

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

BUILDING INSPECTION

## PERMIT

Permit Number: 070720

Please Read Application And Notes, If Any, Attached

This is to certify that R & G REALTY LLC / Leavitt & Parris

has permission to Recover existing awning frame

AT 542 FOREST AVE

126 B020001

PERMIT ISSUED  
JUL 13 2007  
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 this State 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 when permission procured before this building or part thereof is laid or closed-in. 24 HOUR 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]*  
7/11/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-0720	Issue Date:	CBL: 126 B020001
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Location of Construction: 542 FOREST AVE	Owner Name: R & G REALTY LLC	Owner Address: 542 FOREST AVE	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Commercial / Retail	Proposed Use: Commercial / Retail Recover existing awning frame	Permit Fee: \$94.00	Cost of Work: \$94.00	CEO District: 3
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Proposed Project Description: Recover existitng awning frame	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

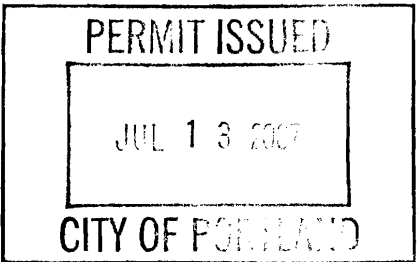
Permit Taken By: dmartin	Date Applied For: 06/13/2007	<b>Zoning Approval</b>
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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"/>
OK Date: 6/19/07 <i>AM</i>

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 checked="" 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
ABU Date: _____



**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

<b>Permit No:</b> 07-0720	<b>Date Applied For:</b> 06/13/2007	<b>CBL:</b> 126 B020001
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<b>Location of Construction:</b> 542 FOREST AVE	<b>Owner Name:</b> R & G REALTY LLC	<b>Owner Address:</b> 542 FOREST AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Leavitt & Parris Inc.	<b>Contractor Address:</b> 256 Read St. Portland	<b>Phone</b> (207) 797-0100
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial / Retail Recover existing awning frame	<b>Proposed Project Description:</b> Recover existitng awning frame
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 06/19/2007

**Note:** Spoke to Carl Rickett at Leavitt & Parris. Only the signage (white area over main door on Forest Ave.) will be backlit. Rest of awning is forest green & not backlit.      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 07/11/2007

**Note:**      **Ok to Issue:**

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



# RECOVER EXISTING FRAME 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: 542 FOREST AVENUE

Tax Assessor's Chart, Block & Lot

Chart# Block# Lot#

126 - B - 20

Owner:

TZ & G REALTY LLC.

Telephone:

207-799-2149

Lessee/Buyer's Name (If Applicable)

Contractor name, address & telephone:

207-797-0100  
Leavitt & Parris, Inc.  
256 Read Street  
Portland, ME 04103

Total s.f. of signage x \$2.00

Per s.f. plus \$30.00/\$65.00

For H.D. signage= Total

Fee: \$ 94.00

Awning Fee= cost of work \$2500

Total Fee: \$ \_\_\_\_\_

Who should we contact when the permit is ready: ROB OR GAYLW phone: 799-2149

Tenant/allocated building space frontage (feet): Length: 50' Height: 14'  
Lot Frontage (feet) 50' Single Tenant or Multi Tenant Lot SINGLE

Current Specific use: Maine Brewing Supplies  
If vacant, what was prior use: HAVENS CANDY KITCHEN  
Proposed Use: RETAIL STORE

Information on proposed sign(s): N/A

Freestanding (e.g., pole) sign? Yes \_\_\_ No \_\_\_ Dimensions proposed: \_\_\_\_\_

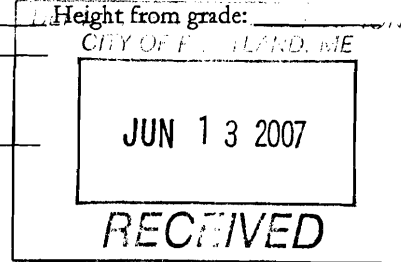
Bldg. wall sign? (attached to bldg) Yes \_\_\_ No \_\_\_ Dimensions proposed: \_\_\_\_\_

Proposed awning? Yes \_\_\_ No \_\_\_ Is awning backlit? Yes \_\_\_ No \_\_\_

Height of awning: \_\_\_\_\_ Length of awning: \_\_\_\_\_ Depth: \_\_\_\_\_

Is there any communication, message, trademark or symbol on it? Yes \_\_\_ No \_\_\_

If yes, total s.f. of panels w/communications, message, trademark or symbol: \_\_\_\_\_ s.f.



