

Law Office of Robin Fleischer  
221 Essex St., Suite 51  
Salem, MA 01970  
978-717-5600  
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[fleischer33@comcast.net](mailto:fleischer33@comcast.net)

April 28, 2014

Mr. John Long  
City Clerk  
Somerville City Hall  
96 Highland Ave.  
Somerville, MA 02143

RE: Transfer license #61  
Ike, Inc. To  
My Cab, Inc.

Dear Mr. Long:

Enclosed please find the following documents:

1. Application to Own A Taxicab Medallion/Statement of Corporate Authority and Reap Attestation;
2. Copy of Articles of Organization My Cab, Inc.
3. Copy of Purchase and sales agreement;
4. Reap Attestation and Certificate of Good Standing IKE, Inc.
5. Transfer fee.

Financing will be provided by IKE, Inc. as follows:

\$285,000.00

12 years

8%

Would you please present for approval?

Very truly yours,

  
Robin Fleischer

2014 APR 30 A 8: 22

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**TAXICAB MEDALLION APPLICATION  
AND TAXICAB OPERATOR LICENSE APPLICATION**

Application Fee \$250.00

Date April 28, 2014

CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/30/14

Amount Paid \$250

**To the Honorable, the Board of Aldermen of the City of Somerville:**

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below, and grant a license to operate the same taxicab for the conveyance of persons for hire from place to place within the City. This ownership and license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Officials. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 61

Current Owner Name IKE, Inc. Phone 617-628-2222

Address (Include Zip Code) 600 Windsor Pl., Somerville, MA 02143

Applicant Name My Cab, Inc. Phone 781-786-1261

Mailing Address (Include Zip Code) 69 Alder St., Apt. 1 Waltham, MA 02453

Tax Identification Number: 46-5429900 Check one: SSN  FEIN

If a corporation, name of Majority Shareholder Marie Geneus

Date of birth 6/18/1960 SSN 594-58-8565

Do you hold a valid Somerville Taxi Driver's License? Yes  No

Do you hold a Taxi Driver's License in another city? Yes  No

If yes, in what City/State? \_\_\_\_\_

Do you own a Somerville Taxicab Medallion? Yes  No

Have you ever owned a Somerville Taxicab Medallion? Yes  No

Have you ever owned a Taxi Medallion elsewhere? Yes  No

If yes, in what City/State? \_\_\_\_\_

Provide the following information if a bank is financing the purchase:

Name of Bank N/A

Address (Include Zip Code) \_\_\_\_\_

Provide the following information if a corporation is financing the purchase:

Name of Corporation IKE, Inc.  
Address (Include Zip Code) 600 Windsor Pl., Somerville, MA 02143  
Name of President Gerald Chaille  
Date of Birth 12/20/1942 SS# 029-30-0063  
Name of Majority Shareholder Gerald Chaille  
Date of Birth 12/20/1942 SS# 029-30-0063

NOTE: Include a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.

Provide the following information if an individual is financing the purchase:

Name of Individual N/A  
Address (Include Zip Code) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

NOTE: Include a REAP Attestation signed by the individual.

Describe any other financing: \_\_\_\_\_

Include with this Application the following documents:

- The attached REAP Attestation signed by the Applicant.
- The attached Certificate of Good Standing signed by the Applicant and acknowledged and stamped by the City's Treasury Department.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and the attached Certificate of Corporate Authority.
- If financing is by a corporation, a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.
- If financing is by an individual, a REAP Attestation signed by the individual.

Applicant agrees to forward to the City Clerk a copy of a valid Registration for the vehicle, issued by the Registry of Motor Vehicles.

