



*Troy Parlier,  
Village President*

100 Parkers Mill • Oswego, IL 60543 • (630) 551-2350  
Website: <http://www.oswegoil.org>

---

June 10, 2020

Director's Office  
Illinois Department of Commerce and Economic Opportunity  
500 East Monroe  
Springfield, Illinois 62701

Dear Director:

The Village of Oswego is submitting an application for an Economic Development Downstate Small Business Stabilization grant under the Community Development Block Grant (CDBG) Program. The grant request is in the amount of \$25,000 to be used to provide working capital needs for DeMont Guitars LLC. DeMont Guitars has been a part of the Oswego community since 2009 and normally employs two fulltime employees. DeMont Guitars has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Very truly yours,

A handwritten signature in black ink that reads "Troy Parlier".

Troy Parlier  
Village President  
Village of Oswego



# Illinois Department of Commerce & Economic Opportunity

## Uniform Application for State Grant Assistance

### Agency Completed Section

1. Type of Submission  Pre-Application  
 Application  
 Changed / Corrected Application

2. Type of Application  New  
 Continuation (i.e. multiple year grant)  
 Revision (modification to initial application)

3. Date/Time Received By State (Completed by State Agency upon Receipt of Application)

4. Name of Awarding State Agency

5. Catalog of State Financial Assistance (CSFA) Number

6. CSFA Title

Catalog of Federal Domestic Assistance (CFDA)  Not Applicable (No federal funding)

7. CFDA Number

8. CFDA Title

9. CFDA Number

10. CFDA Title

Additional CFDA Number, if required

Additional CFDA Title, if required

### Funding Opportunity Information

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification  Not Applicable

13. Competition Identification Number

14. Competition Identification Title

**Applicant Completed Section**

**Applicant Information**

15. Legal Name (Name used for DUNS registration and grantee pre-qualification)

16. Common Name (DBA)

17. Employer/Taxpayer identification number (EIN, TIN)

18. Organizational DUNS Number

19. SAM Cage Code

20. Business Address (Address 1) (Address 2) (City), (State), (zip - 4)

**Applicant's Organizational Unit**

21. Department Name

22. Division Name

Applicant's Name and Contact Information for Person to be Contacted for **Program** Matters involving this Application.

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

Applicant's Name and Contact Information for Person to be Contacted for **Business/Administrative Office** Matters involving the Application.

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E mail Address

**Areas Affected**

39. Areas Affected by the Project (cities, counties, state wide, add attachments e.g. maps)

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

**Applicant's Project**

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

Amount Requested from the State

Applicant Contribution (e.g., in kind, matching)

Local Contribution

Other Source of Contribution

Program Income

Total Amount

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\* ) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

I Agree

**Authorized Representative**

45. First Name

46. Last Name

47. Suffix

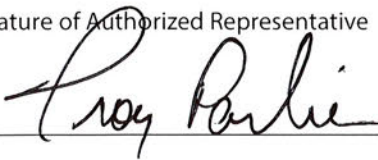
48. Title

49. Telephone Number

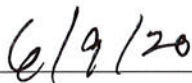
50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed



**CDBG APPLICANT PROJECT INFORMATION  
ECONOMIC DEVELOPMENT COMPONENT**

**I. PRE-APPLICATION REQUIREMENTS**

7/27/16 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL ([www.grants.illinois.gov](http://www.grants.illinois.gov))

DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ) Does not need to be completed at time of application but  
5/4/20 must be prior to grant award.

**Council Resolution Information**

Council Resolution Support Date (MM/YY/DD):	
Resolution Number:	

**II. Amount of Funding Request: \$ 25,000**

FINANCING GAP - For Economic Development Grants, this argument will demonstrate that a business can raise only a portion of the financing necessary to stay in business. Documentation must be provided within the application which supports the argument. Written evidence to include the business's most recent bank statement, completion of the Net Income Verification, Monthly Budget and Employee Status Documentation. The Department will consider other forms of documentation to demonstrate the lack of permanent working capital in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, etc.

**III. APPLICATION WRITER**

First Name	Corinna		
Last Name	Cole		
Title	Economic Development Director		
Agency Name	Village of Oswego		
Agency Type	Local government		
Mailing Address	100 Parkers Mill, Oswego IL 60543		
Telephone	630.551.2334	Email	<a href="mailto:ccole@oswegoil.org">ccole@oswegoil.org</a>
Federal Employer Identification Number	[REDACTED]		

**IV. BENEFITING BUSINESS INFORMATION****Name of Business this application is in support of:**Supported Business Name: DeMont Guitars LLC

Is Business operating under an Assumed Name? (see 805 ILCS 405)

 Yes, registered in \_\_\_\_\_ County  NoSupported Business Address 1: 61A Stonehill Road

Supported Business Address 2: \_\_\_\_\_

Supported Business City: OswegoSupported Business State: IllinoisSupported Business Zip: 99999-9999: 60543Supported Business Phone Number 3474336668

Supported Business E-Mail Address: \_\_\_\_\_

Supported Business FEIN or ITIN: [REDACTED]Supported Business DUNS (if not available, insert N/A): [REDACTED]Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> [REDACTED]**Supported Business Authorized Signatory Contact:***Signatory must sign Participation Agreement and Business Certification Form*Last Name: DeMontFirst Name: NathanielTitle: OwnerDaytime Phone: 3474336668Home Phone: [REDACTED]E-Mail: Nate@DeMontGuitars.comHas this business received federal or state funding (loans, grants or other assistance) related to the COVID19 emergency?  No  Yes If yes, provide the name/type of assistance and amount:Funding Program Name: SBA (loan) Amount Received: \$ 8725Funding Program Name: Village of Oswego Restart (loan) Amount Received: \$ 5000BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy or insolvency procedures?  No  Yes If yes, provide details:

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?

