

## APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date June 2, 2014

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business (DBA) Name: Winter Hill Bank, FSB Phone: 617-666-8600

Applicant's Federal Employer Identification Number: 04-1980523

Applicant's Legal Name: Winter Hill Bank, FSB

Applicant's Address (with Zip Code): 337 Broadway, Somerville, MA 02145

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: Sandra L. McGoldrick Phone: 617-666-8600

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

☐ **Sole Proprietor:** Name of Owner: \_\_\_\_\_

☐ **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ **Corporation:** Name of Corporation: Winter Hill Bank, FSB

Name of President: Sandra L. McGoldrick

Name of Secretary Pauline M. D'Aurora Name of Treasurer: Richard J. Erickson

☐ **LLC:** Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

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

2014 JUN -3 P 3:59  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Name of company erecting sign: Metro Sign & Awning

Phone: 978-851-2424

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_

SEE ATTACHED

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this permit. This permit 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 City of Somerville. 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.

Signature of Applicant: Sandra L. McGoldrick Date: June 2, 2014

Print Name: Sandra L. McGoldrick, Pres./CEO Phone: 617-666-8600

### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district:      True      False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: John Driscoll Date: 6/3/14

Print Name: John Driscoll Title: LBI

### HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

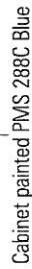
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends      Approval      Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_





## QTY: 1

337 Broadway

Rev. 2-1-10, 14 rev., scale no.  
Rev. 3-4-7, 14 rev., size.

**Approval:** \_\_\_\_\_ Date \_\_\_\_\_

This design/drawing is copyrighted: © 2013 Metro Sign & Awning, Inc.  
No part of this drawing may be reproduced, copied or exhibited in any  
fashion without written consent from Metro Sign & Awning, Inc.

**Sales Rep.:**  
Tom Dunn

Design: JP DC P.Mgr.: Work Order: 12533 Drawing #: 13-11334-1r3

JOB: 4.18.14



170 Lorum Street Tewksbury, MA 01876

Phone: 978.851.2424

**Fax: 978.851.2022**

**Release to Production:**

**Dwg. Date:** 8.14.13

Day: 4, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 84

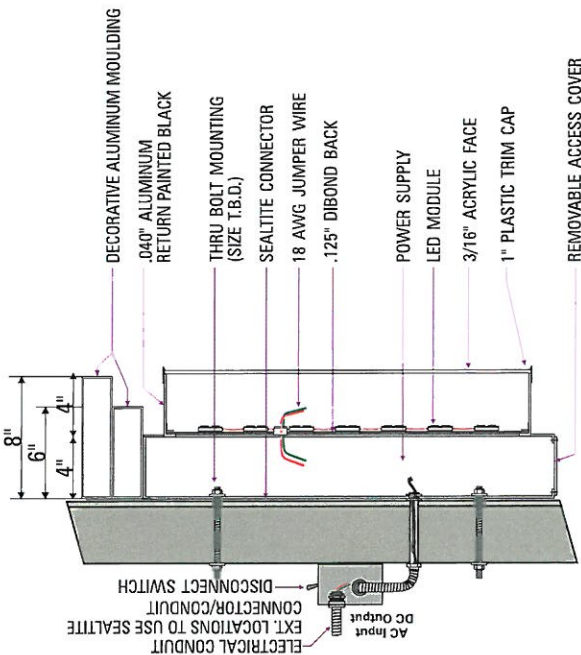
Rev. 2-1-10, 14 rev., scale no.  
Rev. 3-4-7, 14 rev., size.

**Approval:** \_\_\_\_\_ Date \_\_\_\_\_

**Sales Rep.:**  
Tom Dunn

Design: JP DC P.Mgr.: Work Order: 12533 Drawing #: 13-11334-1r3



QTY: 1

337 Broadway

Rev. 2-1-10.14 rev. scale  
Rev. 3-07-12 rev. SINS

**Release to Production:**

**Approval:** \_\_\_\_\_ Date \_\_\_\_\_ X

fashion without written consent from Metro Sign & Awning, Inc.

