

PERMIT ISSUE

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0498	Issue Date: NOV - 7 2002	CBL: 265 A008001
-----------------------	-----------------------------	---------------------

Location of Construction: 1200 Brighton Ave	Owner Name: Mobil Oil Corp Dac Property	Owner Address: Po Box 4973	Phone:
Business Name: n/a	Contractor Name: Sign Design	Contractor Address: 306 Warren Ave Portland	Phone: 2078562600
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial / Vacant Hotel	Proposed Use: Commercial / Hotel; Reface existing cabinets one 9'1" x 26'10", two 6'1" x 8'2". New cabinet 3'6" x 11'2" & new awning 4" x 11'2" x 3'.	Permit Fee: \$446.00	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-1 Type: N/A 11/07/02 Signature: <i>[Signature]</i>	

Proposed Project Description:  
Reface existing cabinets one 9'1" x 26'10" & two 6'1" x 8'2". Install new 3'6" x 11'2" cabinet & Install new awning 4' x 11'2" x 3'.

*Handwritten: Any sign for sign only allowed*

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gg	Date Applied For: 05/09/2002	<b>Zoning Approval</b>
------------------------	---------------------------------	------------------------

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> <i>Handwritten: All new banners shall be removed</i> Date: <i>10/1/02</i>	<b>Zoning Appeal</b> <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	<b>Historic Preservation</b> <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>[Signature]</i>
---	--	--	---

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

Application ID Number: 2-0498

Department: Zoning

Status: Approved with Conditions

Reviewer: Marge Schmuckal

Address: 1200 Brighton Ave -

Approval Date: 10/17/2002

Issue On Date: 05/17/2002

OK to Issue Permit By: Marge Schmuckal Date: 10/17/2002

Conditions Section:

Separate permits shall be required for any new signage.

Along Brighton Avenue, only new panels are allowed within the existing frames. ANY AND ALL NEW BANNERS SHALL BE REMOVED.

Create Date: 05/13/2002 By: gg

Update Date: 10/17/2002 By: mes

Prmt

30612

Other

02-0498

1200

Brighton Ave

Hold

Signs - Permanent

265 A008001

3

\$0.00

05/14/2002

will need a building permit for awning, gayle called Sign design

Jodinea

10/21/2002

Need Certificate of Flame Resistance for the Awning.

Left message again 10/29/02

mjn

gg

05/13/2002

mjn

10/21

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

PERMIT ISSUED  
NOV - 7 2002  
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING DEPARTMENT PERMIT

Permit Number: 020498

This is to certify that Mobil Oil Corp Dac Property Eng Design  
has permission to Reface existing cabinets one 4' x 26'1" & two 4' x 8'2". Install new 3'6' x 11'2" cabinet & Install new awning  
AT 1200 Brighton Ave L 265 A008001

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 when permission is procured before this building or part thereof is altered or closed-in. 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]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

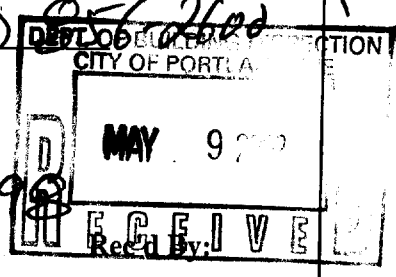
# SIGNAGE APPLICATION

THIS IS NOT A PERMIT  
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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>1200 Brighton Ave</u>		
Total Square Footage of Proposed Structure <u>Reface - 343 sq. ft. canopy 34 sq. ft. cabinet 39 sq.</u>		Square Footage of Lot <u>10,000 sq. ft. see plot plan</u>
Tax Assessor's Chart, Block & Lot Number <u>Tax map 265</u> Chart#                      Block# <u>A</u> Lot# <u>8</u>	Owner: <u>Him Portland LLC</u> <u>1733 Connecticut Ave NW</u> <u>Washington DC 20009</u>	Telephone #: <u>202-588-7500</u>
Lessee/Buyer's Name (If Applicable) <u>Travelodge</u> <u>1200 Brighton Ave</u> <u>Portland ME</u>	Owner's/Purchaser/Lessee Address: <u>1200 Brighton Ave</u> <u>Portland ME</u>	Total s.f of signs <u>446</u> x <u>20 \$ 416.</u> , plus \$30.00  TOTAL\$ <u>446.</u>
Current use: <u>Vacant Hotel</u> Proposed use: <u>Hotel</u>		
Project description: <u>Reface existing cabinets (9'1" x 26'10") (2) 6'1" x 0'2" ) New cabinet 3'6" x 11'2"</u> <u>NEW SIGNING 4' x 11'2" x 3'</u>		
Applicants Name, Address & Telephone: <u>Sign Design Inc. PO Box 207 Westbrook ME 04098 # 856-2600</u>		
Contractor's Name, Address & Telephone: <u>SAME</u>		
Who shall we contact when the permit is ready: <u>Michele (Sign Design)</u> Telephone: <u>856-2600</u>		
If you would like it mailed, what mailing address should we use: <u>PO. Box 207 Westbrook ME 04098</u>		