Signed under the pains and penalties of perjury this 15 day of April, 2014

Signature of Applicant *[Signature]* Print Name \_\_\_\_\_

**TAXI BUREAU RECOMMENDATION:**

The Somerville Taxi Bureau recommends that the application be:  Approved  Denied

Signature *[Signature]* Date 5-2-14

**STATEMENT OF CORPORATE AUTHORITY**

I, Marie Geneus, Clerk of  
Name of Clerk or Secretary

My Cab, Inc. hereby certify that,  
Name of Corporation

at a meeting of the Board of Directors of said Corporation duly held on the 15th day of  
Date  
April, 2014, at which a quorum was present and voting throughout, the following  
Month Year  
vote was duly passed and is now in full force and effect:

VOTED: That Marie Geneus be and  
Name of Officer authorized to sign for the Corporation  
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to  
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and  
other obligations of the Corporation, the execution of any such contract, bond or obligation by  
such Marie Geneus to be valid  
Name of Officer authorized to sign for the Corporation  
and binding upon this Corporation for all purposes. This vote remains in full force and effect,  
and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Marie Geneus  
Name of Officer authorized to sign for the Corporation  
is the duly elected president of said Corporation.  
Title

Signed *Marie Geneus*  
Clerk or Secretary

Place of Business 119 Braintree St. Allston, MA 02134

Date April 14, 2014

**AFFIX CORPORATE SEAL HERE**

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation:

Countersigned \_\_\_\_\_

Name & Title of Countersigning Officer \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division  
Joseph A. Curtatone  
Mayor

**CERTIFICATE OF GOOD STANDING**

1. Exact name of Taxpayer: My Cab, Inc.
2. Location, including street address, of Taxpayer's property or principal office: 119 Braintree St., Allston, MA 02134
3. Taxpayer's Account Number(s): EIN 46-5429900

I, Marie Geneus, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 15th day of April, 20 14. X Marie Geneus  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

CLERK'S INITIALS: \_\_\_\_\_ ORIGINAL STAMP: \_\_\_\_\_

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

My Cab, Inc.

\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

X *Marie Gendron*

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

EIN 46-5429900

\_\_\_\_\_  
\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



**City of Somerville, Massachusetts  
Finance Department, Treasury Division  
Joseph A. Curtatone  
Mayor**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of Taxpayer: IKE, Inc.
2. Location, including street address, of Taxpayer's property or principal office: \_\_\_\_\_  
600 Windsor Pl., Somerville, MA 02149
3. Taxpayer's Account Number(s): EIN 042-778092

I, Gerald Chaille, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 15th day of April, 2014. *Gerald P. Chaille*  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:





**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division  
 One Ashburton Place, 17th floor  
 Boston, MA 02108-1512  
 Telephone: (617) 727-9640

**Articles of Organization**

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Federal Employer Identification Number: 001133841 (must be 9 digits)

**ARTICLE I**

The exact name of the corporation is:

MY CAB, INC.

**ARTICLE II**

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

TO BUY, SELL, DEAL IN AND ACQUIRE ANY AND ALL LICENSES, MOTOR VEHICLES, FIXTURES, MERCHANDISE OR ANY PERSONAL PROPERTY NECESSARY TO DEAL IN AND CARRY ON A GENERAL TAXI BUSINESS, OR ENGAGE IN THE BUSINESS OF LEASING TAXICABS. TO DO ANY AND ALL THINGS NECESSARY TO CARRY ON THE ABOVE PURPOSES.

**ARTICLE III**

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CNP	\$0.00000	15,000	\$0.00	100

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

**ARTICLE IV**

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

NONE

**ARTICLE V**

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:



ANY STOCKHOLDER, INCLUDING THE HEIRS, EXECUTORS OR ADMINISTRATORS OF A DECEASED STOCKHOLDER, DESIRING TO SELL OR TRANSFER THE STOCK OWNED BY HIM OR THEM SHALL FIRST OFFER IT TO THE CORPORATION THROUGH THE BOARD OF DIRECTORS, IN THE MANNER FOLLOWING: HE SHALL NOTIFY THE DIRECTORS OF HIS DESIRE TO SELL OR TRANSFER BY NOTICE IN WRITING, WHICH NOTICE SHALL CONTAIN THE PRICE AT WHICH HE IS WILLING TO SELL OR TRANSFER, AND THE NAME OF ONE (1) ARBITRATOR. THE DIRECTORS, SHALL WITHIN THIRTY (30) DAYS THEREAFTER EITHER ACCEPT THE OFFER, OR BY NOTICE IN WRITING, NAME A SECOND ARBITRATOR, AND THESE TWO SHALL NAME A THIRD. IT SHALL THEN BE THE DUTY OF THE ARBITRATORS TO ASCERTAIN THE VALUE OF THE STOCK, AND IF ANY ARBITRATOR SHALL NEGLECT OR REFUSE TO ATTEND AT ANY MEETING APPOINTED BY THE ARBITRATORS A MAJORITY MAY ACT IN THE ABSENCE OF SUCH ARBITRATOR. AFTER THE ACCEPTANCE OF THE OFFER OR THE REPORT OF THE ARBITRATORS AS TO THE VALUE OF THE STOCK, THE DIRECTORS SHALL HAVE THIRTY (30) DAYS, WITHIN WHICH TO PURCHASE THE STOCK AT SUCH VALUATION, BUT IF AT THE EXPIRATION OF THIRTY (30) DAYS, THE CORPORATION SHALL HAVE NOT EXERCISED THE RIGHT SO TO PURCHASE, THE OWNER OF THE STOCK SHALL BE AT LIBERTY TO DISPOSE OF THE STOCK IN ANY MANNER HE MAY SEE FIT. NO SHARES OF STOCK SHALL BE SOLD OR TRANSFERRED ON THE BOOKS OF THE CORPORATION UNTIL THESE PROVISIONS HAVE BEEN COMPLIED WITH BUT THE BOARD OF DIRECTORS, MAY, IN ANY PARTICULAR INSTANCE, WAIVE THE REQUIREMENTS.

#### ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

THE CAPITAL STOCK OF THIS CORPORATION IS ISSUED UNDER THE RULES AND REGULATIONS OF SECTION 1244, PARAGRAPH 4770 OF THE INTERNAL REVENUE CODE.

**Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.**

#### ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the *90th day* after the articles are received for filing.

**Later Effective Date: Time:**

#### ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

**a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:**

Name: MARIE GENEUS  
No. and Street: 119 BRAINTREE ST.  
City or Town: ALLSTON State: MA Zip: 02134 Country: USA

**c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	MARIE GENEUS	69 ALDER ST., APT. 1 ALLSTON, MA 02134 USA
TREASURER	MARIE GENEUS	69 ALDER ST., APT. 1 ALLSTON, MA 02134 USA
SECRETARY	MARIE GENEUS	69 ALDER ST., APT. 1 ALLSTON, MA 02134 USA
DIRECTOR	MARIE GENEUS	69 ALDER ST., APT. 1 ALLSTON, MA 02134 USA

**d. The fiscal year end (i.e., tax year) of the corporation:**  
December

**e. A brief description of the type of business in which the corporation intends to engage:**

TAXICAB, TRANSPORTATION

**f. The street address (post office boxes are not acceptable) of the principal office of the corporation:**

No. and Street: 119 BRAINTREE ST.  
City or Town: ALLSTON State: MA Zip: 02134 Country: USA

**g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):**

No. and Street: 119 BRAINTREE ST.  
City or Town: ALLSTON State: MA Zip: 02134 Country: USA

which is

its principal office  
 an office of its secretary/assistant secretary  
 an office of its transfer agent  
 its registered office

**Signed this 16 Day of April, 2014 at 12:53:44 PM by the incorporator(s).** *(If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)*

MARIE GENEUS, PRESIDENT

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

April 16, 2014 12:51 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Cab Co, Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 6176281081 evening: 6176286666

I, (print name) Gerald R. Chaille, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 26<sup>th</sup> day of March, 2014. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 16602      # 146007011      # 1329      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED  
3/20/14


**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

IKE, Inc.

**\* Signature of Individual or Corporate Name (Mandatory)**



**By: Corporate Officer (Mandatory, if a corporation)**

EIN 042-778092

**\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)**

**\* This license will not be issued unless this certification clause is signed by the applicant.**

**\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.**



**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



## Corporations Division

### Business Entity Summary

ID Number: 042778092

[Request certificate](#)

[New search](#)

