

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 07-0367	<b>Issue Date:</b>	<b>CBL:</b> 239A A004001
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<b>Location of Construction:</b> 2401 CONGRESS ST	<b>Owner Name:</b> AMERICAN NATIONAL RED CRO	<b>Owner Address:</b> 2401 CONGRESS ST # 1	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sign Design Inc	<b>Contractor Address:</b> PO Box 207 Westbrook	<b>Phone</b> 2078562600
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b>

<b>Past Use:</b> Commercial/ Red Cross	<b>Proposed Use:</b> Commercial / Red Cross Install a freestanding 10' x 6' sign & 16" x 20' building sign	<b>Permit Fee:</b> \$226.00	<b>Cost of Work:</b> \$226.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> Install a freestanding 10' x 6' sign & 16" x 20' building sign		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 04/06/2007	<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..

<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<b>Location of Construction:</b> 2401 CONGRESS ST	<b>Owner Name:</b> AMERICAN NATIONAL RED CRO	<b>Owner Address:</b> 2401 CONGRESS ST # 1	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sign Design Inc	<b>Contractor Address:</b> PO Box 207 Westbrook	<b>Phone</b> 2078562600
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 04/17/2007
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) This permit is being approved on the basis of revised plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Residential Plan Revie	<b>Approval Date:</b>
<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>		

**Comments:**  
4/11/2007-mes: left a message with sec. for Doug at Sign Design - The freestanding sign is too big and I need to know all the existing signage on the building (Red Cross).  
4/17/2007-mes: received a couple e-mails on Friday that helped explain this application - He revised the size of the freestanding sign to meet the zone requirements.

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\_\_\_\_\_  
SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO

\_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED  
Permit Number: 070367  
JUN - 8 2007  
CITY OF PORTLAND

This is to certify that AMERICAN NATIONAL FRODO CROSS (Sign Design Inc

has permission to Install a freestanding 10' x 6' sign & 16' x 20' building sign

AT 2401 CONGRESS ST

BL 239A A004001

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 be given and written permission procured before this building or part thereof is listed or otherwise 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

*Thomas M. Mackley* 4/23/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

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

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

Permit No: 07-0367	Issue Date:	CBL: 239A A004001
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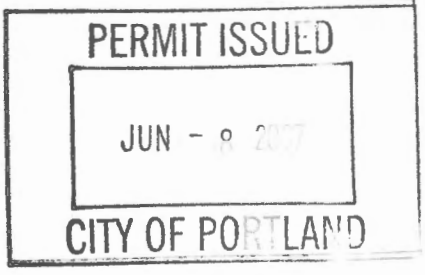
Location of Construction: 2401 CONGRESS ST	Owner Name: AMERICAN NATIONAL RED CR	Owner Address: 2401 CONGRESS ST # 1	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: I-m

Past Use: Commercial/ Red Cross	Proposed Use: Commercial / Red Cross Install a freestanding 10' x 6' sign & 16" x 20' building sign <i>dentist offices under # 07-243</i>	Permit Fee: \$226.00	Cost of Work: \$226.00	CEO District: 3
Proposed Project Description: Install a freestanding 10' x 6' sign & 16" x 20' building sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>IBC 2003</i>	
		Signature:	Signature: <i>Jm 4/23/07</i>	
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: 04/06/2007	<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	Zoning Appeal	Historic Preservation
<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"/>	<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	<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
Date: <i>4/17/07</i>	Date: _____	Date: _____



**CERTIFICATION**

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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> 07-0367	<b>Date Applied For:</b> 04/06/2007	<b>CBL:</b> 239A A004001
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<b>Location of Construction:</b> 2401 CONGRESS ST	<b>Owner Name:</b> AMERICAN NATIONAL RED CR	<b>Owner Address:</b> 2401 CONGRESS ST # 1	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sign Design Inc	<b>Contractor Address:</b> PO Box 207 Westbrook	<b>Phone</b> (207) 856-2600
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial / Red Cross Install a freestanding 10' x 6' sign & 16" x 20' building sign	<b>Proposed Project Description:</b> Install a freestanding 10' x 6' sign & 16" x 20' building sign
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 04/17/2007**Note:**      **Ok to Issue:** 

- 1) This permit is being approved on the basis of revised plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tom Markley      **Approval Date:** 04/23/2007**Note:**      **Ok to Issue:** 

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

**Comments:**

4/11/2007-mes: left a message with sec. for Doug at Sign Design - The freestanding sign is too big and I need to know all the existing signage on the building (Red Cross).

