Form#P04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read

| Application And Notes, If Any, Attached | | PERIM | Permit Number 061212 |
|---|---|--|--|
| This is to certify that | CUMBERLAND COU | NTY CREATION CENTER/n/a | PERMIT ISSUED |
| has permission to | 24 x 40 sidewalk sign | | TERMIT IOUED |
| AT 0 FREE ST | | . 03 | 8 D015001 AUG 1 7 2006 |
| of the provision | the person or persons of the Statutes on, maintenanceant. | ons irm or the distances and e of buildings and e ucture | ng this permit shall comply with a softhe City of Portland regulation es, and of the application on file |
| | Works for street line ure of work requires n. | en and ven permon production of inspector in the inspecto | A certificate of occupancy must be procured by owner before this building or part thereof is occupied. |
| Fire Dept Health Dept Appeal Board | DUIRED APPROVALS | | 3/11/06 |
| Other | | ENALTY FOR REMOVING THIS CA | Director - Building & Inspection Services |

| City of Portland, Mair 389 Congress Street, 0410 | O | | 1 | 06-1212 | Issue Date: | 038 D0 | 15001 | |
|---|--|---|--|---|--|--|-----------------------|--|
| Location of Construction: Owner I | | <u> </u> | | Owner Address: | | Phone: | | |
| | | ND COUNTY RI | | | 2 50 | r none. | | |
| Business Name: | Contractor Name | CUMBERLAND COUNTY RECR | | tractor Address: | Phone | | | |
| | n/a | | ı | Portland | | | | |
| Lessee/Buyer's Name | Phone: | | | nit Type: | | I | Zone: | |
| | | | Sig | gns - Side Walk | ζ | | K3 | |
| Past Use: | Proposed Use: | | Peri | mit Fee: | Cost of Work: | CEO District: | 1 | |
| Commercial | Commercial 2 | 24 x 40 sidewalk | sign | \$42.00 | \$42 | 00 1 | | |
| | | | FIR | E DEPT: | Approved I | NSPECTION: | _ | |
| | | | | 7 7 | Denied | Use Group: U Cify Ole | Type: | |
| | | | | | 1 | Oil Ac | liner | |
| <u> </u> | Part of the second seco | | | X//F | t | C149 010 | a g y speed | |
| 24 × 40 = id====11= =i== | FERMII ISS | UEU_ | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | |
| 24 x 40 sidewalk sign | | | | Signature Signature PEDESTRIAN A CTIVITIES DISTRICT (P. | | | /`` | |
| | AliG 1 20 | . 19 T | Ì | | , | \ | | |
| | | | Acti | - | | oved w/Conditions | Denlied | |
| | CITY OF DOGT | ANIN | Sign | iature: See ba | elou | Date: | | |
| Permit Taken By: | Date Applied For: | | | Zoning | Approval | | | |
| dmartin | 08/16/2006 | | | | | | | |
| 1. This permit application | does nor preclude the | Special Zone or Reviews Shoreland Wetland | | ws Zoning Appeal Variance Miscellaneous | | Historic Preservation | | |
| Applicant(s) from meeti Federal Rules. | ing applicable State and | | | | | Not in District | t or Landma | |
| 2. Building permits do not septic or electrical work | | | | | | Does Not Req | quire Review | |
| 3. Building permits are vo within six (6) months of | | ☐ Flood Zone ☐ Subdivision | | Conditional Use | | Requires Revi | iew | |
| False information may i permit and stop all work | invalidate a building | | | Interpretation App | | Approved | | |
| | | Site Plan | | Approved | i | Approved w/C | Conditions | |
| | | Maj Minor | MM | Denied | | Denied | | |
| | | OK 8/11/01 | KIN | late: | | late: | | |
| I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to ent such permit. | e owner to make this appli permit for work described | CERTIFIC med property, or cation as his auth I in the applicatio | CATION that the pro- corized ager on is issued, | nt and I agree to I certify that the | authorized by o conform to he code offic | y the owner of record all applicable laws o ial's authorized repre | of this esentative | |
| | | | | | | | | |
| | | | | | | | | |

