

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE. DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

2009

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION 1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

CORESITE REAL ESTATE 70 INNERBELT, LLC. 1050 17TH STREET, SUITE 800 DENVER CO 80265 4444

Lic#: F-2009-216 B.O.A.#: 186144 Fee: \$500.00

CITY OF SOMERVILLE OFFICE MAR 23 2009

Restricted to: 100,000 Gallons Total

Restricted as follows;

OIL ABOVE GROUND TO POWER EMERGENCY GENERATOR INCREASED THE FUEL STORAGE PERMIT FROM THE PRESENT 5,500 US GALLONS TO 7,500 US GALLONS ON 09/27/2001. NEW FLAMMABLE LICENSE TO CRG WEST 70 INNER BELT, LLC 70 INNER BELT RD. 100,000 GALLONS. operational 24 hours a days and seven days a week.

Is the holder of the license originally granted 05/11/2000 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00070 INNER BELT RD as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: CORESITE REAL ESTATE 70 INNERBELT, LLC. TEL: 303-405-1000 Company Address: 00070 INNER BELT RD

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: ___ Agency ___ Ship ___ Other Gov't Partner

Owner Name: CORESITE REAL ESTATE 70 INNERBELT, LLC. TEL: 303-405-1000 Owner Address: 1050 17TH STREET, SUITE 800

Owner City: DENVER State: CO Zip: 80265 FID#: 208068170

This Application must be signed and filed with the required fee no later than April 30, 2009. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2009 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner [checked] Occupant ___ Holder ___

Signature of Applicant: [Handwritten Signature]

Address: 1050 17th St, Suite 800

City: Denver State: CO Zip: 80265

** Office Use Only ** Mailed ___ Taken ___ Received: 3-23-2010 CK 002197 \$500 - City Clerk

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.

✓ CoreSite Real Estate 70 Innerbelt, L.L.C.

* Signature of Individual or Corporate Name (Mandatory)



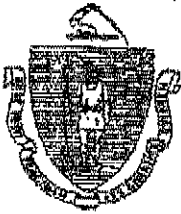
By: Corporate Officer (Mandatory, if a corporation)

✓ 20-8068170

** 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.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

name: CoreSite Real Estate 70 Innerbelt, L.L.C.
address: 1050 17th Street, Suite 800
city: Denver state: CO zip: 80202 phone #: 303-405-1000

work site location (full address): 70 Innerbelt Road, Somerville, MA 02143

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.) Other
I am an employer with 0 employees (full & part time).

I am an employer providing workers' compensation for my employees working on this job.

company name:
address:
city:
state:
zip:
phone #:
insurance co:

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:
address:
city:
state:
zip:
phone #:
insurance co:
policy #:

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

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

Signature: [Signature] Date: April 2, 2010
Print name: Thomas M. Ray, Vice President Phone #: 303-405-1000

Official use only do not write in this area to be completed by city or town official
city or town:
permit/license #:
check if immediate response is required
contact person: phone #:
Building Department
Licensing Board
Selectmen's Office
Health Department
Other



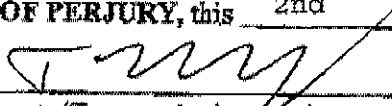
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: CoreSite Real Estate 70 Innerbelt, L.L.C.
- 2. Address of taxpayer/applicant's business in Somerville: 70 Innerbelt Rd., Somerville
- 3. Address of taxpayer/applicant's home in Somerville: N/A
- 4. Taxpayer/applicant's phone: day: 303-404-1000 evening: 518.225.5977

I, Thomas M. Ray, 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 2nd day of April, 20 10.

(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 ^{mt + Hous}
 Personal Property
 Other: _____
#06235115
 551002012
 # NO ACC
 # _____
551002015
 # _____
551002016

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBanaw
4-21-10