those chosen by you, and (4) the premium charged must comply with State Farm's rules and rates and may be revised.

Hassan Benider DBA
Mediterranean Bazaar
has permission to place
signage at the front of
18 Exchange St.

Sincerely,
Joseph L. Sulew




CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 20 _____

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) ____ Plumbing (I5) ____ Electrical (I2) ____ Site Plan (U2) ____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy