Form # P 04

Appeal Board __
Other ___

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND Please Read В CTION Application And Notes, If Any, PERMI Permit Number: 071204 Attached RGT ASSOCIATES /The Sig This is to certify that install 32" x 24" sign has permission to 106 HIGH ST 039 epting this permit shall comply with all provided that the person or persons, rtion_ of the provisions of the Statutes of N ine and of the ances of the City of Portland regulating the construction, maintenance and u of buildings and s stures, and of the application on file in this department. ication insped n must Apply to Public Works for street line h and wi g n permis n procu A certificate of occupancy must be procured by owned before this quildand grade if nature of work requires re this I b t thered ding or or partithered is occupied. such information. Ιd ed or d osed-in. Н R NOTICE IS REQUIRED. OTHER REQUIRED APPROVALS Fire Dept. Health Dept.

PENALTY FOR REMOVING THIS CARD

City of Portland, Mai	ine - Buil	ding or Use	Permit	Applicatio	n Pe	rmit No:	Issue Date	:	CBL:		
389 Congress Street, 041		•				07-1204			039 A	037001	
Location of Construction:		Owner Name:			Owne	er Address:			Phone:		
106 HIGH ST		RGT ASSOCI	ATES		44 (OAK ST					
Business Name:		Contractor Name	e:			Contractor Address: Phone					
Flask		The Signery			7 Lincoln Dr Scarborough						
Lessee/Buyer's Name		Phone:		Permit Type:						Zone:	
Jessica Nolette 207-408-9020					Signs - Permanent					1B-	
Past Use: Proposed Use:					Permit Fee: Cost of Work:		rk:	CEO District:			
Commercial - Bar/ "Flask" Commercial - 32" x 24" sign		Bar/ "Fla	ask" - install		\$42.00	\$42.00		1			
		l		FIRE DEPT:		INSPE	NSPECTION 41				
							Denied	l Ose G	Tomb. Handle	Lype. 3 4	
] =	roup: Asign of EBC 20	UZAM	
Proposed Project Description:								1		D'	
install 32" x 24" sign					Signa		NATIFE DIO	Signati			
					PEDE	ESTRIAN ACT					
					Actio	on: Appro	ved	proved w	//Conditions	Denied	
		_			Signa	ature:			Date:		
Permit Taken By: ldobson	Date Ap 09/25	plied For: /2007	٠			Zoning	Approv	al			
			Spec	ial Zone or Revi	ws	Zoni	ng Appeal	-T	Historic Preservation		
1. This permit application Applicant(s) from mee Federal Rules.			☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision			☐ Variance			Not in District or Landma		
2. Building permits do no septic or electrical wo		lumbing,				☐ Miscellaneous ☐ Conditional Use			☐ Does Not Require Review ☐ Requires Review ☐ Approved		
3. Building permits are v within six (6) months of	oid if work										
False information may permit and stop all wo		a building			Interpretation						
_		1	Site	e Plan		Approve	ed		Approved w	//Conditions	
FERMIT IS	SUED 1	, \	Maj [Minor Minor	3	Denied	1		Denied	1	
Print.		\ \	Date:	a/27/0	په	PERSUED	_ \		Date:	107	
1 / 1	0	$\frac{1}{2}$		PE		11000	11		AA	de	
	الانتراكية مستعمل المستعمل ال والمستعمل المستعمل ا			1	- OT	18'	\ \		<i>()</i> . <i>(</i> \ <i>V</i>	Partial	
1 1500					OCI	`	\			·	
						EPONT	1997	7			
			C	ERTIFICATA	PN (Jr. Marie					
I hereby certify that I am the											
I have been authorized by the jurisdiction. In addition, if:											
shall have the authority to e											
such permit.			F				p. 0 v				
SIGNATURE OF APPLICANT				ADDRES	S		DATE		PHO	ONE	
RESPONSIBLE PERSON IN CH	LARGE OF W	ORK TITLE					DATE		DU	ONE	