Summary for: **IKE, INC.**

<b>The exact name of the Domestic Profit Corporation:</b> IKE, INC.		
<b>Entity type:</b> Domestic Profit Corporation		
<b>Identification Number:</b> 042778092		<b>Old ID Number:</b> 000188818
<b>Date of Organization in Massachusetts:</b> 12-23-1982		
<b>Last date certain:</b>		
<b>Current Fiscal Month/Day:</b> 12/31		<b>Previous Fiscal Month/Day:</b> 00/00
<b>The location of the Principal Office:</b>		
Address: 600 WINDSOR PLACE		
City or town, State, Zip code, SOMERVILLE, MA 02143 USA		
Country:		
<b>The name and address of the Registered Agent:</b>		
Name: CHERYL L. HORAN		
Address: 600 WINDSOR PLACE		
City or town, State, Zip code, SOMERVILLE, MA 02143 USA		
Country:		
<b>The Officers and Directors of the Corporation:</b>		
Title	Individual Name	Address
PRESIDENT	GERALD R. CHAILLE	65 COONS POINT RD., BELMONT, NH 03220 USA
PRESIDENT	GERALD R. CHAILLE	65 COONS POINT RD., BELMONT, NH 03220 USA
TREASURER	GERALD R. CHAILLE	65 COONS POINT RD., BELMONT, NH 03220 USA
SECRETARY	CHERYL L. HORAN	10 PLEASANT HILL LN., METHUEN, MA 01844 USA
DIRECTOR	GERALD R. CHAILLE	65 COONS POINT RD., BELMONT, NH 03220 USA
<b>Business entity stock is publicly traded:</b> <input type="checkbox"/>		

## Purchase and Sale Agreement

- Parties** 1. Agreement made between **Ike, Inc. C/o Gerald Chaille, 600 Windsor Pl. Somerville, MA 02145 SELLER**, and  
**Marie Geneus or corporate nominee, 69 Alder St., Waltham, MA 02453 BUYER**
- Med. #** 2. **SELLER** will sell and **BUYER** will buy Medallion No **61**, issued by: Board of Alderman of the City of Somerville, for the year 2014
- Price** 3. The sales price is **\$335,000.00**
- Deposit** 4. The **BUYER** gives a deposit of **\$ 50,000.00** which will be held in escrow, without interest, by **THE SELLER** and applied toward purchase price at time of sale. The balance of **\$285,000.00** will be financed from a loan given by **IKE, Inc.** to the corporate nominee of Marie Geneus. Failure of the **BUYER** to perform for any reason other than the contingencies contained herein will result in the forfeiture of **\$10,000.00** of the deposit to the **SELLER**.
- SELLER's warranties** 5. The **SELLER** warrants:
- A. The medallion has not been pledged or mortgaged.
  - B. That there are no outstanding court orders or judgement preventing the sale of the medallion.
  - C. That there are no other parties, except those named in this agreement, who have any interest or claim in the medallion.
  - D. That the **SELLER** will deliver a good, clear marketable title to the **BUYER**.
- SELLER** agrees to comply with all legal requirements set forth by **BUYERS'** Attorney, or if purchase is financed, by the financing institution's attorney, to accomplish this.
- BUYER** will have the right to use the purchase funds to obtain releases and discharges of any outstanding liens or impediments to sale and the **SELLER** will be responsible for any filing costs of these releases and discharges.



Signing of Hackney Papers 6.

Both parties will sign all necessary documents to obtain Hackney approval of transfer within 5 days of signing of this agreement; if BUYER has a financing contingency, then parties will sign within 5 days from loan approval.

Delivery and place Sale 7.

Delivery of the medallion will be made at time of sale which will take within 15 days from date of Hackney approval, unless otherwise agreed upon by the parties.

The sale will take place at the office of Financing Institution's Attorney, or if no financing involved, then at a place mutually agreed upon between the parties.

Hackney Approval 8.

It is understood by both parties that this sale and transfer is subject to approval of the Board of Alderman of the City of Somerville.

Financing 9.

Buyer agrees to finance purchase as per schedule A under terms agreed which include right of first refusal and membership with Green Cab Association. Allocation of sales price as to medallion and membership agreement will be made at time of sale, as agreed upon.

Parties Acknowledgments 10.

*The parties acknowledge that they have been afforded the opportunity to have this agreement reviewed by counsel of their choice. The parties acknowledge that they understand that this agreement is a valid, binding contract, and that it cannot be changed or modified unless in writing by both parties.*

Signed and sealed, in triplicate, this 15<sup>th</sup> day of April, 2014

SELLER

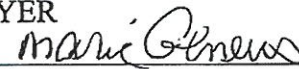
Witness:



IKE, Inc.

By   
Gerald Chaille

BUYER

  
Marie Geneus