**INTERBANK**  
CAPITAL PARTNERS

InterBank Funding Corporation  
1733 Connecticut Ave., NW  
Washington, DC 20009-1137  
www.interbankpartners.com  
202 588 7500 Tel  
800 588 7006 Tel  
202 588 5088 Fax

May 9, 2002

Mr. Doug Herman  
General Manager  
Sign Design, Inc.  
P.O. Box 207  
Westbrook, Maine 04098

Via Fax: 207-856-7600

Re: Property owned by HIM Portland, LLC, 1200 Brighton Avenue, Portland, Maine

Dear Doug:

I am writing this letter as the representative of HIM Portland, LLC ("HIM"). InterBank Funding Corp. and affiliated entities own HIM.

The property located at 1200 Brighton Avenue, Portland, Maine was acquired by HIM around January 2001. It has continuously operated as a Susse Chalet from the time HIM acquired the property until April 2002. In April 2002, the property received approval to operate as a Travelodge Hotel.

At some point in time at least eight months ago and possibly as far back as a year, the faces of the sign blew out during a storm and have not been replaced since. We continued to operate the property and accept guests during this time.

Please feel free to call me at 202-588-7515 if you need any further clarification on this matter.

Very truly yours,

INTERBANK CAPITAL PARTNERS

Robert Gagnon  
Senior Vice President

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 1200 Brighton Ave ZONE: B-4

OWNER: Travelodge AKA Hill Portland LLC

APPLICANT: Sign Design Inc.

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT?  YES  NO

MULTI-TENANT LOT?  YES  NO

FREESTANDING SIGN? (ex. Pole Sign)  YES  NO

DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

MORE THAN ONE SIGN?  YES  NO

DIMENSIONS see schematic HEIGHT \_\_\_\_\_

SIGN ATTACHED TO BLDG.?  YES  NO

DIMENSIONS see schematic

MORE THAN ONE SIGN?  YES  NO

DIMENSIONS " " "

AWNING:  YES  NO IS AWNING BACKLIT?  YES  NO HEIGHT OFF SIDEWALK N/A

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

see Drawing 1

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

only proposed changes

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): \_\_\_\_\_

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

see plot plan for exact details (Attached)

**YOU SHALL PROVIDE:**

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: [Signature]

DATE: 5/9/02



P.O. Box 207  
Westbrook, ME 04098

A Full Service Sign Company

# Fax Cover Sheet

<b>Send to:</b> <i>Mike Nugent</i>	<b>From:</b> Michelle Donovan
	<b>Date:</b> <i>11-5-02</i>
<b>RE:</b>	<input checked="" type="checkbox"/> email: signdesi@maine.rr.com
<input checked="" type="checkbox"/> Fax Number: <i>8748716</i>	<input checked="" type="checkbox"/> Phone Number: 207-856-2600 <input checked="" type="checkbox"/> Fax Number: 207-856-7600

- Urgent
- Reply ASAP
- Please Comment
- Please Review
- For Your Information
- Fax Back with Signature

Total pages, including cover: *2*

Comments:

*RE Travelodge*

ANY TROUBLE WITH THIS TRANSMISSION PLEASE CALL 207-856-2600

The information contained in this communication is confidential and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited. If you received this communication in error, please notify us by telephone as soon as possible at 207-856-2600 so that we may arrange for the retrieval of the documents at no cost to you.



# CALIFORNIA STATE FIRE MARSHAL

## REGISTERED FLAME RESISTANT PRODUCT

REGISTRATION NO. F-420.01

PRODUCT NAME: PANAFLEX SUBSTRATE

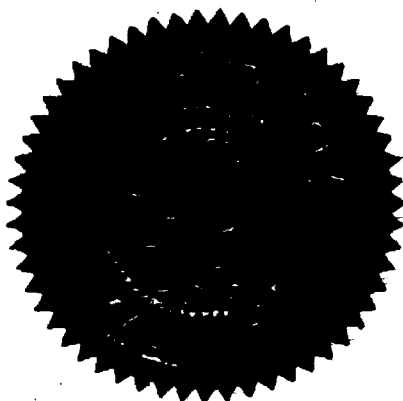
PRODUCT MARKETED BY: 3 M COMMERCIAL GRAPHICS DIVISION


3 M Center, Bldg. 207-BW-09

St. Paul, MN 55144-1000

This product meets the minimum requirements of flame resistance established by the State Fire Marshal for products identified in the California Health and Safety Code Section 13115.