 No  Yes If yes, provide details

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	Village of Oswego	DUNS#	[REDACTED]	NOFO #	[REDACTED]
CSFA Number:	[REDACTED]	CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				\$	53,920.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200		TOTAL EXPENDITURES	
15. <u>Working Capital</u>				\$	53,920.00
18. Total Costs State Grant Funds				\$	53,920.00



Organization Name:

Village of Oswego

NOFO #

2398-1381

**SECTION - A (continued) Indirect Cost Rate Information**

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1)  Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

*NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)*

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a)  Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

*NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)*

2b)  Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

*NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)*

3)  Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(i) & (200.68)).

*NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)*

4)  For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

\_\_\_\_\_ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or;

\_\_\_\_\_ Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is \_\_\_\_\_ %

5)  No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)

Approving Federal/State agency (please specify): \_\_\_\_\_

The Indirect Cost Rate is: \_\_\_\_\_ 0 %      The Distribution Base is: \_\_\_\_\_

<b>CERTIFICATION</b>	<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>	<b>AGENCY: Commerce &amp; Economic Opportunity</b>
Organization Name: Village of Oswego	CSFA Description: Downstate Small Business Stabilization	NOFO # [REDACTED]
CSFA # [REDACTED]	DUNS # [REDACTED]	Fiscal Year(s): 2020

(2 CFR 200.415)

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Village of Oswego  
Institution/Organization

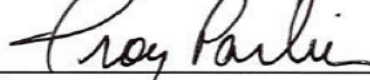
  
Signature

Mark Horton  
Name of Official

Finance Director  
Title  
Chief Financial Officer (or equivalent)  
9-Jun-20

Date of Execution

Village of Oswego  
Institution/Organization

  
Signature

Troy Parlier  
Name of Official

Village President  
Title  
Executive Director (or equivalent)  
9-Jun-20

Date of Execution

**Note: The State awarding agency may change required signers based on the grantee’s organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.**

## Section C - Budget Worksheet & Narrative

Village of Oswego

**15). Working Capital:** Costs directly related to the service or activities of the business.

Description	Quantity	Basis	Cost	Length of time	Capital Cost
Personnel (Salaries and Wages) hourly	4	625	\$ 2,500.00	2	\$ 20,000.00
Personnel (Salaries and Wages) Salary					\$ -
Fringe Benefits	1	300	\$ 300.00	2	\$ 600.00
Occupancy (Rent/Mortgage Payments)	1	1700	\$ 1,700.00	2	\$ 3,400.00
Utilities (Electrical, Gas, Water, Sewer)	1	1000	\$ 1,000.00	2	\$ 2,000.00
Telecommunications & Internet	1	160	\$ 160.00	2	\$ 320.00
Inventory/Goods Necessary to do Business	1	10000	\$ 10,000.00	2	\$ 20,000.00
Supplies (office-related)	1	300	\$ 300.00	2	\$ 600.00
Contractual Services (pest control, cleaning, etc.)	1	2500	\$ 2,500.00	2	\$ 5,000.00
Equipment	1	1000	\$ 1,000.00	2	\$ 2,000.00
Other (specify):					\$ -
					\$ -
				<i>State Total</i>	<u>\$ 53,920.00</u>

**Total State-Funded Working Capital \$ 53,920.00**

**Working Capital Narrative (State):**

Inventory (including purchase of vintage European and US guitar collection) and Overhead expenses

## Section C - Budget Worksheet & Narrative

Village of Oswego

**Budget Narrative Summary**--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

<i>Budget Category</i>	<i>State</i>	<i>Total</i>
<i>15. Working Capital</i>	\$ 53,920.00	\$ 53,920.00
<i>State Request</i>	\$ 53,920.00	
<i>Non-State Amount</i>		
<b>TOTAL PROJECT COSTS</b>		\$ 53,920.00



## *Insert Project Summary here*

Provide a summary of the business' present situation. This should include a brief description of the Business, e.g., type of firm, its product or service, and how long they have been in business. Describe how the CDBG funds will be used and reasons why they are needed in order for the Business to be in a position to retain jobs. Specific needs need to be identified. Explain what circumstances make this project necessary, in maintaining adequate permanent working capital to sustain operating needs.

DeMont Guitars was established in Oswego in 2009.

We repair and sell of vintage and new guitars, teach music lessons, and even manufacture instruments on a small scale.

The COVID-19 crisis shut our business down. We were not able to teach lessons or operate our retail shop. Other functions that were interrupted by the closure include: manufacturing, repairs, new product development & custom-product contractual agreements.

Having finalized several deals, we have enough work to keep both full time employees working as well as hire 1-2 more full time employees and well as some contracted employees. We already have one returning full-time employee ready to re-hire.