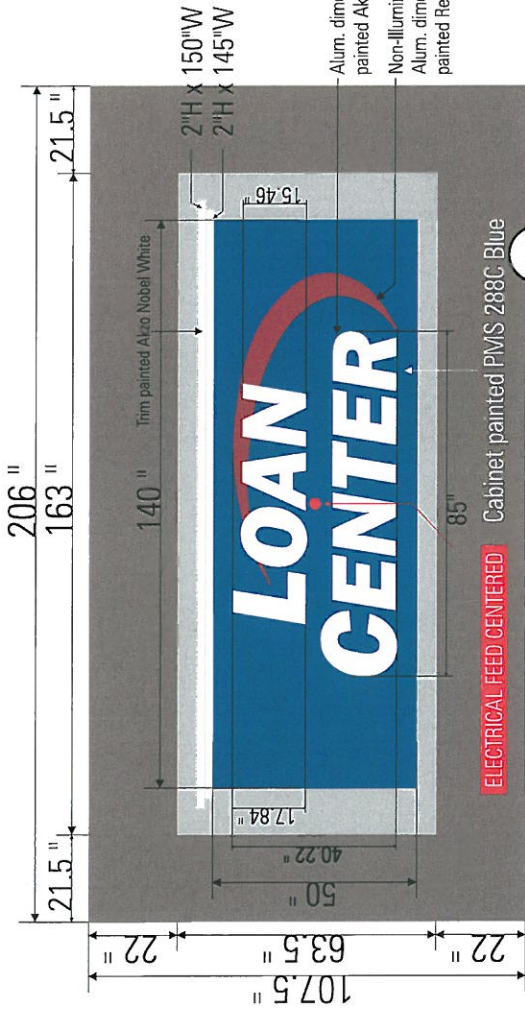
☐ Approved ☐ Approved As Noted ☐ Revise and Resubmit

Noted ☒ Revise and Resubmit

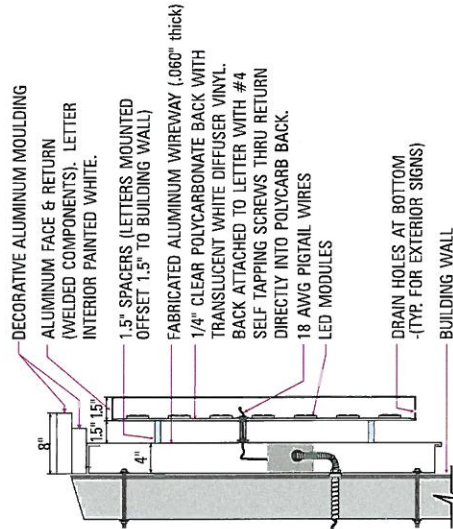
<b>Sales Rep.:</b> Tom Dunn	<b>Design:</b> JP	<b>P.Mgr.:</b> DC	<b>Work Order:</b> 12533	<b>Drawing #:</b> 13-11334-2r3
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A.2 Loc. 2



Side View

## HALO LIT CHANNEL LETTERS ON WIREWAY

QTY. 1

www.metrodesign.net

Fax: 978.851.2022

Phone: 978.851.2424

170 Lorum Street Tewksbury, MA 01876

Customer/Job location:

Winter Hill Bank  
337 Broadway

Dwg. Date: 8.14.13 Release to Production:

Rev 1: 8.16.13 rev. scale not shown  
Rev 2: 12.19.14 photo option.  
Rev 3: 4.17.14 rev. sales.

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Approval: ☒ Approved ☐ Revis and Resubmit