The scope of the approved use of this product is provided in the current edition of "California Approved List of Flame Retardant Chemicals and Fabrics, General and Limited Application Concerns."





---

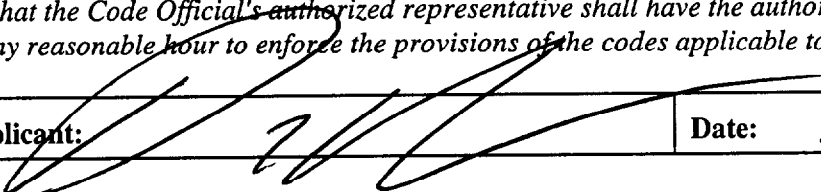
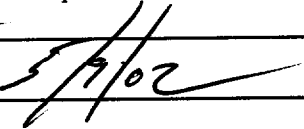
**DUANE MATTHEWS, Program Coordinator**  
Laboratory/Chemicals/Fabrics

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

**Certification**

*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: 
--	---

**Sign Permit Fee: \$30.00 plus \$0.20 per square foot.**

***A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00***

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE**

ITEM NUMBERS

TRAVANFBMK041103

TRAVAWNCVFF041103

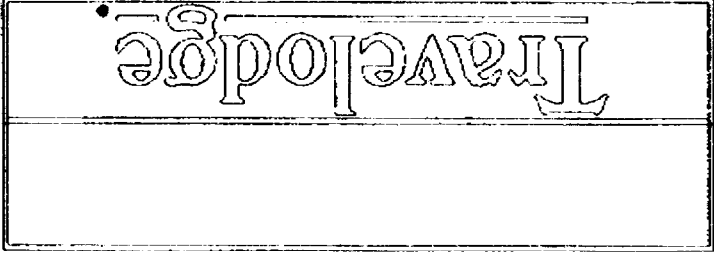
JOB #'S

CAMP PLATES

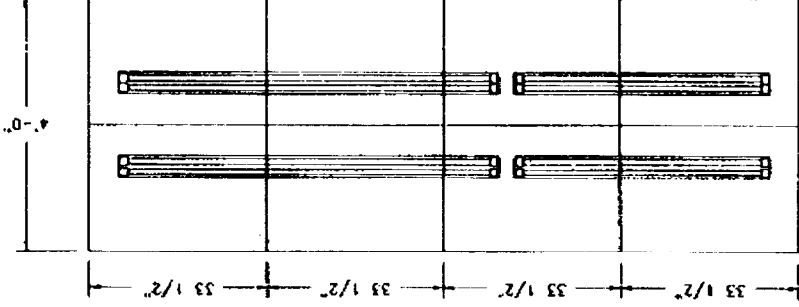
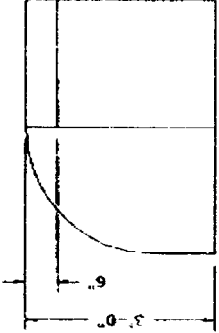
REVISIONS (DESCRIPTION)

BY DATE

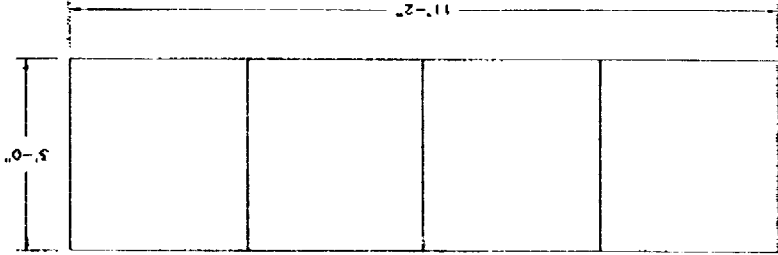
DRAWING # DRAWN BY  
 P.O. BOX 210 200 21st Southwest  
 Waterbury, SD 57201 (605) 882-2246  
 Distributed by Sign Up Company  
**PERSONA**  
 MWR



