

Manual St.

100'

Page 1 of 2

1300 Sq Ft

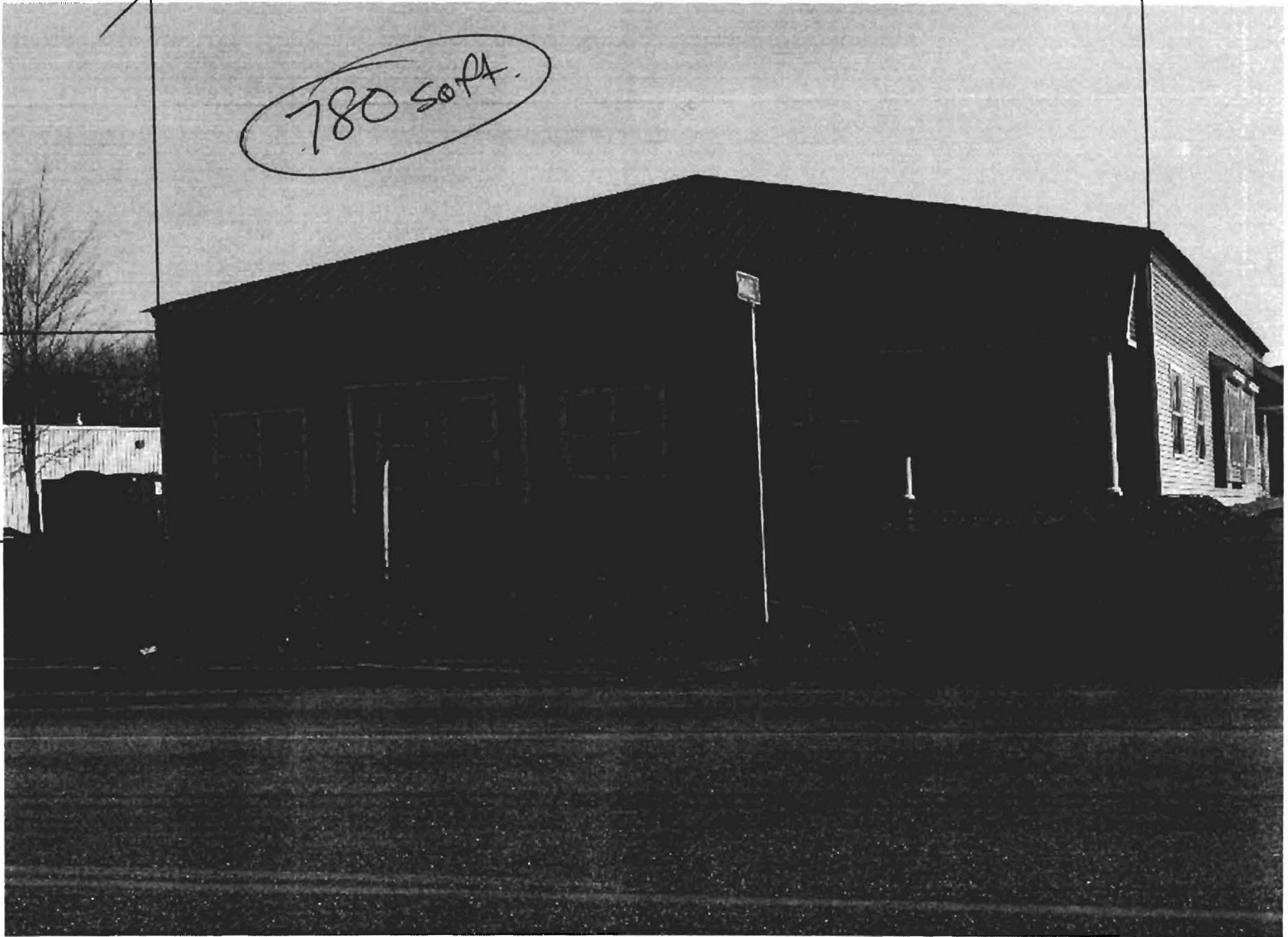


Riverside St

60'

780 sq ft.