This money would allow us to fund employee and overhead expenses which have become difficult due to this temporary down turn.

### NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

Fiscal Year Ending:	Net Income	Net Income derived from Profit/Loss Statement? (Yes/No)	Net Income calculated from total sales – total expenses? (Yes/No)	Cash Balance
December 31, 2017	\$18,046	yes	yes	\$7,772
December 31, 2018	\$12,217	yes	yes	\$11,557
December 31, 2019	\$4,525	yes	yes	\$12,769
<b>Current:</b>				17,956.96

### JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business’s monthly budget for January, 2020.

Budget Item	Total Monthly Expenditures	Monthly Net Income Computation
<b>Total Income</b>		20,00
Personnel (Salary & Wages)	2,700	
Fringe Benefits	300	
Equipment	1,000	
Inventory	10,000	
Supplies	300	
Occupancy (Rent & Utilities)	1,700	
Telecommunications	160	
Other (Specify) <i>utilities</i>	1,000	
Other (Specify) <i>Professional fees</i>	500	
Other (Specify) <i>Contracted Services</i>	1,000	
<b>Total of All Expenditures</b>		\$18,660
<b>Monthly Net Income (Total Income – Total of All Expenditures)</b>		\$1,340



Page: 1 of 4  
 Account Number: [REDACTED]  
 Statement Date: 04-30-2020  
 Tax ID: [REDACTED]  
 Enclosures: [REDACTED]

DeMont Guitars LLC  
 61A Stonehill Rd  
 Oswego IL 60543

Statement Summary

Account Number [REDACTED] Type Small Business Checking Balance 17,503.74

Account Summary for Small Business Checking - [REDACTED]							Ending Balance			
Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
8,436.95		18,138.94		0.00		9,072.15		0.00		17,503.74

Transactions for Small Business Checking - [REDACTED]

Date	Description	Checks/ Debits	Deposits/ Credits	Balance
04-01	Starting Balance			8,436.95
04-01	External Deposit REVERB DC 5862 - PAYOUT		67.70	8,504.65
04-01	External Withdrawal DEER RUN OSWEGO - COLLECTION	-281.98		8,222.67
04-01	External Withdrawal CU/AMERICA FINAN - RE PAYMENT	-289.98		7,932.69
04-02	External Deposit REVERB DC 5867 - PAYOUT		28.33	7,961.02
04-02	1373 Check	-100.00		7,861.02
04-03	External Deposit REVERB DC 5874 - PAYOUT		4.42	7,865.44
04-04	508 Over Counter Check	-1,285.00		6,580.44
04-06	External Deposit Square Inc L58814 - 200406P2		253.53	6,833.97
04-07	External Deposit REVERB DC 5884 - PAYOUT		807.00	7,640.97
04-07	External Withdrawal COMED - UTIL_BIL 6990135072 0407	-355.00		7,285.97
04-08	External Deposit Square Inc L58856 - 200408P2		39.83	7,325.80
04-08	External Deposit REVERB DC 5889 - PAYOUT		23.56	7,349.36
04-09	External Withdrawal COMED - UTIL_BIL 4308143146 0409	-231.52		7,117.84



DeMont Guitars LLC  
 61A Stonehill Rd  
 Oswego IL 60543

Small Business Checking - [REDACTED] CONTINUED

Date	Description	Checks/ Debits	Deposits/ Credits	Balance
04-10	Withdrawal	-360.00		6,757.84
04-13	External Deposit REVERB DC 5906 - PAYOUT		194.59	6,952.43
04-13	External Deposit Square Inc L58932 - 200413P2		19.38	6,971.81
04-13	External Withdrawal IRS - USATAXPYMT 270050491739776	-448.78		6,523.03
04-14	External Deposit REVERB DC 5911 - PAYOUT		120.28	6,643.31
04-14	External Withdrawal CHASE CREDIT CRD - EPAY	-1,000.00		5,643.31
04-15	External Deposit REVERB DC 5916 - PAYOUT		142.85	5,786.16
04-15	Deposit Internet Transfer from 10000162114 CK		1,450.00	7,236.16
04-15	External Withdrawal IL DEPT OF REVEN EDI - EDI PYMNTS TXP*844202123000*0112*20200331* T*9233\ 1194436832	-92.33		7,143.83
04-16	5 Check	-500.00		6,643.83
04-17	Withdrawal	-360.00		6,283.83
04-20	External Deposit Square Inc L59057 - 200420P2		529.17	6,813.00
04-20	External Deposit REVERB DC 5937 - PAYOUT		517.21	7,330.21
04-20	External Deposit Square Inc L59057 - 200420P2		126.52	7,456.73
04-21	External Deposit REVERB DC 5938 - PAYOUT		313.06	7,769.79
04-22	External Deposit REVERB DC 5945 - PAYOUT		21.95	7,791.74
04-23	External Deposit SBAD TREAS 310 - MISC PAY NTE*PMT*EIDG:3301152997\ EIDG:3301152997		2,000.00	9,791.74
04-23	External Deposit Square Inc L59123 - 200423P2		146.00	9,937.74