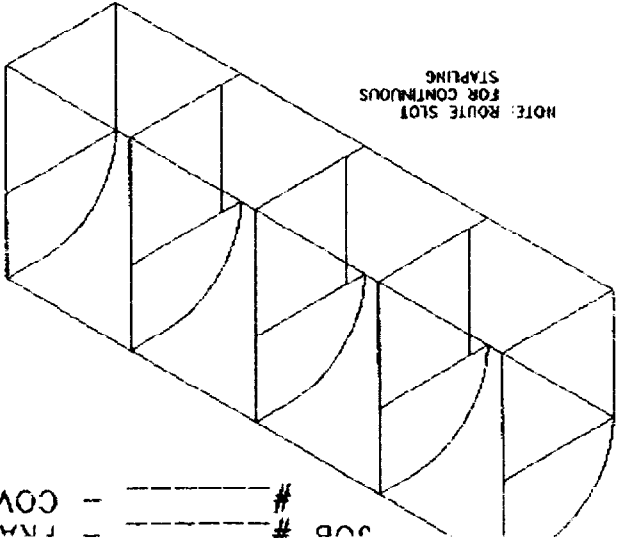
FRONT VIEW



BOTTOM VIEW



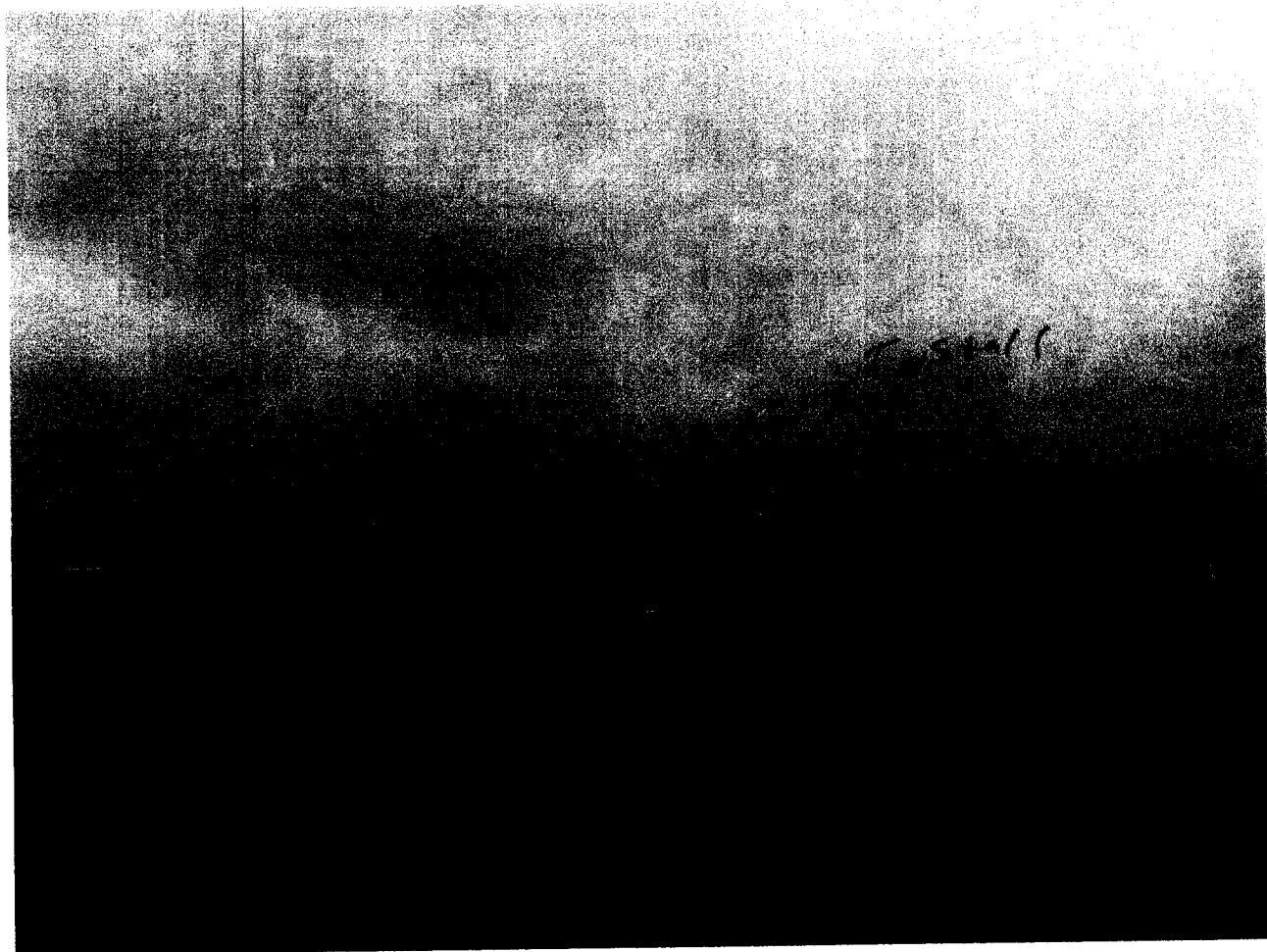
4' X 11'2" X 3"  
 1" ALUM & MILLIKEN FRAMEWORK  
 EGGRATE (CUT TO FIT)  
 7/16" FRAME MTG HOLES  
 INSTALL FACES (VINYL INSERT AT  
 ALL VISIBLE LOCATIONS)  
 INSTALL 2 - 6' LAMP UNITS  
 2 - 4' LAMP UNITS  
 2 lamps