4/17/2007-mes: received a couple e-mails on Friday that helped explain this application - He revised the size of the freestanding sign to meet the zone requirements.

**From:** "Sign Design Inc." <signdesi@maine.rr.com>  
**To:** "Marge Schmuckal" <MES@portlandmaine.gov>  
**Date:** 4/13/2007 2:26:03 PM  
**Subject:** Re: Dental Arts-2401 Congress St.

Yes. Thanks, Marge.

Doug

----- Original Message -----

**From:** "Marge Schmuckal" <MES@portlandmaine.gov>  
**To:** <signdesi@maine.rr.com>  
**Sent:** Friday, April 13, 2007 1:08 PM  
**Subject:** Re: Dental Arts-2401 Congress St.

> Doug,  
> thank you. Is the free standing sign going to be at least 5' from the  
> property lines?  
> Marge  
>  
>>>> "Sign Design Inc." <signdesi@maine.rr.com> 4/13/2007 1:42:28 PM  
>>>>  
> Marge,  
> The Red Cross signage on the building is as follows:  
> the cross is 3'x3' and the text is 1'x16', for a total of 25 square  
> feet (maximum as the majority of the letters are lower case).  
> Please see the attached layout for the free standing sign. It has been  
> revised to = 70 square feet.  
>  
> Thanks,  
>  
> Doug  
> Sign Design, Inc.  
> PO Box 207  
> Westbrook, Maine 04098 (mail only)  
> 306 Warren Ave.  
> Portland, Maine 04103 (deliveries only)  
> Phone: 207-856-2600  
> Fax: 207-856-7600  
>

**From:** Marge Schmuckal  
**To:** Sign Design Inc.  
**Date:** 4/13/2007 2:09:00 PM  
**Subject:** Re: Dental Arts-2401 Congress St.

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Marge

>>> "Sign Design Inc." <signdesi@maine.rr.com> 4/13/2007 1:42:28 PM >>>

Marge,

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Westbrook, Maine 04098 (mail only)  
306 Warren Ave.  
Portland, Maine 04103 (deliveries only)  
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Fax: 207-856-7600

**From:** "Sign Design Inc." <signdesi@maine.rr.com>  
**To:** <mes@portlandmaine.gov>  
**Date:** 4/13/2007 1:43:45 PM  
**Subject:** Dental Arts-2401 Congress St.

Marge,

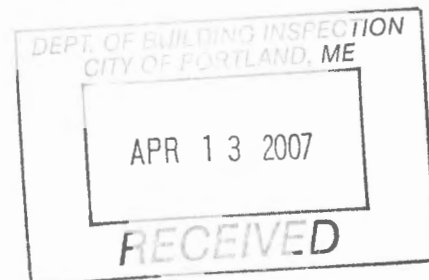
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Phone: 207-856-2600  
Fax: 207-856-7600







# 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>2401 Congress</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>YAMA</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Dental Arts of Portland</u> <u>2401 Congress</u> <u>Portland</u>	Contractor name, address & telephone: <u>Sign Design</u> <u>100. ROK 207</u> <u>Westbrook ME 04092</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>98 sq.</u> For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: <u>\$226</u>
Who should we contact when the permit is ready: <u>Doug 856-2600</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>40'-</u> Height: <u>16'-1-</u> Lot Frontage (feet) <u>250'-</u> Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>vacant</u> If vacant, what was prior use: <u>6 mos. +/-</u> Proposed Use: <u>Dental art.</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>10x7</u> Height from grade: <u>14'</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>16" x 20"</u>		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <u>N/A</u> Height of awning: <u>N/A</u> Length of awning: <u>N/A</u> Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <u>N/A</u> If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>N/A</u> s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>N/A</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>N/A</u> Awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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. <u>See ART</u>		

~~16x40=650~~  
939-5466 cell 896 =  
Apr 12/07 left 2nd message 110

EXIST. sign is being replaced.