DeMont Guitars LLC  
 61A Stonehill Rd  
 Oswego IL 60543

Small Business Checking - [REDACTED] CONTINUED

Date	Description	Checks/ Debits	Deposits/ Credits	Balance
04-23	External Withdrawal PAYPAL INSTANT TRANSFER - INST XFER	-95.00		9,842.74
04-23	External Withdrawal PAYPAL INSTANT TRANSFER - INST XFER	-500.00		9,342.74
04-23	509 Check	-1,700.00		7,642.74
04-27	External Deposit REVERB DC 5960 - PAYOUT		271.47	7,914.21
04-27	External Deposit Square Inc L59184 - 200427P2		181.67	8,095.88
04-27	External Withdrawal MASSMUTUAL LIFE - MASSMUTUAL	-25.24		8,070.64
04-27	External Withdrawal PAYPAL INSTANT TRANSFER - INST XFER	-225.00		7,845.64
04-27	External Withdrawal DeMont Guitars L LC - CK-WTH Transfer from AFB-Nate Demont	-341.87		7,503.77
04-27	510 Check	-250.00		7,253.77
04-27	512 Check	-263.06		6,990.71
04-28	External Deposit REVERB DC 5965 - PAYOUT		362.87	7,353.58
04-28	Deposit		1,410.95	8,764.53
04-29	External Deposit REVERB DC 5972 - PAYOUT		284.51	9,049.04
04-29	External Deposit Square Inc L59222 - 200429P2		45.58	9,094.62
04-29	Descriptive Deposit PPP Loan Funds #10000191477		8,750.00	17,844.62
04-29	External Withdrawal PAYPAL INSTANT TRANSFER - INST XFER	-28.00		17,816.62
04-29	External Withdrawal IL DEPT EMPL SEC - UNEMPL TAX TXP*5087435**200331**0000000000 **0000023930**844202123\ 834780288	-239.30		17,577.32
04-29	511 Check	-100.09		17,477.23
04-30	External Deposit REVERB DC 5978 - PAYOUT		26.51	17,503.74

DeMont Guitars LLC  
61A Stonehill Rd  
Oswego IL 60543

Checks for Small Business Checking - [REDACTED]

Date	Check Number	Amount	Date	Check Number	Amount
04-16	5	500.00	04-29	511	100.09
04-04	508*	1,285.00	04-27	512	263.06
04-23	509	1,700.00	04-02	1373*	100.00
04-27	510	250.00			

\* Indicates Non-Consecutive Check Number(s)  
(E) Electronic Check



Manage your account online at: [www.chase.com/cardhelp](http://www.chase.com/cardhelp)

Customer Service: 1-800-524-3880

Mobile: Download the Chase Mobile® app today

May 2020						
S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

New Balance  
**\$11,498.29**  
 Minimum Payment Due  
**\$243.00**  
 Payment Due Date  
**05/08/20**

### CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	9,417
+ 1% (1 Pt)/\$1 earned on all purchases	6,037
+ Bonus from 1Q 5% category: Gas stations	364
+ Bon 1Q 5% cat: Internet/Cble/Phone Srvc	899
- Points redeemed this statement period	9,417

**Total points available for redemption 7,300**

Start redeeming today. Visit Ultimate Rewards® at [www.ultimaterewards.com](http://www.ultimaterewards.com)

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at [chase.com/freedom](http://chase.com/freedom), visit a Chase branch or call the number on the back of your card.

**Late Payment Warning:** If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$39.00.

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	22 years	\$24,704
\$399	3 years	\$14,366 (Savings=\$10,338)

If you would like information about credit counseling services, call 1-866-797-2005.

### ACCOUNT SUMMARY

Account Number:	[REDACTED]
Previous Balance	\$9,833.42
Payment, Credits	-\$4,683.28
Purchases	+\$6,219.56
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	+\$128.59
<b>New Balance</b>	<b>\$11,498.29</b>
Opening/Closing Date	03/12/20 - 04/11/20
Credit Access Line	\$23,000
Available Credit	\$11,501
Cash Access Line	\$4,600
Available for Cash	\$4,600
<b>Past Due Amount</b>	<b>\$0.00</b>
<b>Balance over the Credit Access Line</b>	<b>\$0.00</b>

000001 FIS3339 D 6  
0404

Y 9 11 20/04/11

Page 1 of 7

06610 MA MA 09045 [REDACTED]



P.O. BOX 15123  
 WILMINGTON, DE 19850-5123  
 For Undeliverable Mail Only

Make your payment at  
[chase.com/paycard](http://chase.com/paycard)

Payment Due Date: 05/08/20  
 New Balance: \$11,498.29  
 Minimum Payment: \$243.00

\$ [REDACTED] Amount Enclosed  
 Make/Mail to Chase Card Services at the address below:

09045 BEX 9 10220 D  
 NATHANIEL A DEMONT  
 61A STONEHILL RD  
 OSWEGO IL 60543-9449

CARDMEMBER SERVICE  
 PO BOX 1423  
 CHARLOTTE NC 28201-1423



Manage your account online at: [www.chase.com/cardhelp](http://www.chase.com/cardhelp)

Customer Service: 1-800-524-3880

Mobile: Download the Chase Mobile® app today

### ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
---------------------	--	-----------

#### PAYMENTS AND OTHER CREDITS

03/11	[REDACTED]	-2.78
03/11	[REDACTED]	-47.44
03/12	[REDACTED]	-500.00
03/20	[REDACTED]	-2.78
03/25	[REDACTED]	-33.87
03/27	[REDACTED]	-37.16
03/27	[REDACTED]	-4,000.00
03/28	[REDACTED]	-16.13
04/02	[REDACTED]	-6.80
04/02	[REDACTED]	-7.50
04/03	[REDACTED]	-22.84
04/08	[REDACTED]	-5.98