NOTE: ROUTE SLOT  
 FOR CONTINUOUS  
 STAPLING

JOB # \_\_\_\_\_  
 # \_\_\_\_\_  
 --- FRAME  
 --- COVER

□ - (A) ALUM OR 1000  
 □ = (B) MP-1 MILLIKEN  
 □ = (C) MP-2A MILLIKEN  
 □ = (D) MP-56 MILLIKEN

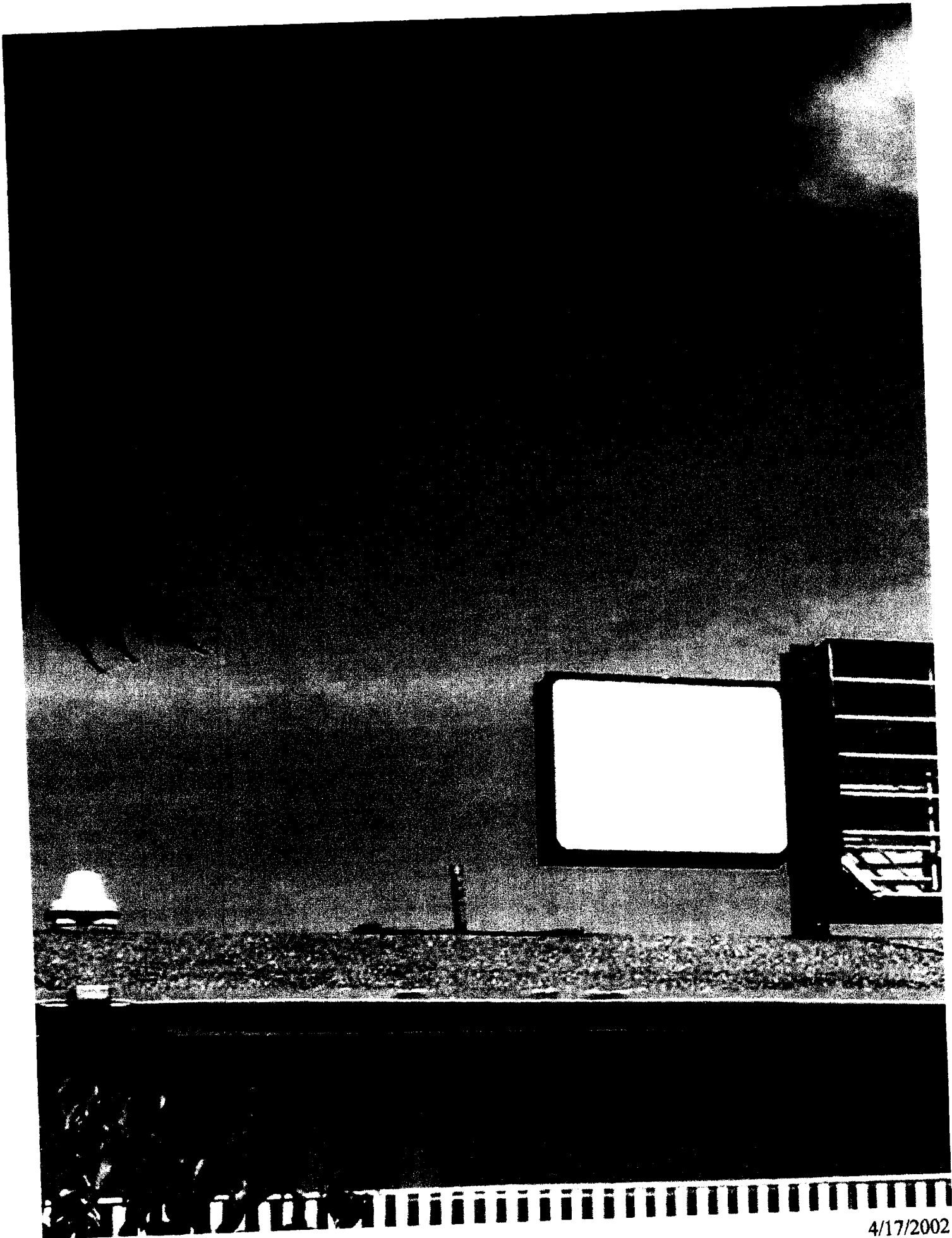


---

3'6" x 11' 2"