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

| City of Portland, Ma | ine - Building or Use Perr | nit | Permit No: | Date Applied For: | CBL: |
|----------------------------------|------------------------------|---------------------------|----------------------|-------------------|-----------------|
| 389 Congress Street, 04 | 101 Tel: (207) 874-8703, Fax | x: (207) 874-871 <u>6</u> | 06-1212 | 08/16/2006 | 038 D015001 |
| Location of Construction: | Owner Name: | (| Owner Address: | • | Phone: |
| 0 FREE ST | CUMBERLAND C | OUNTY RECR | 1 CIVIC CENTER | SQ | |
| Business Name: | Contractor Name: | C | Contractor Address: | | Phone |
| | n/a | 1 | n/a Portland | | |
| Lessee/Buyer's Name | Phone: | P | ermit Type: | | • |
| | | | Signs - Side Walk | | |
| Proposed Use: | | Proposed | Project Description: | | |
| Commercial 24 x 40 side | walk sign | 24 x 4 | 0 sidewalk sign | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Dept: PAD | Status: Approved | Reviewer: | Carrie Marsh | Approval D | ate: 08/21/2006 |
| Note: | • • | | | | Okto Issue: |
| , -, | | | | | |
| t | | | | | |
| Dept: Zoning | Status: Approved | Reviewer: | Ann Machado | Approval Da | ate: |
| Note: | | | | | Okto Issue: |
| | | | | | |
| I | | | | | |
| Dept: Building | Status: Approved | Reviewer: | Tammy Munson | Approval Da | ate: 09/11/2006 |
| Note: | | | | | Okto Issue: |
| | | | | | |

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 | - | nust be made before pe | ermits of any kind are accepted. |
|--|--|--|--|
| | FREE | | |
| Total Square Footage of Proposed Structure | ; | Square Footage of Lot | |
| | | | |
| Tax Assessor's Chart, Block & Lot | Owner: | | Telephone: |
| Chart# Block# Lot# | | | |
| 38 D 015 | | | |
| Lessee/Buyer's Name (If Applicable) | Applicant name | e, address & telephone: | Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 |
| PORTLANUD PIRATES | PORTLAND | D PIRATES | For H.D. signage= Total |
| BRIAN S. PETROVEK | 94 FREC | | Fee: \$38.66 Awning Fee= cost of work |
| ISICIAN S. PETICOVER | | D, ME 04101 | Total Fee: \$ |
| | 4 | 65 ×315 | |
| Who should we contact when the permit is ready | BRIAN 1 | VETRUVEKphone: _ & | 828-4665×315 |
| Tenant/allocated building space frontage (for Lot Frontage (feet) | eet): Length: Single Tenant of | Height r Multi Tenant Lot | |
| Current Specific use: If vacant, what was prior use: Proposed Use: Hent Sign to Man | side walk | space Tean-Store | |
| Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Is awning back! Height of awning: Length of a sthere any communication, message, tradem. If yes, total s.f. of panels w/communications, | it? Yes No awning: ark or symbol on it | Depth: t? Yes No | |
| Information on existing and previously perm. Freestandmg (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Dimension | No Dim | | |
| A site sketch and building sketch showing ex Sketches and/or pictures of proposed signage | | | ocated must be provided. |
| Please submit all of the information of | | | eation Checklist. |
| Failure to do so may result in the auto | | • | |
| In order to be sure the City fully understands the additional information prior to the issuance of a Building Inspections office, room 315 City Hall of | permit. For further | | |
| I hereby certify that I am the Owner of record of the rauthorized by the owner to make this application as his a permit for work described in this application is issued areas covered by this permit at any reasonable hour to | s/her authorized aged d, I certify that the C | nt. I agree to conform to all a ode Official's authorized repre | applicable laws of this jurisdiction. In addition, it esentative shall have the authority to enter all |
| Signature of applicant: Main | Setre | L Date | : 3/20/06 |
| This is not a permit; | you may not comr | nence ANY work until the | permit is issued. |

Scarborough, Maine 04074

207.883.0075

www.signsotmaine.com

24 in

XX3

Approved by: Job number: Order date: Order taken by: Name: Company: Phone: Fax: E-mail:

File: Portland Pirates A-Frame.FS

rhis design and drawing submitted for your review and approval is the exclusive property of SIGN*A*RAMA. It may not be reproduced, copied, exhibited or utilized for any purpose, in part α in whole by any ndividual inside or outside without written consent of SIGN*A*RAMA. Colors represented on this proof may not be an exact match to the vinyl or digital printing used in the final application or print, For cut vinyl applications, swatches accompanying this proof provide the actual color. An example of final digital printing may be requested once this proof is approved.



