

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/2016

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

PHONE (ACC, No. Ext): 847-823-0200 FAX (ACC, No.):  20 Renaissance Dr.   Suite 105   Park Ridge, IL 60068  PHONE (ACC, No. Ext): 847-823-0200 FAX (ACC, No.):    Insurer a : United States Liability Insurance Company	certificate holder in lieu of such endors	CON	CONTACT NAME:						
UNED  The Glass Connection LLC 2550 S Scott St Des Plaines, IL 60018  **SURER B : **NSURER B :		NCE PHO	PHONE (A/C, No. Ext): 847-823-0200 FAX (A/C, No):						
UNED  The Glass Connection LLC 2550 S Scott St Des Plaines, IL 60018  **SURER B:**  **INSURER B:**  **INSURER C:**  **INSURER B:**  **INSURER	•	E-MA							
INSURER A: United States Liability Insurance Company  The Glass Connection LLC 2550 S Scott St Des Plaines, IL 60018    Subser B :	420 Nortalissanio Di.   Guito 100   1 and 10	ago,		AUU					NAIC #
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2550 S Scott St Des Plaines, IL 60018    MSURER E :   INSURER E :   INSU									
NSURER E: INSURER F:									
INSURER F:    INSURER F:   REVISION NUMBER:   REVIS									
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 PER NOICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  OF DOLICY PEOL LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED  AUTOS  HIRED AUTOS  AUTOS  HIRED AUTOS  AUTOS  AUTOS  HIRED AUTOS  AUTOS  AUTOS  WORKERS COMPENSATION  AUTOS  WORKERS COMPENSATION  ADD RETERTIONS  N/A  WORKERS COMPENSATION  AND REPRESENCE FAIR BUILDING  N/A  WORKERS COMPENSATION  AND PROPRIETOR/PARTHENE/EXCUTIVE  OFFICEMEMBER EXCLUDED?  (Mandatory in INI)  If yes, describe useds  EL DISEASE - POLICY LIMIT   S  EL DISEASE - POLICY LIMIT   S									
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SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DESCRIPTION OF OPERATIONS DOIOW						2.2. 0102/02 7 02:07 2::::::::		
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	ERTIFICATE HOLDER	1		CA	NCELLATION				
ERTIFICATE HOLDER CANCELLATION	The Glass Connection LLC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS	The Glass Connection LLC				HORIZED REPRESE				

Date of this notice: 11-23-2015

Employer Identification Number: 47-5648166

Form: SS-4

Number of this notice: CP 575 G

GLASS CONNECTION LLC CARLOS ANDRADE SOLE MBR 2550 S SCOTT ST DES PLAINES, IL 60018

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5648166. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

## IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is GLAS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