City of Portland, I	Maine - Buil	lding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street,	04101 Tel: (207) 874-8703, Fax: (20	07) 874-871	607-1204	09/25/2007	039 A037001
Location of Construction:	_	Owner Name:		Owner Address:	-	Phone:
106 HIGH ST		RGT ASSOCIATES		44 OAK ST		
Business Name:	e: Contractor Name: Contractor Address:		Phone			
Flask		The Signery		7 Lincoln Dr Scarl	oorough	
Lessee/Buyer's Name		Phone:		Permit Type:		
Jessica Nolette		207-408-9020		Signs - Permanen	t	
Proposed Use:			Propos	ed Project Description:		
Commercial - Bar/ "Fl	ask" - install 32	2" x 24" sign	instal	1 32" x 24" sign		
Dept: Historic	Status: A	Approved with Conditions	Reviewer	: Deborah Andrew	/s Approval I	Date: 10/01/2007
Note:		77			11	Ok to Issue:
	nnorary sign so	lution; sign to be relocated	d once roof o	mony is removed an	d raplaced with awr	
Approved as ten	iiporary sign so	nution, sign to be relocated	i once roor ea	mopy is removed an	d replaced with awi	mig.
Dept: Zoning	Status: A	Approved	Reviewer	: Marge Schmucka	al Approval I	Date: 09/27/2007
Note:		•		-		Ok to Issue:
1,10001						
Dept: Building	Status: A	Approved with Conditions	Reviewer	: Tom Markley	Approval I	Date: 10/16/2007
Note:						Ok to Issue:
1) Signage Installatio	n to comply wi	th Chapter 31 of the IBC 2	2003 building	code.		
		•	_			
2) Application appro- and approrval prio		information provided by a	ippiicant. Any	deviation from app	rovea pians require	s separate review

City of Portland, M	laine - Buil	ding or Use Permi	t		rerinit No:	Date Applied For:	CBL:	
389 Congress Street, ()4101 Tel: (207) 874-8703, Fax: ((207) 87	4-8716	07-1250	10/03/2007	035	1001001
Location of Construction:		Owner Name:		(Owner Address:		Phone:	
356 STATE ST		CITY OF PORTLAN	D		389 CONGRESS ST			
Business Name:		Contractor Name:		(Contractor Address:		Phone	
		National Kidney Foun	dation M	Iaine :	PO Box 1134 Portl	and	(207)	772-7270
Lessee/Buyer's Name		Phone:		F	Permit Type:			
					Tents			
Proposed Use:			-	Proposed	d Project Description:			
Deering Oaks Park - Na Kidney Walk - 2 tents;	-			tents; o	one 20' x 30' & one	20' x 20		
Dept: Zoning	Status: A	pproved	Re	viewer:	Ann Machado	Approval D	ate:	10/10/2007
Note:							Ok to I	Issue:
Dept: Building Note:	Status: A	approved with Condition	ns Re	viewer:	Tom Markley	Approval D		10/15/2007 Issue: 🔽
1) This permit DOES	NOT authoriz	e any construction activ	ities. The	tent/sta	ge must be remove	d at the end of the ev	ent.	
Application approval and approrval prior	-	information provided b	y applica	nt. Any o	deviation from app	roved plans requires	separate	review

Comments:

10/10/2007-amachado: Gave back to Lannie. She is calling about the certificate of flamibility.

Tent/Canopy or Temporary Event Staging 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/ Park of Installation	: Deering Daks Park, Portlan	d
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Property Owner: City of Partial One Stop Party Shoppe	Telephone: 767-5966
Lessee/Buyer's Name (If Applicable) National Kidney Foundation of Maine	Applicant name, address & telephone: Tammy Atwood 772- 630 Congress Street Portland, ME 04101	Fee: \$ 30.00
_	s, must be completed and submitted to the Portland City Hall, 389 Congress St., Por	_
Certificate of Flammability		
 Letter of approval from property of Application to Use City Parks & Company name of installer (contact) Plot Plan showing the following: Tent/Canopy or temp 	porary event staging locations, including dim	(756-8275). nensions, exits and
temporary staging, y	ed and existing, parking and existing building ou will need to include product information. for maps of Portland's Parks @ 756-8275).	
	Certificate of Insurance listing the City as ad	ditional insured.
Who should we contact when perm Address: 1830 Congless St. Patla	it is ready: Tammy atword ud, ME 04101 Telephone: 7	12-7270
.,,	lined in the Tent/Canopy and Event Stagi	ng Permit Application

Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your 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. AND. ME applicable to this permit.

| Date: 101107

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

MAINE

07/04/2014 23:18

Certificate of Flame Res	sistance
--------------------------	----------



REGISTERED FABRIC NUMBER

F53501

issued by

TOPTEC, INC. 1905 N.E. Main Street Simpsonville, SC 29681 Date Manufactured

04/18/06

the second of th	Date O (O O pages	From Duth	CO. NKFM	Phone # コースーコみー	Fax 113-42C	100/86/01
The second secon	Post-It® Fax Note 7671	To Lannie Dobson	Co./Dept_Inspections	Phone #874-8693	Fax* 874-8716	DATE OF EVENT IS 10/28/2007
				1		

This is to certify that the materials described are inherently flame retardant.