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

| ₫ | 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. |
|----|---|
| d | 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. Please 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 façade dimensions for any signage attached to the building. |
| | A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment. |
| | Certificate of flammability required for awning or canopy. |
| | A UL# is required for lighted signs at the time of final inspection. |
| | Pre-application questionnaire completed and attached. |
| ⊿ | Photos of existing signage |
| | Details for sign fastening, attachment or mounting in the ground. |
| •. | |

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, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

Fax Server

1000438819



American Specialty Insurance & Risk Services, Inc. 142 North Main Street Roanoke, Indiana 46783

Phone: 260-672-8800 Fax: 260-672-8835

DATE: 08/09/2006

TO: CITY OF PORTLAND, MAINE **BUILDING INSPECTION OFFICE**

CITY HALL

PORTLAND, ME 04101

FROM: Kris Whitted

Sr. Account Representative

RE: Portland Pirates. LLC

Please find enclosed the Certificate of Insurance for the above referenced. If you have any questions, please feel free to contact our office.

AUTHORIZED REPRESENTATIVE

avid a xami

| | | | CERTIF | ICATE OF II | NSURANCE | | 08/09/2006 |
|-----------------|--------------------------------------|--|---|----------------------|--|--|---|
| Ameri | DUCER can Special lorth Main S | ty Insurance & Risk Ser | | | | THIS CERTIFICATE IS ISSUED AS A MAT ONLY AND CONFERS NO RIGHTS UPON HOLDER THIS CERTIFICATE DOES NOT ALTER THE COVERAGE AFFORDED HY | THE CERTIFICATE FAMEND EXTEND OH |
| Roand | oke, Indiana | | | | | | |
| | JRED nd Pirates LI | C | | | | INSURERS AFFORDING COVER INS. A: Discover Property and Casua | |
| dba Po | ortland Pirat | es | | | | INS. B: | ity ilisurance Company |
| | ongress Stre nd, ME 041 (| | | | | INS. C: | |
| | | | | | | CERT NUMBER: 1000438819 | |
| | | | | | | | |
| | CATED, NOT | WITHSTANDING ANY BE ISSUED OR M | REQUIREMENT, PERTAIN, THE POLICIES. AGC | TERM OR CONDI | ITION OF ANY CONTRA FORDED BY THE POLI | O TO THE INSURED NAMED ABOVE FOR ACT OR OTHER DOCUMENT WITH RES CIES DESCRIBED HEREIN IS SUBJECT EN REDUCED BY PAID CLAIMS. | SPECT TO WHICH THIS |
| LTR | POLICY TYPE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION | 1 | LIMITS | |
| | 1111 | TODIOT NOMBER | 211201112 | | General Aggregate | | 3,000,000 |
| _ | GL | D258L01252 | 09/01/2005 | 09/01/2006 | Products-Completed (| | 2,000,000 |
| A | | | 12:01 a.m. | 12:01 a.m. | Personal and Advertis Each Occurrence | sing injury | 1,000,000 |
| | | | | | Damage to Premises Medical Expense Limi | Rented to You (Any One Premises) it (Any One Person) | 100,000 Excluded |
| l | | | | | | | <u>_</u> |
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| The only | | der is only an Additional In to the negligent acts or ora | sured in accordance | with the provisions | and limitations of endorsen | EMENT/SPECIAL PROVISIONS neniForm AG <i>5075</i> (07/02) Additional Insured IG PERMI FOR THE NAMED INSIIREDS SID | |
| |) F PORTLA | ND, MAINE | | | | TOUGH O ANY OF THE | ADOVE DECORIDED |
| BUILD CITY F | ING INSPE | CTION OFFICE | | | | COMPANY WILL ENDE WRITTEN NOTICE TO HOLDER. BUT FAILUR | LED BEFORE THE ISSUING IEREOF THE ISSUING EAVOR TO MAIL 30 DAYS THE CERTIFICATE RETO MAIL SUCH NOTICE BLIGATION OR LIABILITY HE COMPANY ITS |