Information on existing and previously permitted sign(s):

Freestanding (e.g., pole) sign? Yes \_\_\_ No \_\_\_ Dimensions: \_\_\_\_\_

Bldg. wall sign? (attached to bldg) Yes \_\_\_ No \_\_\_ Dimensions: \_\_\_\_\_

Awning? Yes X No \_\_\_ Sq. ft. area of awning w/communication: 32 sq. ft.

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 and existing building are also required.

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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:

TZ [Signature]

Date:

6/13/2007

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

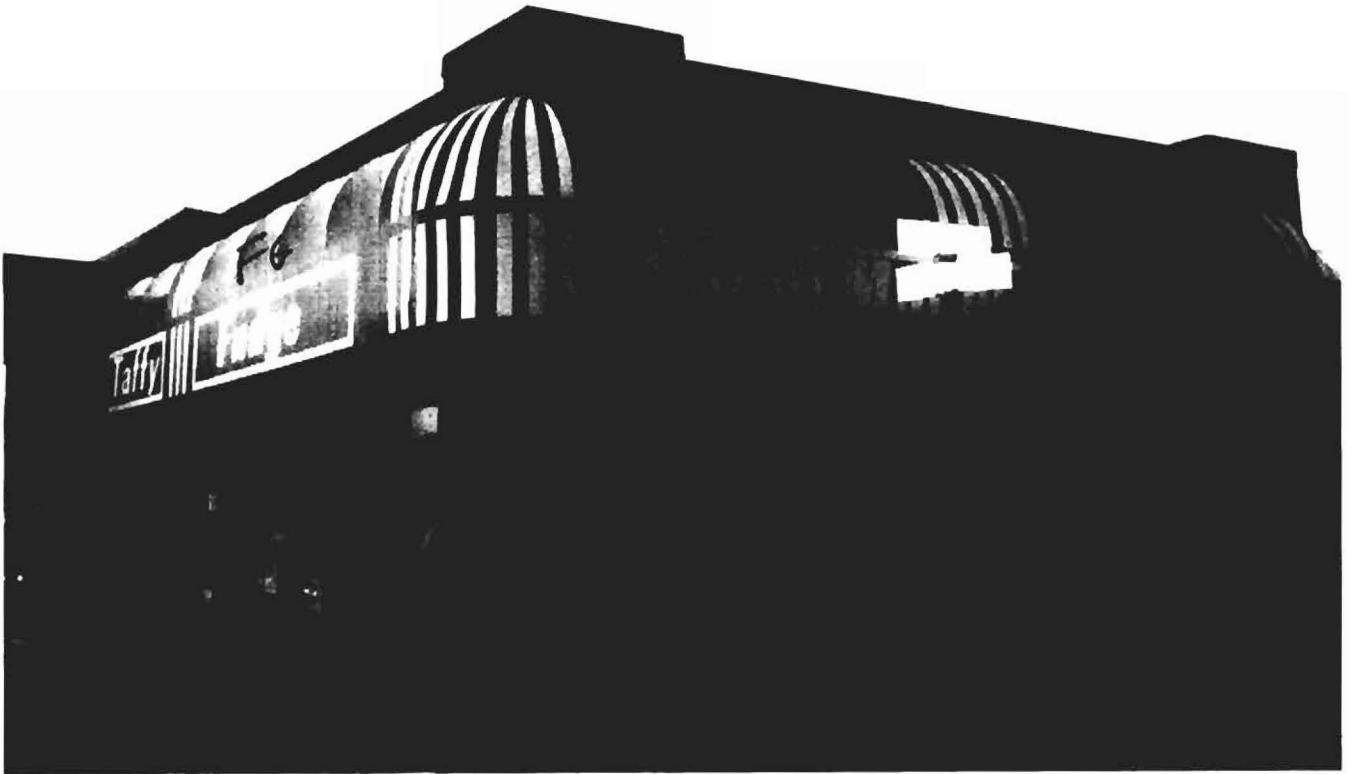
50 x 2 = 100 ft — OK — 5 signage = 32 ft