Name ONE STOP PARTY SHOP				Note
Address 262 MAIN ST				9 PH
City S PORTLAND	State	ME	04106 Zip	Post-I
Cartification is bornhy made that				

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal, Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.

Method of Application: The Flame Retardency of this Fabric	is inferent and reithariett.
	Скоит WHITE

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

TOPTEC, INC.	MODELTTF1615105
Theodone (Stoley)	262263B
Name of Production Superintendent	SERIAL #

Certificate of Flame Resistance



REGISTERED FABRIC NUMBER

F53501

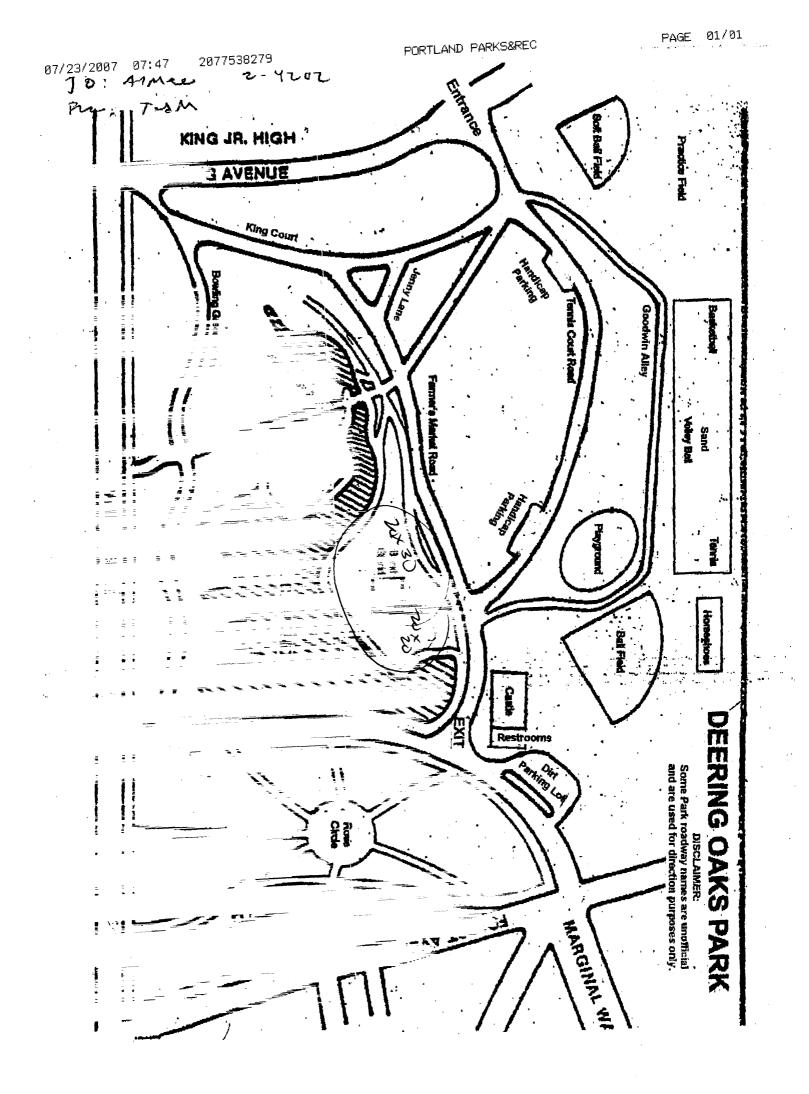
issued by

TOPTEC, INC. 1905 N.E. Main Street Simpsonville, SC 29681 Date Manufactured

01/16/05

This is to certify that the materials described are inherently flame retardant.

