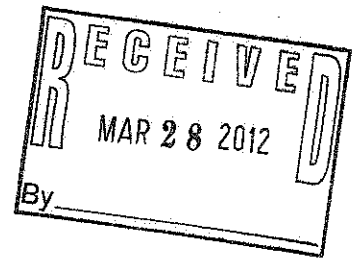


Paul/Make Ms.

IMPORTANT



Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #192153
Business Name: J. Derenzo Co
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 MAY -2 P 1:59
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business: N/A
Somerville Address and Zip Code: _____
Phone Number of the Business: _____

The Legal Name of the License Holder: J. Derenzo Co.
Street Address of the License Holder: 338 Howard St.
City, State and Zip Code of the License Holder: Brockton, MA 02302
Phone Number of the License Holder: 508-427-6441
Email Address of the License Holder: _____

Where We Should Send Mail: Name: _____
Street Address: "Same as above"
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 04-2077274

Emergency Contact and Phone (For Fire Dept. Use): Anthony LoConte

-OVER-

617-212-4517

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: David Howe

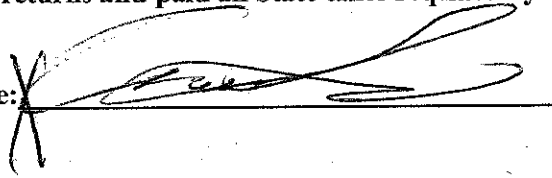
Name of Secretary: Anthony C. LaConte

Name of Treasurer: Anthony C. LaConte

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 4/9/2012

The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: J. Derenzo Co.
 Address: 338 Howard Street
 City: Brockton State: MA Zip: 02302 Phone #: 508-427-6441
 I am an employer with SEASONAL FLUCTUATION 150 TO 300 Employees employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Old Republic General Insurance Corp.
 Address: c/o Driscoll Agency 93 Conquest Circle
 City: Norwell State: MA Zip: 02061 Phone #: 781-681-6656
 Policy #: A2CW02711200 Expiration Date: 3/1/13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided is true.

Signature: [Handwritten Signature]
 Print Name: Anthony C. DeCoste

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

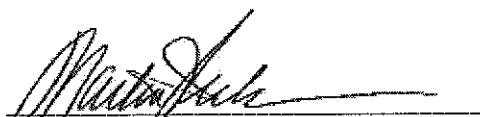
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

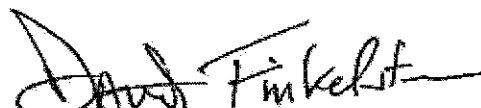
In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 23rd day of November, 2011.

Attested and Certified

Arch Insurance Company


Martin J. Nilsen, Secretary

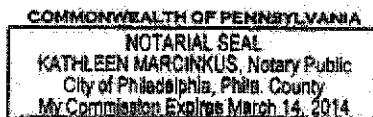


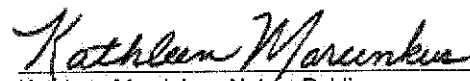

David M. Finkelstein, Executive Vice President

STATE OF PENNSYLVANIA SS

COUNTY OF PHILADELPHIA SS

I, Kathleen Marcinkus, a Notary Public, do hereby certify that Martin J. Nilsen and David M. Finkelstein personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

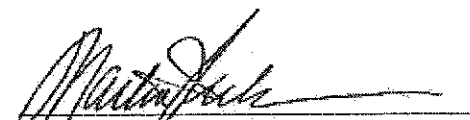



Kathleen Marcinkus, Notary Public
My commission expires 03/14/2014

CERTIFICATION

I, Martin J. Nilsen, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated November 23, 2011 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said David M. Finkelstein, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 1st day of April, 2012.


Martin J. Nilsen, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