AMERICAN HOCKEY LEAGUE REOUEST FOR CERTIFICATE OF INSURANCE

(This form is only utilized when a facility/organization requires a certificate of insurance.)

| Phon | e of person completing form: |
|-------------|---|
| If thi | s is a request for an EVENT please complete this section, if not skip to number 5. |
| 1. | Name of event: N/A SIDEWALK SIGN |
| 2. | Date(s) of event: |
| 3. | Site or location of event: |
| 4. —— | Is the insured the primary host for the event? $\square Yes \square No$ |
| 5. | Certificate Holder: CITY OF PORTLAND, MAINE |
| 6. | Certificate Holder address: CITI HALL PORTAND ME |
| | 04101 |
| 7. | Certificate Holder phone: (207) 874.8703 fax: () |
| 8. | Contact Person: BUILDING INSPECTIONS OFFICE |
| 9. | Does the Certificate Holder require additional insured* status? Yes No If yes, please specify Additional Insured wording: CITU OF PORTAINE |
| *Addi | itional insured should <u>only</u> be checked if it is a requirement of the Certificate Holder. |
| 10. | If number 9 has been checked, please outline the role the Additional Insured is playing in the activity (i.e. lando municipality, corporate sponsor, etc.): |
| 1 1. | Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification Hold Harmless language? |
| 12. | Original certificate should be sent to: Certificate Holder Named Insured |
| | forward completed request to: American Specialty Insurance & Risk Services, Inc. 142 N. Main Street, PO Box 309 Roanoke, IN 46783-0309 Phone: (260) 672-8800 Fax: (260) 672-8835 Attn: Kris Whitted E-mail: kwhitted@amerspec.com AMERICAN SPECIALT |



@American SpecialtyInsurance & bsk Services Agency, and A S I. Insurance Agency, American Specialty Insurance & Risk Services Agency, and A S Insurance & bsk Services Agency All rights reserved



Sidewalk Signs

Design, Location and Construction Standards

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sing may consist of multiple listings.

Sign Dimensions

24W X 40H

Single Listing: Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place

Multiple Listings: Maximum width is 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Location

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants or other street visual amenities. Signs shall be located near the curb rather than the building face.

Materials and Graphics

All signs shall be of an A-frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

Insurance

No permit shall be issued unless the apphcant has posted in advance with the City a Ceruficate of Liability hsting the City as additional insured in the amount of \$400,000.00.

Enforcement

If the sign does not conform to the standards outlined, the permit may be revoked and once the owner has been notified, the sign could be removed.

| To app | ly for a sign permit, stop by the Inspections Division, Portland City Hall, 389 Congress Street, room 315 with: |
|--------|---|
| | Certificate of liability insurance |
| | Drawing of sign showing dimensions and design work |
| | Payment of fees: \$30.00 plus \$2.00 per s.f. of signage |
| | Complete application with pre-application questionnaire and checklist complete |

Shetel + broker + photo of design

PORTLAND PIRATES

FAX COVER SHEET



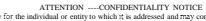


DATE: 8/9/2006 TIME: 100 ΤΟ: WHITTED FAXNUMBER: (260) 672.8835 FROM: Brian Williams x317 MESSAGE:

