

2010 CERTIFICATE OF REGISTRATION

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

PROSPECT-HOUGHTON REALTY TRUST
P.O. BOX 448
SOMERVILLE MA 02143

LIC #: 2010-081
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:
Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: INMAN CAPITAL CARS D/B/A INMAN MOTOR SALES TEL: 617-232-4258
Company Address: 00121 -00123 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Other
HOLDERS Name: PROSPECT-HOUGHTON REALTY TRUST TEL: 617-232-4258
Owner Address: P.O. BOX 448

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043392340

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-07:00 PM
SATURDAY: 08:00 AM-03:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-081
FEE: \$500.00

This is to certify: PROSPECT-HOUGHTON REALTY TRUST
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/24/1985

Garage situated at: 00121 -00123 PROSPECT ST
Doing business as : INMAN CAPITAL CARS D/B/A INMAN MOTOR SALES
Shall not exceed: 4 Vehicles Inside

in addition the following restrictions apply:

TRANSFERRED FROM JORGO BORBOREMA & EDWARD PIRES ON 7/12/90 TO EMILSON SA
TRANS. 4/97 TO PROSPECT-HOUGHTON. AMENDED 08/11/2005, BOA 179463.
NO SPRAY PAINTING. NOT TO EXCEED 50 VEHICLES ON BOTH LOTS.
AMENDED: AUGUST 29, 2006 PER GEORGE LANDERS 46 ON THE LOT AND 4 INSIDE.
AMENDED: 4/24/2008, BOA #185430, 4 AUTOS INSIDE AND NO AUTOS OUTSIDE.

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

Check One: Owner X Occupant Holder

Signature of Applicant
Stephen R. Wyner, Trustee of Prospect
Houghton Realty Trust

Address
P.O. Box 448
Somerville, MA 02143
City State Zip

** Office Use Only **

Mailed
Taken

Received: CK 125
\$500-
City Clerk



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

ELIZABETH CRAVEIRO
 TREASURER & COLLECTOR

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Name of person requesting certificate: Stephen R. Wyner
- Business Location: Prospect Houghton Realty Trust
121-123 Prospect Street

AND/OR

- Taxpayer's Home Address: _____
 Phone: day: 617-232-4258 evening: 617-923-9408
- Business Owner's Home Address: _____
 Business Owner's Phone: day: _____ evening: _____
- Business I.D. Number _____

I, Stephen R. Wyner, 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 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 3rd day of March, 2010.

Steph R Wyner
 (Business/Real Estate Owner's signature)

Stephen R. Wyner
 Please Print Owner's Name

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

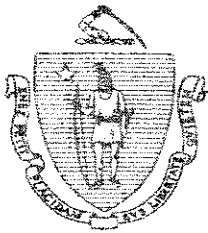
- Real Estate Water/Sewer Personal Property Other: _____
- # 23719087 # 125086001 # _____ # _____

CLERK'S INITIALS: A

ORIGINAL STAMP:

Received
2-2-10

PLEASE CHECK:: _____ BUSINESS PERMIT OR _____ BUILDING PERMITS



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

Applicant information: Please PRINT legibly

name: Stephen R. Wyner, Trustee of Prospect Houghton Realty Trust

address: P.O. Box 448

city: Somerville state: MA zip: 02143 phone # 617-923-9408

work site location (full address): 121-123 Prospect Street, 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.)
- I am an employer with _____ employees (full & part time). Other Trust with no employees
- I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

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

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

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 years' 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 Steph R Wyner Date April 5, 2010

Print name Stephen R. Wyner Phone # 617-923-9408

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

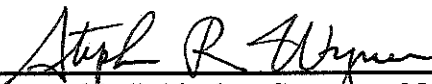
contact person: _____ phone #: _____

(revised Sept. 2003)

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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.