NEW SIGNAGE

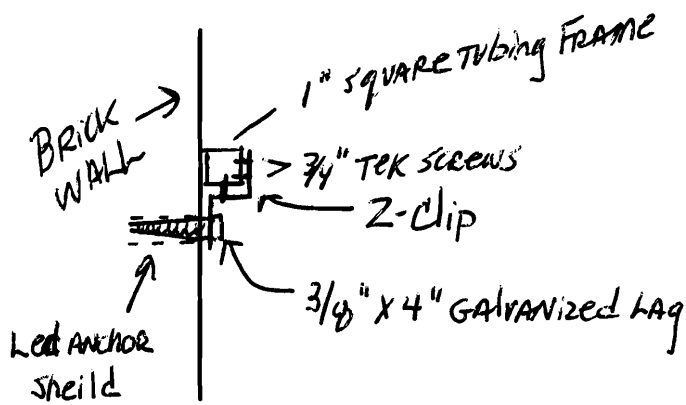


EXISTING AWNING - (REUSE FRAME & RECOVER)





## ATTACHMENT DETAIL



- Oldport Brewing Company -  
D.B.A. MAINE BREWING SUPPLY



# ACORD CERTIFICATE OF LIABILITY INSURANCE

<b>PRODUCER</b> Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Leavitt & Parris, Inc. 256 Road Street Portland, ME 04103	INSURER A: <b>One Beacon Insurance Company</b>	<b>20621</b>
	INSURER B: <b>Maine Employers Mutual Insurance Co.</b>	<b>11149</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	

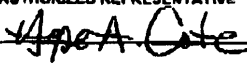
**COVERAGES**

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 LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded: 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7100110630001	04/30/07	04/30/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	7100110630001	04/30/07	04/30/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	7100110630001	04/30/07	04/30/08	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810063708	04/30/07	04/30/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMIT'S <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

The City of Portland is named as Additional Insured with respect to General Liability only.

<b>CERTIFICATE HOLDER</b>  Old Port Brewing Company 543 Forest Ave Portland, ME 04101	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/20/2007

PRODUCER (207) 839-3371 FAX: (207) 839-7050  
CE Carll Insurance Agency  
65A Main Street  
PO Box 10  
Gorham ME 04038

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 R & G Realty, LLC  
Gaylin & Robert Zimmermann  
3 Roundabout Lane  
Cape Elizabeth ME 04107

INSURERS AFFORDING COVERAGE NAIC #  
INSURER A: Hanover Insurance Company 22292  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

### COVERAGES

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'L LTR / INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	ODP8416234-00	8/31/2006	8/31/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (ANY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMBOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	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 EA ACC \$ AUTO ONLY: 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 STATIL-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Certificate Holder is additional insured per terms & conditions of the policy.

### CERTIFICATE HOLDER

City of Portland  
Inspections Division  
Portland City Hall  
389 Congress St., Room 315  
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 10 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  
*James B. Chalmers*

## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

FA-36803

ISSUED BY

**Dickson Industrial Group**  
Glen Raven Custom Fabrics, LLC  
1831 North Park Avenue  
Glen Raven, NC 27217

Date treated or  
manufactured

2-04-2006

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

FOR

LEAVITT & PARRIS INC  
256 READ STREET  
PORTLAND  
ME 041033446

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

2604/5001  
NITE-LITE 2604 WHITE

Reg. No. FA-368.03

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

Dickson

Name of Applicator or Production Superintendent

By

*Steven L. Ellington*  
General Manager/Steven L. Ellington

Control Number 14872

Order Number 43043

Invoice Number 1193465

Quantity 15.00

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

FA-368.05

ISSUED BY  
Glen Raven Custom Fabrics, LLC  
1831 North Park Avenue  
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or  
manufactured

3-20-2007

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

FOR

LEAVITT & PARRIS INC  
256 READ STREET  
PORTLAND  
ME 041033446

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

88037

FIRESIST HUV FOREST GREEN

Reg. No. F-368.05

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

Glen Raven Custom Fabrics, LLC

*Name of Applicator or Production Superintendent*

By

*Steven L. Ellington*

*General Manager/Steven L. Ellington*

Control Number 36785

Order Number 38016

PO Number

Invoice Number 1378062

Quantity 6.00