13'



Capital Endeavors LLC  
557 Riverside Street  
Portland, Maine 04103  
(207) 797-5832  
Fax (207) 797-5893

*for RON ✓*

December 4, 2006

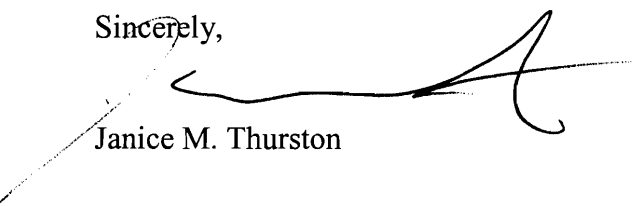
Mr. Ron Simard  
Neokraft Signs, Inc.  
686 Main Street  
Lewiston, Maine 04240

RE: Protection One

Dear Ron,

Enclosed please find the executed Landlord Consent Agreement for your Protection One project.

Sincerely,

  
Janice M. Thurston

RECEIVED 11/6/06



# Neokraft

Neokraft Signs Inc.  
686 Main Street  
Lewiston, Maine 04240  
Telephone: 207.782.9654  
Facsimile: 207.782.0009  
1.800.339.2258  
<http://www.neokraft.com>

## LANDLORD CONSENT AGREEMENT

Written consent and agreement relating to a certain sign proposed to be erected on the

premises at: 565 Riverside Street

in Portland, Maine.

✓ Six G's COED LLC / Capital Endeavors LLC being the owner of the premises at  
565 Riverside Street in Portland, Maine

hereby gives consent to the erection of (a) certain sign(s):

(2) Sets of wall lighted letters

owned by: Protection One (the tenant) as described in the

attached application for a permit submitted to the inspection division of the building

department of City of Portland, Maine to cover

the erection of said signs.

Signed by the owner of said premises, or his authorized agent, on this

✓ 4<sup>th</sup> day of December 2006.

✓ Chris Johnson (SIGNED)

Manager (TITLE)

RECEIVED 12/29/06

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/07/2006

PRODUCER (207)774-6257 <b>Clark Associates</b> 2385 Congress Street P O Box 3543 Portland, ME 04104	FAX (207)774-2994	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 <b>Capital Endeavors, LLC. &amp; 6 G's Coed, LLC</b> 557 Riverside Street Portland, ME 04103	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: <b>One Beacon Insurance</b>	<b>20621</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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>FM1U08367</b>	<b>08/01/2006</b>	<b>08/01/2007</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
		<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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESSUMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**The City of Portland is hereby named as Additional Insured with respects to General Liability.**  
**RE: Neokraft Signs, Inc. job**

<b>CERTIFICATE HOLDER</b>  <b>City of Portland</b> <b>389 Congress Street</b> <b>Portland, ME 04101</b>	<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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>Jeff Shaw/BHDC</b>
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



GEMINI  
BLUE RE  
POPPY R  
AS SHO  
SHADO

MOUNT  
USING ( )  
THROUC

ADD 3" I  
GSP RO  
FLUSH T

END VIEW

NTS

LIGHTED WALL LETTERS & LOGO

SCALE:  $\frac{3}{4}'' = 1'-0''$  (1) SET REQUIRED

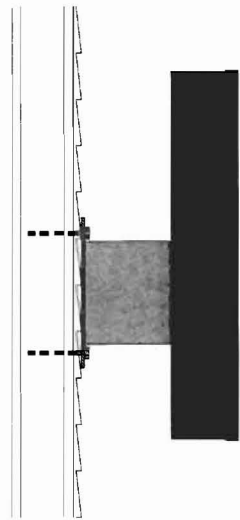
$24 \times 103 = 2472 \text{ } \text{\$} = 1$



PHOTO-COMPOSITE

SCALE:  $\frac{1}{4}'' = 1'-0''$

10'-6"±



END VIEW

NTS



LIGHTED WALL LETTERS & LOGO

SCALE: 3/4" = 1'-0" (1) SET REQUIRED

GEMINI DARK BLUE TRIM CAPS, MATCHING DARK BLUE FACES WITH GSP POPPY RED TRANSL [230-143] VINYL SHOWN; RACEWAY PAINTED TO MATCH GSP SHAD