IWA Illinois

Can





location for new awning

**HIM PORTLAND, LLC**  
**1733 Connecticut Avenue, N.W.**  
**Washington, D.C. 20009**  
**202-588-7500**

May 6, 2002

Mr. Roger Flannery  
T.R. Sign Design, Inc.  
Via Fax 207-856-7600

Re: Travelodge, 1200 Brighton Avenue, Portland, Maine

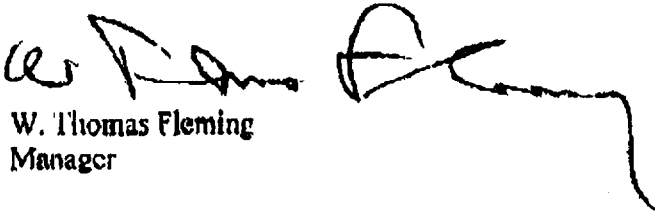
Dear Mr. Flannery:

As the owner of the above referenced property, I hereby authorize T.R. Sign Design, Inc. to apply for permits and to install signage at the above referenced property.

Do not hesitate to call me if you have any questions.

Very truly yours,

HIM PORTLAND, LLC

  
W. Thomas Fleming  
Manager

JAN-04-2002 04:07PM FROM Jones-Hoxie Corp

+8221248

1-441 P.002/001 F-628


01/04/2002

**AGENCY INSURANCE ORDER**

**THIS ORDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

MODIFIER PHONE No. (207) 623-4781 FAX (207) 623-1248 Jones-Hoxie Corporation One Community Drive Augusta, ME 04330-9412	COMPANY OneBeacon Insurance POLICY NO. B02010407351		
DATE EFFECTIVE 01/05/2002 12:01	TIME X AM PM	DATE EXPIRES 03/05/2002	TIME X 12:01 AM NOON
THIS ORDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXISTING POLICY OR			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including location) Package Policy # YM75034165 Umbrella Policy # To Be Determined			
CDS# 00035396 SUB CODE#			
HJM Portland, LLC c/o Interbank Funding Corporation 1733 Connecticut Ave., NW Washington, DC 20009-1137			

TYPE OF INSURANCE		COVERAGE/FORM	DEDUCTIBLE	COINSURANCE	LIMITS
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Blanket Buildings - 1 & 2		2,500	90	4,500,000
	Blanket Business Personal Property - 1 & 2		2,500	90	700,000
	Business Income - Actual Loss Sustained				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	1,000,000
			FIRE DAMAGE (ANY CAUSE)	\$	300,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> MIXED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:		MED EXP (Per person)	\$	5,000
			PERSONAL & ADJUTORY	\$	1,000,000
			GENERAL AGGREGATE	\$	2,000,000
			PRODUCTS - COMPROP ASS	\$	2,000,000
			COMMERIAL BODILY UNIT	\$	1,000,000
			BODILY INJURY (Per person)	\$	
			BODILY INJURY (Per accident)	\$	
			PROPERTY DAMAGE	\$	
			MEDICAL PAYMENTS	\$	
			PERSONAL INJURY PROT	\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COLL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
			STATED AMOUNT	\$	
			OTHER		
AIRCRAFT LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:		AUTO ONLY - EA ACCIDENT	\$	
			OTHER THAN AUTO ONLY:		
			BACH ACCIDENT	\$	
UMBRELLA LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		AGGREGATE	\$	
			BACH OCCURRENCE	\$	5,000,000
			SELF-INSURED RETENTION	\$	0
			PER STATUTORY LIMITS		
			E.L. EACH ACCIDENT	\$	
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:		E.L. DISEASE - NA EMPLOYEE	\$	
			E.L. DISEASE - POLICY LIMIT	\$	
			FEES	\$	
			YARDS	\$	
ESTIMATED TOTAL PREMIUM			\$		

NAME & ADDRESS Interbank Funding Corporation 1733 Connecticut Ave., NW Washington DC 20009-1137	<input checked="" type="checkbox"/> MORTGAGE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LOAN	<input checked="" type="checkbox"/> ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE 		

CORD 75-S (1/95) NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE SACORO CORPORATION 1993



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
02/21/2002

PRODUCER (207) 623-4791 FAX (207) 623-1248  
Jones-Hoxie Corporation  
One Community Drive  
Augusta, ME 04330-9412

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.

### INSURERS AFFORDING COVERAGE

INSURED HJM Portland, LLC  
c/o Interbank Funding Corporation  
1733 Connecticut Ave., NW  
Washington, DC 20009-1137

INSURER A: Onebeacon Insurance

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**EL FAXEL**  
02/21/02

### 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	YM75034185	01/05/2002	01/05/2003	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADULTERY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> <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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - GA ACCIDENT \$ OTHER THAN AUTO ONLY: BA ACC \$ AGG \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STAT. TORT LIMITS \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS APPLICABLE BY ENDORSEMENTS/SPECIAL PROVISIONS  
 Crossroads Hospitality Management Company is hereby named as additional insured.