Address 26.2 MAIN ST				ME	041	106
CitySPORTLAND			_State		Zip	
Certification is he	reby made that:					
Th e acticles descri	bed are flame-retard	dant, <mark>a</mark> pproved	and registered	by the S	State Fire Mai	rshal and that
he fabric is in conf	ormance with the las	ws of the State	of California an	id the Ri	ules and Regu	ulations of the
State Fire Marshal.	Fabric has been tes	sted and passe	s NFPA701-96.	CPAI84.	ULC109. MV	'SS302.
		•				
lethod of Application	The Flame Retard	lency of this Fa	abric is Inherent	and Per	manent.	
, ,	EDARÆ	lency of this Fa 20x20	abric is Inherent BLACKOUT WHITE		manent.	
, •	EDARÆ				manent.	
, ,	EDARÆ				manent.	
escription of item ce	ertified:	20x20	BLACKOUT WHITE			Jacking
escription of item ce	EDARÆ	20x20	BLACKOUT WHITE			Vashing.
escription of item ce	ertified:	20x20	BLACKOUT WHITE	Remo	oved By W	/ashing.
Description of item ce	ertified:	20x20	BLACKOUT WHITE	Remo		/ashing.
Description of item ce	ertified:	20x20	BLACKOUT WHITE	Remo	oved By W	Vashing.



From: Ted Musgrave

To: ANITA R. LACHANCE; ARTHUR STEPHENSON; Fire; Inspections; James Vance;

John Kooistra; Judith Rosen; Parking; Parks Admin; Police; PW; Scott Sargent; Sonia Bean

Date: 10/5/2007 12:10:20 PM

Subject: permit - kidney foundation walk at deering oaks park, October 28

hi all..

PLS c attached permit for this annual event...... and assist if need be. thankx

INSPECTIONS STAFF + CITY CLERK'S STAFF: organizers should be contacting you shortly, if they haven't already

i have cc'ed the event organizers, castle staff, and FODO

HI AIMEE AND TAMMY - PLS READ THROUGH THE DETAILED PERMIT... AND FOLLOW UP. THANKX.... AND GOOD LUCK !!!!!

CC: aimee@kidneyme.org; Anne Pringle; barb hager; blowbros@gwi.net; castle@visitportland.com; tammy@kidneyme.org

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.

			KA 106 H. 4.
Location/Address of Construction:) Spring Street	- Pos	WILLOW ME
Tax Assessor's Chart, Block & Lot	Owner: STEVEN THOM		Telephone:
Chart# Block# Lot# 37) HOM	<i>₩</i>	307 468.9030
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: Leo P. Noiette	Per s.f. plu	f signage x \$2.00 s \$30.00/\$65.00
	446 Old North Beruick		ignage= Total
MCPTWO, LTD			Fee= cost at work
	Lyman, ME 04002	Total Fe	e: \$ 42°/s0
Who should we contact when the permit is ready	TESSICA NELTIS phone;)a	g-408.5	<u>630</u>
Tenant/allocated building space frontage (fee Lot Frontage (feet) 'c.\h\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\	et): Length: WO' X 1= 120 T	/	
Lot Frontage (feet) Length 100'	Single Tenant or Multi Tenant Lot		
	ik \		
Current Specific use: BAR If vacant, what was prior use: BAR			\equiv ω
Proposed Use: SPORTS LOUNGE		T > c	x6+30=43
Information on proposed sign(s):	$\setminus \mathcal{D}'$	\mathcal{V}	X0,
Engage ading (a.g. mala) sing) Van	No X Dimensions proposed:	Heigh	t from grade:
Bldg. wall sign? (attached to bldg) Yes	No Dimensions proposed: 3	x 24" =	-7684-144/= S.
Proposed awning? Yes \(\sum_{\text{No}} \) No \(\sum_{\text{Is awn}} \)	nine backlit? Yes No X		, ,
Height of awning: 46" Longth of a	wning: 4845" Depth: 36		be determined
Is there any communication, message, trademarks types, total s.f. of panels w/communications,	massassa tuadamanta ar armhali (15 a	£ \	a later date.
prices, total s.r. of pariets w/ confindencations,	tilebbago, automatic or symbol	"	(19/4)
Information on existing and previously perm	itted sign(s):	8, 2	307
Bldg wall sign? (attached to bldg) Yes	No Dimensions:	5' UN	
Awning? Yes No Sq. ft. area	of awning w/communication:		/ 23 Y))/
Information on existing and previously perm. Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area		. , /	
A site sketch and building sketch showing ex	activ where existing and new signage is	located muss	t be provided billery
Sketches and/or pictures of proposed signage		7.0 U	
Please submit all of the information o	utlined in the Sign/Awning Appli	cation Ch	ecklist?
Failure to do so may result in the auto	omatic denial of your permit.		
In order to be sure the City fully understands the	full scope of the project, the Planning and I	Development	Department may request
additional information prior to the issuance of a		ne at <u>www.p</u>	ortlandmaine.gov, stop by the
Building Inspections office, room 315 City Hall of	or call 8/4-8703.		
I hereby certify that I am the Owner of record of the n			
authorized 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			m nave the authority to criter an
	$\Omega \longrightarrow -$		/
Signature of applicants formage	Dat	e: <i>7/11</i>	107
Ans In Ma permity	y my not commence ANY work until th	7/11/ e permit is is	o) - sued.