#### PURCHASE

03/11	[REDACTED]	2.84
03/11	[REDACTED]	3.52
03/12	[REDACTED]	2.84
03/11	[REDACTED]	9.54
03/12	[REDACTED]	2.84
03/11	[REDACTED]	2.84
03/11	[REDACTED]	2.84
03/11	[REDACTED]	3.31
03/11	[REDACTED]	2.84
03/11	[REDACTED]	2.84
03/11	[REDACTED]	3.52
03/12	[REDACTED]	3.05
03/11	[REDACTED]	2.78
03/11	[REDACTED]	2.84
03/12	[REDACTED]	3.31
03/11	[REDACTED]	2.93
03/11	[REDACTED]	2.80
03/11	[REDACTED]	306.46
03/12	[REDACTED]	2.84
03/12	[REDACTED]	3.67
03/12	[REDACTED]	47.56
03/13	[REDACTED]	3.18
03/13	[REDACTED]	725.00
03/14	[REDACTED]	2.84
03/14	[REDACTED]	7.75
03/14	[REDACTED]	2.76
03/14	[REDACTED]	17.87
03/14	[REDACTED]	13.78
03/14	[REDACTED]	2.93
03/15	[REDACTED]	2.84
03/14	[REDACTED]	2.93
03/12	[REDACTED]	58.02
03/13	[REDACTED]	2.84
03/13	[REDACTED]	7.15
03/14	[REDACTED]	2.84
03/14	[REDACTED]	2.78
03/14	[REDACTED]	3.31
03/12	[REDACTED]	33.48
03/13	[REDACTED]	3.05
03/16	[REDACTED]	92.47
03/16	[REDACTED]	2.74
03/16	[REDACTED]	2.78
03/16	[REDACTED]	18.30
03/16	[REDACTED]	2.84
03/16	[REDACTED]	2.84
03/16	[REDACTED]	3.05
03/16	[REDACTED]	3.97
03/16	[REDACTED]	2.84
03/16	[REDACTED]	2.74
03/16	[REDACTED]	7.15
03/16	[REDACTED]	2.78

# ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
03/16		13.20
03/16		3.05
03/16		2.78
03/16		2.78
03/16		2.84
03/16		2.84
03/17		1.40
03/18		2.78
03/19		2.78
03/19		3.67
03/18		2.78
03/18		2.74
03/18		7.15
03/19		2.84
03/18		3.93
03/18		2.74
03/18		4.00
03/19		4.00
03/19		2.84
03/18		24.56
03/18		3.52
03/20		2.93
03/20		2.93
03/20		2.84
03/20		2.84
03/20		10.54
03/20		2.78
03/19		81.60
03/19		12.74
03/19		3.16
03/20		2.78
03/22		2.84
03/20		114.53
03/22		2.76
03/22		2.74
03/22		32.91
03/22		2.84
03/22		2.78
03/19		85.41
03/22		3.31
03/22		2.84
03/22		2.78
03/22		2.78
03/22		2.84
03/22		3.05
03/22		2.84
03/22		2.78
03/22		4.32
03/22		2.93
03/22		7.15
03/22		3.52
03/20		43.42
03/22		3.52
03/22		3.18
03/23		18.90
03/24		2.84
03/24		3.05
03/24		3.05
03/24		2.84
03/24		2.84
03/25		5.01
03/24		3.52
03/24		7.84
03/25		3.05
03/25		3.52
03/24		9.54
03/25		4.08





Manage your account online at:  
[www.chase.com/cardhelp](http://www.chase.com/cardhelp)