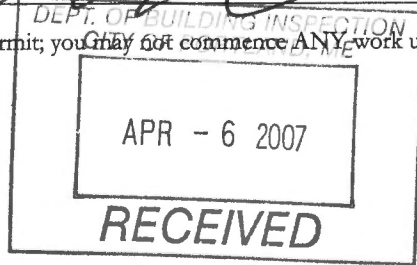
Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

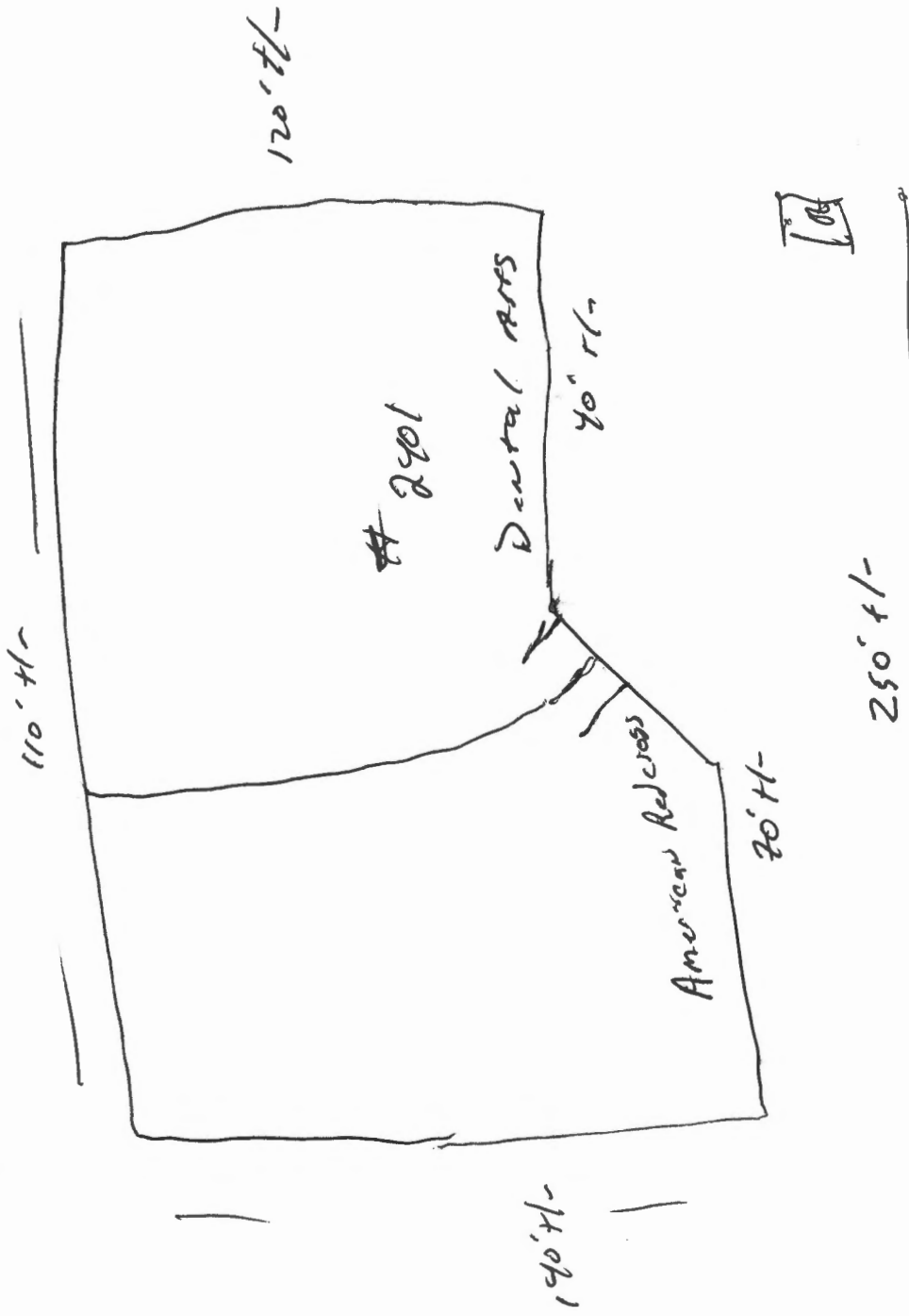
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building 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: \_\_\_\_\_ Date: 4/6/07

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





see e-mail 4/13/07

Red Cross =  $3 \times 3 \times 9^{\#}$   
 $1 \times 16 = 16^{\#}$

25<sup>#</sup>

24d congress

+  $1.3 \times 20' \pm 26^{\#}$

51<sup>#</sup> total signage

$110' \times 16 =$

total front

signage height

$1760 \times 9\% =$

$140.8^{\#}$

MAF



Red Cross

2401

16" DENTAL ARTS OF PORTLAND

20'

27 sq. ft.