NEW SIGN

FLASK LOGO DESIGN:



- -The sign will be 32" x 24", double sided MDO (medium density overlay) and painted with Metallic vinyl lettering (colors are black and silver).
- -The sign will be placed perpendicular to the building so it is visible in all directions for passing traffic and walking pedestrians.
- -Two SNST metal hooks are necessary to install the sign. Pre-existing holes will be reused to hang that sign.
- -Existing lights are already placed on each side of the sign and meets all UL requirements.

*SEE DIAGRAM 4

*Below is a copy quote from THE SIGNERY, which includes all specifications.

DIAGRAM 4





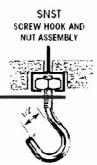
THE FLASK SIGN WILL BE PLACED PERPENDICULAR TO THE BUILDING SO IT IS VISIBLE IN ALL DIRECTIONS FOR PASSING TRAFFIC AND WALKING PEDESTRIANS.

TRIM WILL BE PAINTED BLACK
TO COORDINATE W/ LOGO COLORS

➤ Pre-Existing Lights
WILL ILLUMINATE THE SIGN

Current Cork Board will be replaced by a glass showcase, featuring:
Menu, Specials, Hours of Operation,
Special Events, Website & Phone Number.





PRE-EXITING HOLES
WILL BE REUSED FOR HANGING THE SIGN.
ABOVE IS A SAMLE OF THE METAL
BRACKET/HOOK THAT WILL BE USED TO.

Estimate



The Signery 7 Lincoln Avenue Scarborough, ME 04074 ph. 207-879-7700

fax 207-510-0043 email: signery@signerymaine.com Estimate:

07-4447

Printed

8/10/2007 11:43:50AM

Description: MDO

Prepared For Jessica Nolette

ph: (207) 408-9020

Company:

Flask Lounge

email: jesn@maine.rr.com

Dear Jessica

Thank you for considering The Signery for your sign needs. The quotation we discussed is attached below. If you have any questions, please don't hesitate to call me at 207-879.7700.

Sincerely

Jessica Moore

 Product
 Font
 Qty Sides Height Width
 Unit Cost
 Item Total

 1 MDO, 3/4" x 4" x 8"
 1 1 32 24 \$284.69
 \$284.69

 Color:
 White

Description: Medium Density Overlay (MDO), 3/4" x 4' x 8'. West System Edge Sealer. Two Coats of Primer, and Two

Coats of One Color Finish.

Text:

2 Gerber 3M GSP 220 Metal 2 1 13.6 32 \$38.06 \$76.11

Color: Gold on Gold

Description: Gerber HP Series 220, High Performance Cast Metallics Vinyl, 15", Metallics

Text:

Notes:

FILE NAME

Line Item Total. Subtotal: Taxes: Total.

\$360.80 \$360.80 \$18.04 \$378.84 August 30, 2007

Ms. Jessica Nolette 117 Spring Street Portland, Maine 04101

Dear Jessica:

RGT Associates, owner of the property at 117 Spring Street, gives permission to Norman Paquin to install a sign at above premises providing it complies with all municipal codes and ordinances.