### LIMITS AT POLICY INCEPTION.

#### CERTIFICATE HOLDER

#### ADDITIONAL INSURED; INSURER LETTER;

#### CANCELLATION

Crossroads Hospitality Management Company  
 c/o Interstate Hotels Corporation  
 Attn: Colleen Hannegan  
 Foster Plaza X  
 680 Anderson Drive  
 Pittsburgh, PA 15220

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Maria Parlin/MLP

*Maria L. Parlin*

ACORD CORPORATION 75

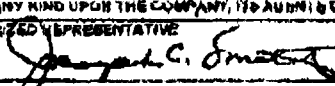
ACORD 203 (7/87) FAX: (412) 827-8050

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>02/22/2002</b>
PHONE (301) 881-8843 FAX (301) 593-2590 Georgetown Insurance Service, Inc. 10010 Colesville Road Suite A Silver Spring, MD 20901		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>		
(INSURED) H2M Portland, LLC c/o Interbank Capital Partners 1733 Connecticut Ave., NW Washington, DC 20009-1137		INSURER A: <b>United National Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E:

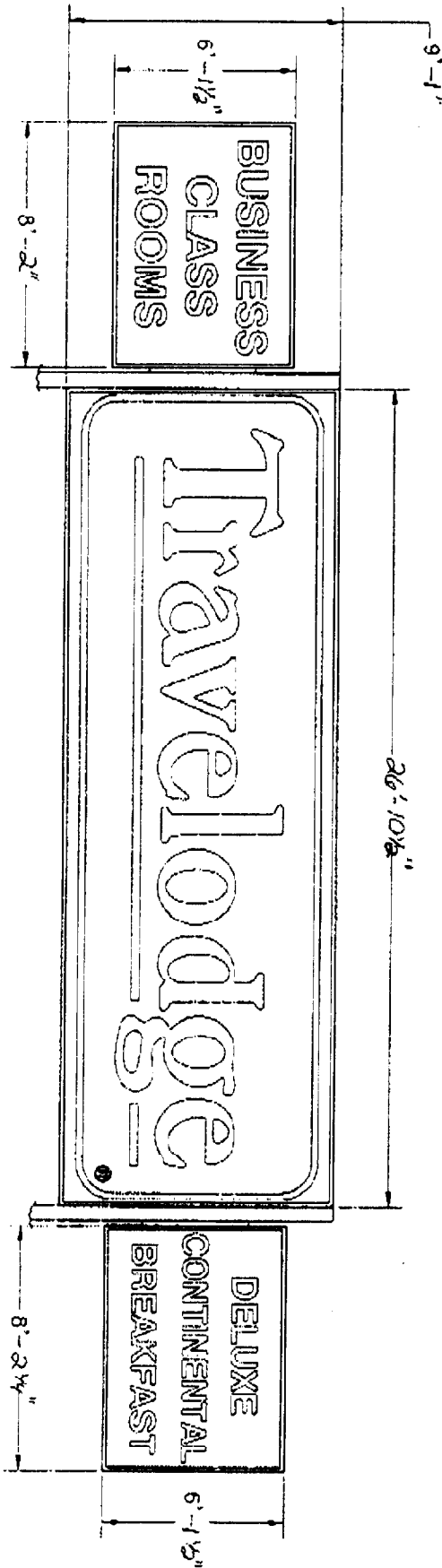
**COVERAGES**  
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER SUBJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ PROP DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADVISORY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>Garage Liability</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - CA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	0222023815	02/22/2002	02/22/2003	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				POLICY LIMITS OTHER \$1. EACH ACCIDENT \$ \$1. DISEASE - EA EMPLOYEE \$ \$1. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATION, VEHICLE, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 This policy is following form on the underlying for all interests including the additional insureds.

<b>CERTIFICATE HOLDER</b> Crossroads Hospitality Management Company; Interstate Hotels Corporation Attn: Colleen Mannegan Foster Plaza X 600 Andersen Drive Pittsburgh, PA 15220	<b>ADDITIONAL INSURED; INSURER LETTER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THEIR EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---	--