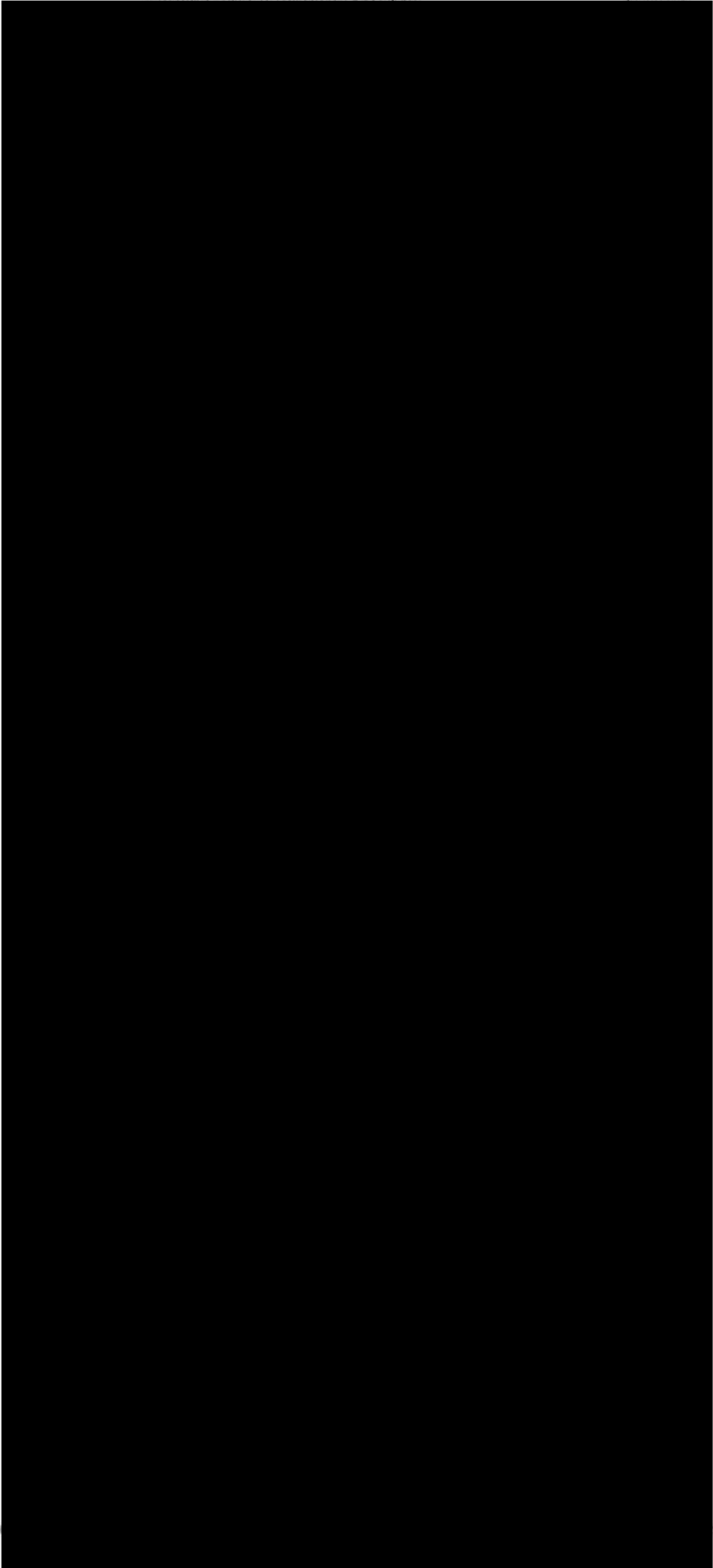
Customer Service:  
1-800-524-3880

Mobile: Download the  
Chase Mobile® app today

## ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
---------------------	--	-----------

03/26  
03/26  
03/25  
03/25  
03/25  
03/25  
03/25  
03/25  
03/26  
03/25  
03/26  
03/27  
03/28  
03/28  
03/29  
03/29  
03/29  
03/27  
03/27  
03/27  
03/28  
03/28  
03/28  
03/29  
03/28  
03/28  
03/28  
03/28  
03/29  
03/29  
03/27  
03/27  
03/27  
03/28  
03/27  
03/28  
03/29  
03/29  
03/29  
03/27  
03/27  
03/29  
03/28  
03/28  
03/29  
03/29  
03/29  
03/27  
03/27  
03/28  
03/28  
03/28  
03/29  
03/31  
04/01  
03/31  
03/31  
03/31  
04/01  
04/01  
04/01  
03/31  
03/31  
03/31  
04/01  
03/31  
03/31  
03/31  
04/01



# ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
03/31		2.84
03/31		3.31
04/01		3.18
03/31		2.84
03/31		3.05
04/01		25.00
03/31		3.05
03/31		3.31
03/31		3.18
03/31		2.78
04/01		2.78
04/01		35.60
04/01		2.84
04/01		69.89
04/01		2.84
04/01		14.85
04/02		2.93
04/01		13.27
04/02		16.95
04/01		2.84
04/02		5.27
04/01		5.12
04/01		2.84
04/02		9.97
04/01		2.84
04/02		2.78
04/04		2.84
04/04		13.78
04/04		3.18
04/04		113.36
04/05		9.54
04/05		2.84
04/05		3.31
04/05		2.78
04/05		126.84
04/04		2.84
04/04		2.76
04/05		2.78
04/05		3.25
04/05		13.78
04/04		3.67
04/04		3.05
04/04		87.87
04/05		4.08
04/05		3.25
04/04		2.76
04/04		3.21
04/04		5.08
04/05		2.84
04/05		3.31
04/04		2.84
04/05		3.21
04/03		7.76
04/04		5.27
04/05		2.93
04/05		2.84
04/05		2.84
04/05		3.52
04/04		21.15
04/04		3.21
04/04		168.05
04/05		2.84
04/05		2.93
04/05		97.12
04/06		11.78
04/06		2.93
04/06		3.31







Manage your account online at: [www.chase.com/cardhelp](http://www.chase.com/cardhelp)

Customer Service: 1-800-524-3880

Mobile: Download the Chase Mobile® app today

### ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	\$ Amount
04/06	37.25
04/06	3.25
04/06	32.20
04/06	2.84
04/06	2.78
04/06	3.05
04/06	3.18
04/06	2.84
04/06	3.25
04/06	16.39
04/06	3.52
04/06	3.05
04/06	32.62
04/06	4.00
04/06	2.84
04/06	2.84
04/06	16.27
04/06	3.05
04/06	2.84
04/06	2.93
04/07	3.23
04/07	2.76
04/07	3.25
04/08	23.98
04/07	3.05
04/07	3.25
04/07	3.05
04/08	2.84
04/06	6.99
04/07	2.78
04/06	406.21
04/07	3.25
04/07	8.76
04/07	5.35
04/07	7.98
04/08	2.84
04/08	90.00
04/08	590.68
04/09	204.99
04/10	74.98
04/10	61.15
04/10	257.00
04/10	273.16

<b>INTEREST CHARGED</b>		
04/10	PURCHASE INTEREST CHARGE	128.59
	TOTAL INTEREST FOR THIS PERIOD	\$128.59

2020 Totals Year-to-Date	
Total fees charged in 2020	\$0.00
Total interest charged in 2020	\$243.11

Year-to-date totals do not reflect any fee or interest refunds you may have received.

### INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
<b>PURCHASES</b>			
Purchases	14.99%(v)(d)	\$10,099.96	\$128.59
<b>CASH ADVANCES</b>			
Cash Advances	24.99%(v)(d)	- 0 -	- 0 -

## INTEREST CHARGES (CONTINUED)

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
<b>BALANCE TRANSFERS</b>			
Balance Transfer	14.99%(v)(d)	- 0 -	- 0 -
			<b>31 Days in Billing Period</b>

(v) = Variable Rate

(d) = Daily Balance Method (including new transactions)

(a) = Average Daily Balance Method (including new transactions)

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

## IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases in this quarter's bonus categories between April 1 & June 30, 2020. Learn more and activate at [chase.com/freedom](https://chase.com/freedom) or call 1-800-524-3880 by June 14, 2020.



## DOCUMENTATION of EMPLOYEE STATUS

*Expand as Needed*

Provide a list of all **personnel that were employed as of January 1, 2020 as well as new hires since that date**. Include the business owner(s). Indicate status of each employee. Provide the total of employees on 1/1/2020.

Employee Name	Employee's Last 4 Digits of Social Security #	Status on 1/1/20		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
Dorian Muller	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nathaniel DeMont	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

### LOCAL GOVERNMENT CERTIFICATIONS

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Block Grant that:

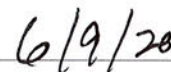
1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.
2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.
3. It will comply with the Illinois Endangered Species Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.
4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.
5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDBG program.
6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDBG funds and involving construction.
7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.
8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a wage rate determination must be obtained prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.
9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.
10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.
11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.
12. It will comply with 2 CFR 200, 24 CFR 570, Part 85, and the Illinois' Grant Accountability and Transparency Act (GATA).
13. The area, in whole or in part, in which project activities will take place, IS or **IS NOT** (circle one) located in a floodplain.

A FEMA Floodplain map is included in the application (as required) and is located on Page \_\_\_\_\_

14. DUNS Number: #94581698

  
Troy Parlier,

Oswego Village President



Date

**BUSINESS CERTIFICATIONS**

**The Business understands that no aspect of the project proposed for assistance will commence prior to the award of funds to the community and the receipt of environmental clearance.**

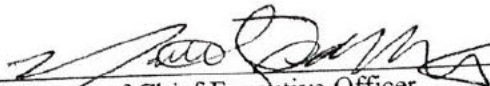
The Business certifies that it is a Business in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The Business further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether the records of the Department show that Borrower is in compliance with all tax acts administered by the Department of Revenue and to which Borrower is subject.

The Business also certifies that no tax liens, including but not limited to, municipal, county, state, or federal, have been filed against the Business, any partners of the Business, the majority shareholder of the Business, or in the name of a related business owned by the recipient.

The Business authorizes the Department of Commerce and Economic Opportunity to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services, business reporting services such as Dun and Bradstreet and criminal history record check.

The Business certifies that all information and documentation contained in this application, is accurate, complete and true to the best of his/her knowledge.

The Business certifies that it has read and understands the application guidelines.


  
Signature of Chief Executive Officer

05/09/2020  
Date


Nathaniel DeMont  
Typed Name of Chief Executive Officer



DeMont Guitars LLC  
Name of Business

FEIN #  


61 A Stonehill rd, Oswego, IL 60543  
Business Address

IPUNS #  
  
SIC #

**MANDATORY DISCLOSURES**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as "Grantee") must disclose, in a timely manner and in writing to the State awarding agency, all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. See 30 ILCS 708/40; 44 Ill. Admin Code § 7000.40(b)(4); 2 CFR § 200.113. Failure to make the required disclosures may result in remedial action.


Please describe all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization:

Grantee has a continuing duty to disclose to the Department of Commerce and Economic Opportunity (the "Department") all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this grant award.

By signing this document, below, as the duly authorized representative of the Grantee, I hereby certify that:

- All of the statements in this Mandatory Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee's knowledge, threatened, against or affecting the Grantee, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance required by the grant award.
- Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee's knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.
- If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.

Grantee Organization: **Village of Oswego**

By: 

Signature of Authorized Representative Printed

Name: **Troy Parlier**

Printed Title: **Oswego Village President**

Date: **6/9/20**

### CONFLICT OF INTEREST DISCLOSURE

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as “Grantee”) must disclose in writing to the awarding State agency any actual or potential conflict of interest that could affect the State award for which the Grantee has applied or has received. See 30 ILCS 708/35; 44 Ill. Admin Code § 7000.40(b)(3); 2 CFR § 200.112. A conflict of interest exists if an organization’s officers, directors, agents, employees and/or their spouses or immediate family members use their position(s) for a purpose that is, or gives the appearance of, being motivated by a desire for a personal gain, financial or nonfinancial, whether direct or indirect, for themselves or others, particularly those with whom they have a family business or other close associations. In addition, the following conflict of interest standards apply to governmental and non-governmental entities.