BY

R.G.T. Associates Stephen M. Thomas, Partner 44 Oak Street

Portland, Maine 04101

ACORD CERTIFICATE OF LIABILITY INSURANCE							ATE (MM/DD/YYYY) 19/24/2007
Peo Peo	oples Insurance Box 1336 Box 1336 Box 1340	FAX (207)646-8294	THIS CERT ONLY AND HOLDER.	THIS CERTIFICATE IS ISSUED AS A MATTER OF IN ONLY AND CONFERS NO RIGHTS UPON THE CER HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER THE COVERAGE AFFORDED BY THE POLI			
vy	andare, ME 03501		INSURERS A	AFFORDING COV	/ERAGE		NAIC #
NSU	RED NCP TWO, LTD		INSURER A. L	loyds of Lond	lon		
	DBA: Flask		INSURER B				
	PO Box 2307		INSURER C.		and a same all the second control of the sec		
	Ogunquit, ME 03907		INSURER D.				and the second s
			INSURER F				
TH AN M/	NY REQUIREMENT, TERM OR COND AY PERTAIN, THE INSURANCE AFFO	D BELOW HAVE BEEN ISSUED TO THE I ITION OF ANY CONTRACT OR OTHER D DRDED BY THE POLICIES DESCRIBED H VN MAY HAVE BEEN REDUCED BY PAID	DOCUMENT WITH I BEREIN IS SUBJECT CLAIMS.	RESPECT TO WHIC T TO ALL THE TERM	H THIS CERTIFICATE MA	Y BE	ISSUED OR
ISR JR	ADD'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM.	ITS	
	GENERAL LIABILITY	CP00075055	11/01/2006	11/01/2007	EACH OCCURRENCE	3	1,000,000
	X COMMERCIAL GENERAL LIABI				DAMAGE TO RENTED PREMISES En occurross)	3	50,000
	CLAIMS MADE X) DC	อดบล	•	-	MED EXP (Any one person)	<u>.</u>	1,000
A					I'ERSONAL & ADV INJURY	3-	1,000,000
					GENERAL AGGREGATE	- - -	2,000,000
Ì	GENTLAGGREGATE LIMIT APPLIES				PRODUCTS - COMPION AGG	+-	2,000,000
		.06	The state of the s		and appropriate the control of the c	-	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	3	
	ANY AUTO			•			
į	ALL OWNED AUTOS				ADDILY INJURY (Par person)	1 5	
	SCHEDULED AUTOS					-	man our more and a least support more and personality
	HIRED A JTOS				BOOMY INJURY (Per accident)	5	
1	NON-OWNED AUTOS				and the second s		and the second s
					PROPERTY DAMAGE (Per accident)	5	
- }	GARAGE LIABILITY		The state of the s		AUTO DNLY - EA ACCIDENT	s	
1	ANY AUTO				F. 9. Oct. 1	ŧ	The second secon
j					AUTO ONLY AGE	~ 	and the state of t
	CXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	. 5	
1	OCCUH CLAIMS MA	300			AGGREGATE	13	
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1	CEDUCTIBLE				And appropriate property of the same and the	3	
5	RETENTION \$				es despressiones encountrates actualists and a second section of the section of the second section of the second section of the second section of the section of the second section of the	5	AND THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRE
	WORKERS COMPENSATION AND		And the second section of the second section of the second section sec		WOSTATU OTH	†	to an annual design of the second second
2	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				EL FACH ACCIDENT	3	s keen
	OFFICERMEMBER EXCLUDED?				IL DISEASE - EA EMPLOYER	5	
:	! yes, describe unde: SPECIAL PROVISIONS below				EL DISEASE POLICY LIMIT	5	
1	OTHER				Appropriate control of the second and appropriate to the second appropriate and the second and t		Principles and Principles
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i_							
isc:	RIPTION OF OPERATIONS / LOCATIONS / VE	EHICLES / EXCLUSIONS ADDED BY ENDORSEM	ENT / SPECIAL PROVI	SIONS			
							Automator .
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			1		SUING INSURER WILL ENDEA		
	esta esta esta esta esta esta esta esta				THE CERTIFICATE HOLDER N		1
	City of Portland		!		SHALL IMPOSE NO OBLIGAT		R LIABILITY
	389 Congress Street Portland, ME 04101		AUTHORIZED REP		S AGENTS OR REPRESENTA	HVES.	
	. o. c.enu. PL 04101		1 .		1-4-2	W	
70 mg	ter of a retinant was the art a construction of a company of the South Constitution of the approximate of the constitution of		Timothy Pi	uknam/SGL	1 1		