MOUNT RACEWAY/LETTER ASSEMBLY FLUSH TO WALL WITH STEEL LAG BOLTS THROUGH ALUMINUM MOUNTING

ADD 3" DIA. FLAT CUT-OUT WHITE ACRYLIC "O" WITH VINYL FIELD; MOUNT FLUSH TO SIDING

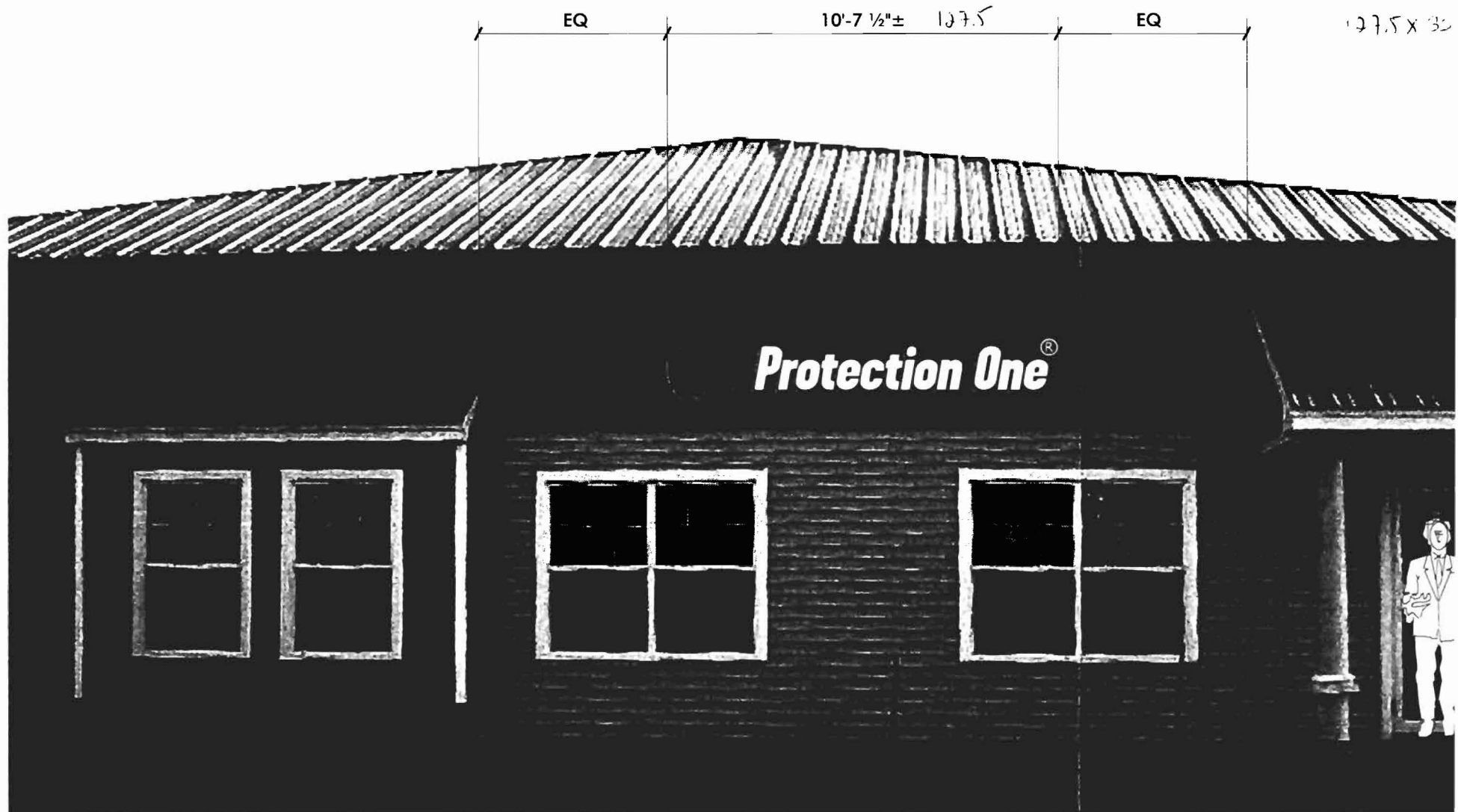


PHOTO-COMPOSITE

SCALE: 1/4" = 1'-0"