ACORD 26-3 (7/97) FAX: (412) 937-8050 ACORD CORPORATION 1997

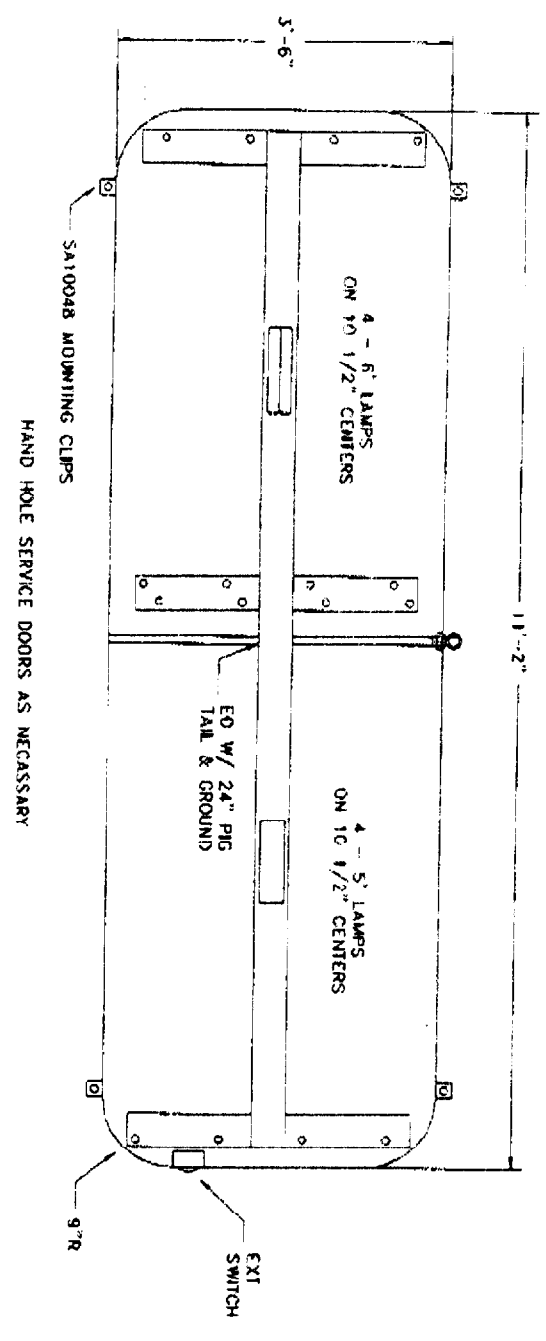


*Proposed*  
*Face Change*  
*& Upgrade*

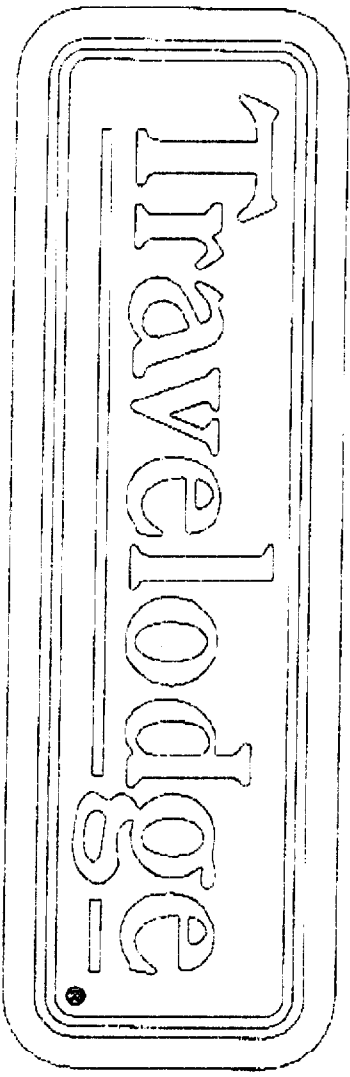
SCALE: 3/16" = 1'-0"

<p>Distributed by Sign Up Company                  P.O. BOX 210, 7100 21st Southport                  Westborough, MA 01581 (508) 882-2244</p>		TITLE FACE LAYOUT		DRWG. NO. 1197-01/116		SHEET 1		OF 1	
CUSTOMER TRAVEL LODGE PART OF APPROVAL		LOCATION PORTLAND, ME		DRAWN BY: GRS		DATE 10/12/01		APPR. BY: BL	
				REV CHANGE REASON				DATE BY	

30 PSF



JOB \_\_\_\_\_ - FRAME  
 \_\_\_\_\_ - FACE  
 1 - 1/2" EYEBOLTS  
 TOTAL P. 04



1 472-A BALLAST (6.10 AMPS / 120V)  
 8 PR SOCKETS

ITEM NUMBERS	JOB #'S	CAMP PLATES	REVISIONS (DESCRIPTION)	BY	DATE
RAVSS041213WH RAVPF041200					

**PERSONA**  
 Distributed by Sign Up Company  
 P.O. BOX 210, 700 21st S. Highway  
 Waukegan, IL 60091 (609) 492-3244  
 DRAWN BY MWR