2006-2007 Portland Pirates Official Home Schedule

| <u>OCTOBER</u> | | <u>JANUARY</u> | |
|--|-----------------|---|--------------------|
| Friday, October 6 vs. Worcester | 7: 05 pm | Saturday, January 6 vs. Worcester | 7:05 pm |
| Saturday, October 7 vs. Providence | 7: 05 pm | Sunday, January 7 vs. Manchester Saturday, January I3 vs. Hartford | 4:05 pm |
| Friday, October 20 vs. Lowell | 7:05 pm | Sunday, January 13 vs. Hartford Sunday, January 14 vs. Worcester | 705 pm 4:05pm |
| Sunday, October 22 vs. Binghamton | 4:05 pm | Wednesday, January 17 vs. Manchester | 705 pm |
| Saturday, October 28 vs. Providence | 705 pm | Friday, January I9 vs. Hartford | 7:05 pm |
| | | Saturday, January 20 vs. Providence | 7: 05 pm |
| <u>NOVEMBER</u> | | Friday, January 26 vs. Providence | 705 pm |
| Friday, November 3 vs. Norfolk | 7:05 pm | | |
| Saturday, November 4 vs. Bridgeport | 705 pm | FEBRUARY 2 Bill | 7.05 |
| Saturday, November 11 vs. Wilkes-Barre | 705 pm | Saturday, February 3 vs. Bridgeport | 7:05 pm |
| Sunday, November 12 vs. Springfield | 4:05 pm | Sunday, February 18 vs. Worcester Sunday, February 25 vs. Lowell | 4:05 pm 4:05 pm |
| Saturday, November 18 vs. Lowell | 7:05 pm | Suriday, 1 ebruary 25 vs. Lowell | 4.03 pm |
| Sunday, November 19 vs. Manchester | 405 pm | MARCH | |
| Saturday, November 25 vs. Providence | 705 pm | Saturday, March 3 vs. Manchester | 705 pm |
| | | Sunday, March 4 vs. Norfolk | 4:05 pm |
| DECEMBER | | Wednesday, March 7 vs. Worcester | 7:05 pm |
| Saturday, December 2 vs. Albany | 705 pm | Saturday, March 10 vs. Hershey | 705 pm |
| Friday, December 15 vs. Manchester | 705 pm | Sunday, March 11 vs. Philadelphia | 4:05 pm |
| Sunday, December 17 vs. Springfield | 405 pm | Friday, March 23 vs. Lowell | 705 pm |
| Friday, December 22 vs. Providence | 7: 05 pm | APRIL | |
| Saturday, December 23 vs. Springfield | 7:05 pm | Sunday, April I vs. Springfield | 405 pm |
| Friday, December 29 vs. Springfield | 7: 05 pm | Tuesday, April 10 vs. Manchester | 7:05 pm |
| Sunday, December 31 vs. Hartford | 5:35 pm | Saturday, April 14 vs. Lowell | 705 pm |
| | | Sunday, April 15 vs. Hartford | 4:05 pm |

Season Ticket packages for the 2006-2007 season are on sale starting at \$60! Call the Pirates at (207) 828-4665 ext. 350 for more details or visit www.portlandpirates.com.



This fax is intended only for the individual or entity to which it is addressed and may contain information that is proprietary, confidential, and exempt from disclosure under applicable law

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If you have received the communication in error please notify us immediately be telephone and return the original fax to us at the above address immediately. Thank you