Sales Rep: Tom Dunn

Design: P.Mgr: JP

Work Order: 12533

Drawing #: 13-11334-3r3

JOB: 4.18.14







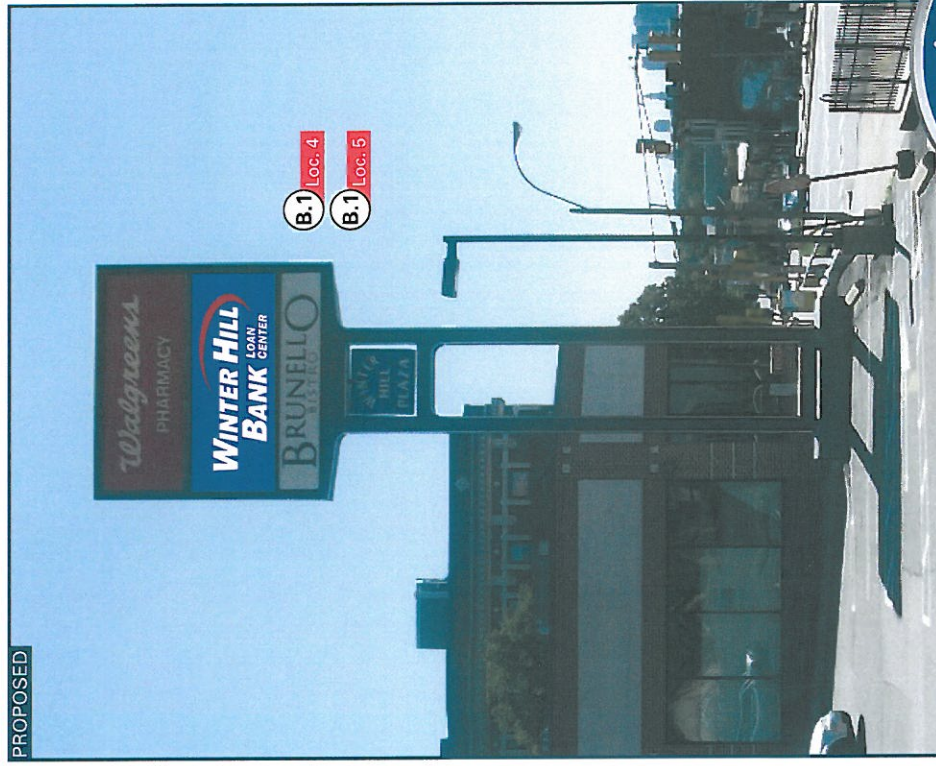
Face Replacements:

Material: .375" thick polycarbonate.  
Translucent vinyl graphics applied to faces.

Colors:

- 3M Trans. #83 Regal Red
- 3M Trans. #157 Sultan Blue

**B.1** Loc. 4  
**B.1** Loc. 5



PROPOSED

**B.1** Loc. 4  
**B.1** Loc. 5

## FACE REPLACEMENTS

QTY. 2

www.metrodesign.net

Fax: 978.851.2022

Phone: 978.851.2424

170 Lorum Street Tewksbury, MA 01876

Customer/Job Location:

Winter Hill Bank

337 Broadway

Dwg. Date: 8.14.13 Release to Production:

Rev. 1: 12.13.14 Rev. 2: 12.13.14

Rev. 3

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Approval: ☒ Approved ☐ Approved As Noted ☐ Revise and Resubmit

Sales Rep:

Tom Dunn

Design: P/Ngr: Work Order: Drawing #:

JP DC 12533 13-11334-41





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	MASSACHUSETTS FINANCIAL SERVICES INSURANCE AGENCY, INC 60 HARTFORD PIKE, P.O. BOX 835 DAYVILLE, CT 06241	CONTACT NAME: PHONE (A/C, No, Ext): 860-774-1771 FAX (A/C, No): 860-774-2297 E-MAIL ADDRESS: EMAIL@ADDRESS.COM PRODUCER CUSTOMER ID #:
INSURED	WINTER HILL BANK, FSB, WINTER HILL SERVICE CORP. AND WINTER HILL SECURITIES CORPORATION  342 BROADWAY SOMERVILLE, MA 02145	INSURER(S) AFFORDING COVERAGE INSURER A: ATLANTIC SPECIALTY INSURANCE INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		712-00-80-79-0005	3/1/14	3/1/15	MED EXP (Any one person) \$ 10,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
							GENERAL AGGREGATE \$ 2,000,000.00
							PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS DTH-ER
	ANY PROPRIETDR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	PROPERTY COVERAGE	X		712-00-80-79-0005	3/1/14	3/1/15	E.L. DISEASE - POLICY LIMIT \$
							\$7,766,320. BLANKET PROPERTY LIMIT; \$1,000 DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THE CITY OF SOMERVILLE, MA IS AN ADDITIONAL INSURED FOR LIABILITY PURPOSES ONLY FOR THE INSTALLATION OF NEW SIGN AT 337 BROADWAY, SOMERVILLE, MA. CERTIFICATE IS VALID FROM 5/29/2014 THRU 3/1/2015.

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF SOMERVILLE ATTN: JOHN J. LONG, CITY CLERK 93 HIGHLAND AVENUE SOMERVILLE, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

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CITY OF SOMERVILLE, MASSACHUSETTS  
Treasury Department  
JOSEPH A. CURTATONE  
MAYOR  
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: Winter Hill Bank as required by Inspectional Services for the issuance of a building permit.