**Double Sided, Interior Illuminated Sign Cabinet  
Lexan Faces W/ Vinyl Graphics**

82"

**Appx. Panel Sizes**

44" X 77 1/2"

51 1/2" X 77 1/2"

18 3/4" X 77 1/2"

**Appx. 5 1/2" Address On Skirt**

*82" x 122" =  
10004 ÷ 144 =*

*69.47"*

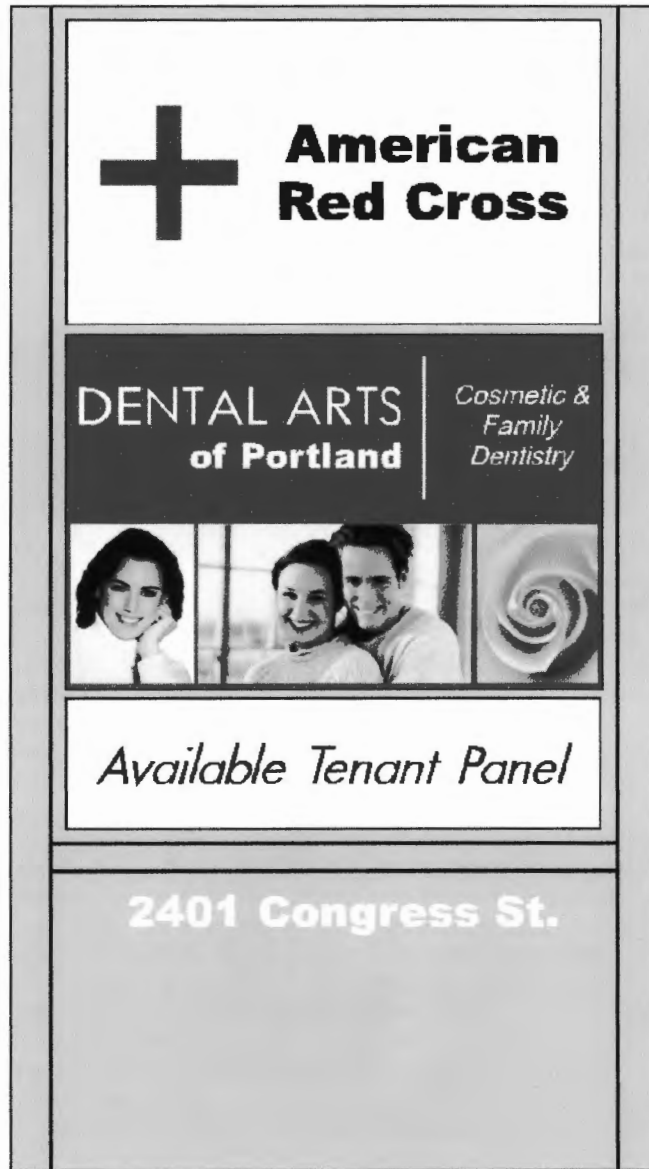
*OK 170" max  
Allowed*

**Overall Height  
170"  
Appx. 14 ft.**

122"

4" X 84"  
Reveal

44"



**+** **American Red Cross**

**DENTAL ARTS of Portland** | *Cosmetic & Family Dentistry*



*Available Tenant Panel*

**2401 Congress St.**

**Sales Representative: Roger Flannery**

INSPECTION  
CITY OF PORTLAND, ME

**Production Notes:**

APR 13 2007

RECEIVED

**Customer: Dental Arts/Portland  
Job Name: dental arts comp 2  
Date: 4-13-07**

**Approval:**



**Sign Contractors**

P.O. Box 207  
Westbrook, ME 04098  
(207) 856-2600 \* FAX: (207) 856-7800  
1-800-949-9037  
signdes@maine.net  
**A Full Service Sign Company**

RE.

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

2401 Congress St Portland ME 04102

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

Alexey Mazurenko  
Signature

4/2/07  
Date

Alex Mazurenko  
Print Name

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/02/2007

PRODUCER (207)829-3450 FAX (207)829-6350  
Norton Insurance Agency  
275 US Route 1  
Cumberland Foreside, ME 04110

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 Spinnaker Holdings, LLC  
6 Cottonwood Lane  
Falmouth, ME 04105

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Peerless Insurance Company	24198
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/ADDL LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER SUBJECT	GL8190390	09/29/2006	09/29/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXPN (Any one person) \$ 5,000 PERSONAL & AD INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROMISE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NONOWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NONHIRED AUTOS				OWNED SINGLE AUT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> OWN AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC (Per policy) \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> CRED. TITLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (See description under SPECIAL PROVISIONS below)				<input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER (PER LIMITS) (PER EMPLOYEE) EL DISEASE - EA ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

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

### CERTIFICATE HOLDER

City of Portland  
Portland, ME

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE (HEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Claudette Turcotte AAI, AU, *Claudette N Turcotte*