| ST, TIME | CONNECTION TEL | CONNECTION ID | NO. | MODE | | PGS . | RESIJLT |
|----------------------|-------------------|-----------------|----------|---------------|-----------|-------|----------------------|
| *08/01 16:01 | 8602407618 | WOLF PACK | 8437 | AUTO FAX RX | ECM | 2 | OK 00'50 |
| *08/01 16:15 | 7175669934 | | | AUTO FAX RX | ECM | 8 | OK 02'34 |
| *08/01 16:29 | 2033351719 | | 8439 | | ECM | 2 | OK 00'36 |
| *08/01 17:39 | 207 786 0579 | | 8440 | MEMORY RX | ECM | 2 | OK 00'53 |
| *08/02 06:29 | 916036267022 | | 3183 | TRANSMIT | ECM | 1 | OK 00'24 |
| *08/02 06:30 | | AMERICAN HOCKEY | 3184 | TRANSMIT | ECM | 1 | OK 00'24 |
| *08/02 06:31 | 912033351719 | | 3185 | TRANSMIT | ECM | 1 | OK 00'31 |
| *08/02 06:33 | 914137334767 | AMERICAN HOCKEY | 3186 | TRANSMIT | ECM | 5 | OK 01'23 |
| *08/02 08:17 | 4137393389 | | 8441 | AUTO FAX RX | ECM | 1 | OK 00'29 |
| *08/02 08:20 | 6077227424 | | 8442 | AUTO FAX RX | ECM | 1 | OK 00'31 |
| *08/02 08:22 | 914137334767 | AMERICAN HOCKEY | 3187 | TRANSMIT | ECM | 3 | OK 01'00 |
| *08/02 09:08 | 4137334767 | AMERICAN HOCKEY | 8443 | AUTO FAX RX | ECM | 3 | OK 00'54 |
| *08/02 09:24 | 2159525245 | | | AUTO FAX RX | ECM | 2 | OK 00'43 |
| *08/02 09:44 | 914137334767 | AMERICAN HOCKEY | | TRANSMIT | ECM | 2 | OK 00'43 |
| *08/02 10:19 | 17576220552 | | | AUTO FAX RX | ECM | 2 | OK 00'37 |
| *08/02 10:22 | 914137334767 | AMERICAN HOCKEY | 3189 | | ECM | 2 | OK 00'44 |
| *08/02 11:01 | | | 8446 | | ECM | 36 | OK 18'27 |
| *08/02 12:34 | | | 8447 | | ECM | 5 | OK 00'59 |
| *08/02 16:29 | | | 3190 | TRANSMIT | | 0 | NG 00'00 |
| | | | 2101 | ED ANGMEE | T CN 4 | 2 | 0 #018 |
| *08/02 16:32 | | | I | TRANSMIT | ECM | 2 | OK 00'43 |
| *08/03 07:28 | | | 3192 | | ECM | 2 | OK 01'08 |
| *08/03 15:24 | | | | TRANSMIT | ECM | 4 | OK 01'41 NG 00'37 |
| *08/03 15:47 | | | 8448 | AUTO FAX RX | G 3 | U | NG 00'37 0 #005 |
| \$08/03 15:49 | | | 9440 | אניייט האע הע | C 2 | 0 | NG 00'40 |
| 808/03 15:49 | | | 8449 | AUTO FAX RX | G 3 | U | 0 #005 |
| *08/03 15:50 | | | 8450 | AUTO FAX RX | <i>G3</i> | 0 | NG 00'39 |
| \$00703 15.50 | | | 0430 | AUIO PAN KN | 0.5 | o l | 0 #005 |
| 08/03 15:51 | | | 8451 | AUTO FAX RX | G3 | 0 | NG 00'37 |
| 00/03 10/01 | | | 0431 | 1010 1111 101 | 0.5 | Ŭ | 0 #005 |
| 08/03 15:58 | | | 8452 | ATUTO FAX RX | G3 | 0 | NG 00'37 |
| | | | | | | | o #005 |
| 08/03 15:59 | | | 8453 | AUTO FAX RX | G 3 | 0 | NG 00'08 |
| | | | | | | | 0 ##224 |
| 08/03 16:00 | | | 8454 | AUTO FAX RX | G 3 | 0 | NG 00'39 |
| | | | | | | | o #005 |
| 08/03 16:01 | 2077724017 | | 8455 | AUTO FAX RX | ECM | 3 | OK 01'23 |
| 08/03 21:33 | 207 786 0579 | | 8456 | AUTO FAX RX | ECM | 7 | OK 02'28 |
| 08/04 07:52 | 4 | | 8457 | AUTO FAX RX | ECM | 1 | OK 00'31 |
| 08/04 16:10 | 913038930614 | | 3194 | TRANSMIT | ECM | 1 | OK 00'35 |
| 08/07 08:59 | 98718292 | | | | ECM | | OK 00'31 |
| 08/07 11:20 | 977 4 7499 | | | | ECM | 2 | OK 00'52 |
| 08/07 13:33 | +6039294547 | | | | ECM | 2 | OK 00'45 |
| 08/08 13:07 | 732 | | | | ECM | | OK 02'18 |
| 08/08 15:56 | 7175669934 | | | | ECM | | OK 04'06 |
| 08/09 08:31 | 4 | | 8461 | AUTO FAX RX | ECM | 0 | NG 00'29 |
| 0.0/0.0 1.0 1.0 | 012606729927 | | 2107 | TID ANGWED | DC 4 | | 0 ##106 |
| 08/09 12:10 | 912606728835 | | 3197 | TRANSMIT | ECM | 6 | OK 02'57 |



TES HOCKEY PORTLANDP





10