BUSINESS LOCATION: 337 & 341 Broadway Somerville, MA (New office) AND/OR

TAXPAYER'S HOME ADDRESS: 339 Broadway

TAXPAYER/APPLICANT PHONE: DAY: EVENING:

BUSINESS NAME:

BUSINESS ID NUMBER: BUSINESS PHONE:

I (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

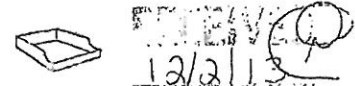
**REAL ESTATE ID	**WATER/SEWER ID	**PERSONAL PROPERTY	**OTHER
2064	201005021 201005011	N/A	

NOTES:

CLERKS INITIALS:

BUSINESS or BUILDING  
PERMIT

ORIGINAL STAMP







# Workers Compensation and Employers Liability Insurance Policy

OBI National Insurance Company

## Information Page

Rewrite of No  
Renewal of No 406-02-00-76-0004

Policy Number: 406-02-00-76-0005

NCCI # 10459

### Item 1. INSURED. The Insured and Mailing Address:

WINTER HILL BANK, FSB  
(SEE SCHEDULE OF NAMED INSURED)  
342 BROADWAY  
SCHEMERVILLE, MA 02143-2808

ID#

FEIN 041960133

Other workplaces not shown at left:  
SEE SCHEDULE OF LOCATIONS

☐ INDIVIDUAL ☐ PARTNERSHIP ☒ CORPORATION ☐ OTHER

Item 2. POLICY PERIOD. From March 01, 2014 To March 01, 2015

12:01 A.M. STANDARD TIME AT THE  
INSURED'S MAILING ADDRESS

### Item 3. COVERAGE.

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here  
MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A.

The Limits of our liability under Part Two are:

Bodily Injury by Accident

\$ 500,000 each accident

Bodily Injury by Disease

\$ 500,000 policy limit

Bodily Injury by Disease

\$ 500,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except NY, ND, OH, WA, WY and states designated in Item 3A  
of the information page.

D. This policy includes these endorsements and schedules: SEE SCHEDULE OF FORMS

Item 4. PREMIUM. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates  
and Rating Plans. All information required below is subject to verification and change by audit

Classifications	Code No.	Premium Basis Total Estimated Remuneration	Rate Per \$100 of Remuneration	Estimated Premium
See Extension of Information Page Voluntary Comp				\$,040.00 100.00
Expense Constant Charge				334.00
Minimum Premium	\$274 (MA)	Interim Adjustments	Deposit Premium	\$5,474.00
			Total Estimated Cost	\$5,474.00

Representative

Agent or Broker  
Address

MASSACHUSETTS FINANCIAL SERVICE  
INSURANCE AGENCY, INC.  
PO BOX 835  
DAYVILLE, CT 06241

DATE OF ISSUE: 03/11/14

☐ This is a Three Year Fixed Rate Policy

SERVICING

MASSACHUSETTS FINANCIAL  
SERVICES INS. AGENCY, INC.

Countersigned by

BY: *Sherrill Beardon* Date: 3-26-14

Effective 03/01/2014 this endorsement forms a part of Policy No 406-02-66-78-0005  
(At the time stated in the policy)  
issued to WINTER HILL BANK, FSB

Producer: MASSACHUSETTS FINANCIAL SERVICE  
INSURANCE AGENCY, INC.

By OBI National Insurance Company

ENDORSEMENT 2

(The information provided for above is required to be completed only when this  
endorsement is issued for attachment to the policy subsequent to its effective date.)

**This form is not applicable to California.**

SCHEDULE OF LOCATIONS

Loc	# Employees	Address
1	38	342 BROADWAY SOMERVILLE, MA 02145-2808
2	17	5 CUTTER AVE SOMERVILLE, MA 02144-2909
3	5	691 BROADWAY SOMERVILLE, MA 02144-2224
4	8	271 MAIN ST NORTH READING, MA 01864-1301
5	1	337 & 341 BROADWAY SOMERVILLE, MA 02145-2407

All other terms and conditions of this Insurance remain unchanged.

3 4-11-0649 03/11/2014 DDS CPW PR 1.000

MASSACHUSETTS FINANCIAL  
SERVICES INS. AGENCY, INC.

BY:

*Shereen A. Pearson*

Authorized Representative