- a. Governmental Entity.** If the Grantee is a governmental entity, no officer or employee of the Grantee, member of its governing body or any other public official of the locality in which the award objectives will be carried out shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.
- b. Non-governmental Entity.** If the Grantee is a non-governmental entity, no officer or employee of the Grantee shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.

The Grantee shall also establish safeguards, evidenced by policies, rules and/or bylaws, to prohibit employees or officers of Grantee from engaging in actions, which create, or which appear to create a conflict of interest as described herein.

**The Grantee has a continuing duty to immediately notify the Department of Commerce and Economic Opportunity (the “Department”) in writing of any actual or potential conflict of interest, as well as any actions that create or which appear to create a conflict of interest.**

*Please describe all current potential conflict(s) of interest, as well as, any actions that create or which appear to create a conflict of interest related to the State award for which your organization has applied.*

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation to the applicable Department grant manager to support that the potential conflict of interest was appropriately handled by the Grantee’s organization. If at any later time, the Grantee becomes aware of any actual or

potential conflict of interest, the Grantee must notify the Department's grant manager immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the organization's bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization's officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent on the award; and bid documents supporting the selection of the contractor involved in the conflict, if applicable.

By signing this document, below, as the duly authorized representative of Grantee, I hereby certify that:

- All of the statements in this Conflict of Interest Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
- If I become aware of any situation that conflicts with any of the representations herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the Department's grant manager for this award.
- I have read and I understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Grantee Organization: **Village of Oswego**

By: \_\_\_\_\_



Signature of Authorized Representative Printed

Name: **Troy Parlier**

Printed Title: **Oswego Village President**

Date:

**6/9/20**





U.S. Department of Housing and Urban  
Development

451 Seventh Street, SW  
Washington, DC 20410  
www.hud.gov

espanol.hud.gov

**Environmental Review  
for Activity/Project that is Exempt or  
Categorically Excluded Not Subject to Section 58.5  
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

**Project Information**

**Project Name:** Economic development activities, including and limited to, working capital expenses (i.e., employee salaries, general operating expenses, inventory and advertising/marketing expenses) not associated with construction or expansion of existing operations for eligible small business(es) in the Village of Oswego, Illinois.

**Responsible Entity:** Village of Oswego, Illinois

**Grant Recipient** (if different than Responsible Entity): Village of Oswego, Illinois

**State/Local Identifier:** TBD, if application is funded

**Preparer:**

Corinna Cole  
Economic Development Director  
Village of Oswego  
100 Parkers Mill  
Oswego, IL 60543

**Certifying Officer Name and Title:** Troy Parlier, Oswego Village President

**Consultant** (if applicable): N/A

**Project Location:** 61A Stonehill Rd. Oswego IL 60543

**Description of the Proposed Project** [24 CFR 58.32; 40 CFR 1508.25]: Economic development activities, including and limited to, working capital expenses (i.e., employee salaries, general operating expenses, inventory and advertising/marketing expenses) not associated with construction or expansion of existing operations for eligible small business(es) in the Village of Oswego, Illinois, to assist the following specific small business(es): DeMont Guitars LLC

**Level of Environmental Review Determination:**

Activity/Project is Exempt per 24 CFR 58.34(a): \_\_\_\_\_

Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): (4)

**Funding Information**

Grant Number	HUD Program	Funding Amount	Categorically Excluded Amount
TBD, if awarded	State CDBG	N/A	\$25,000

**Estimated Total HUD Funded Amount:** \$25,000, the same as Categorically Excluded Amount Above

**This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of** (if applicable): None

**Estimated Total Project Cost** (HUD and non-HUD funds) [24 CFR 58.32(d)]: \$25,000 in CDBG Downstate Small Business Stabilization (DSBS) Funds, for the small business economic development activities noted in the description above.

**Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities**

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

<b>Compliance Factors:</b> Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6</b>		

<p><b>Airport Runway Clear Zones and Accident Potential Zones</b></p> <p>24 CFR Part 51 Subpart D</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>No sale or acquisition of property will occur</p>
<p><b>Coastal Barrier Resources</b></p> <p>Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p><i>Illinois is not a covered state under these Acts.</i></p>
<p><b>Flood Insurance</b></p> <p>Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p><i>The project is exempt pursuant to Section 58.6(a)(3), because it is funded through a HUD formula grant made to a state and because parcel is located in Zone X, Area of Minimal Flood Hazard, as identified on FIRM 17093C0065H, eff. 1/8/14</i></p>

**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.


Law, Authority, or Factor	Mitigation Measure
N/A	<i>N/A</i>

Preparer Signature: 

Date: 6/10/20

Name/Title/Organization: Corinna Cole, Economic Development Director, Village of Oswego

Responsible Entity Agency Official Signature:



Date: 6/9/20

Name/Title: Troy Parlier, Oswego Village President

Project Name

Project Locality and State

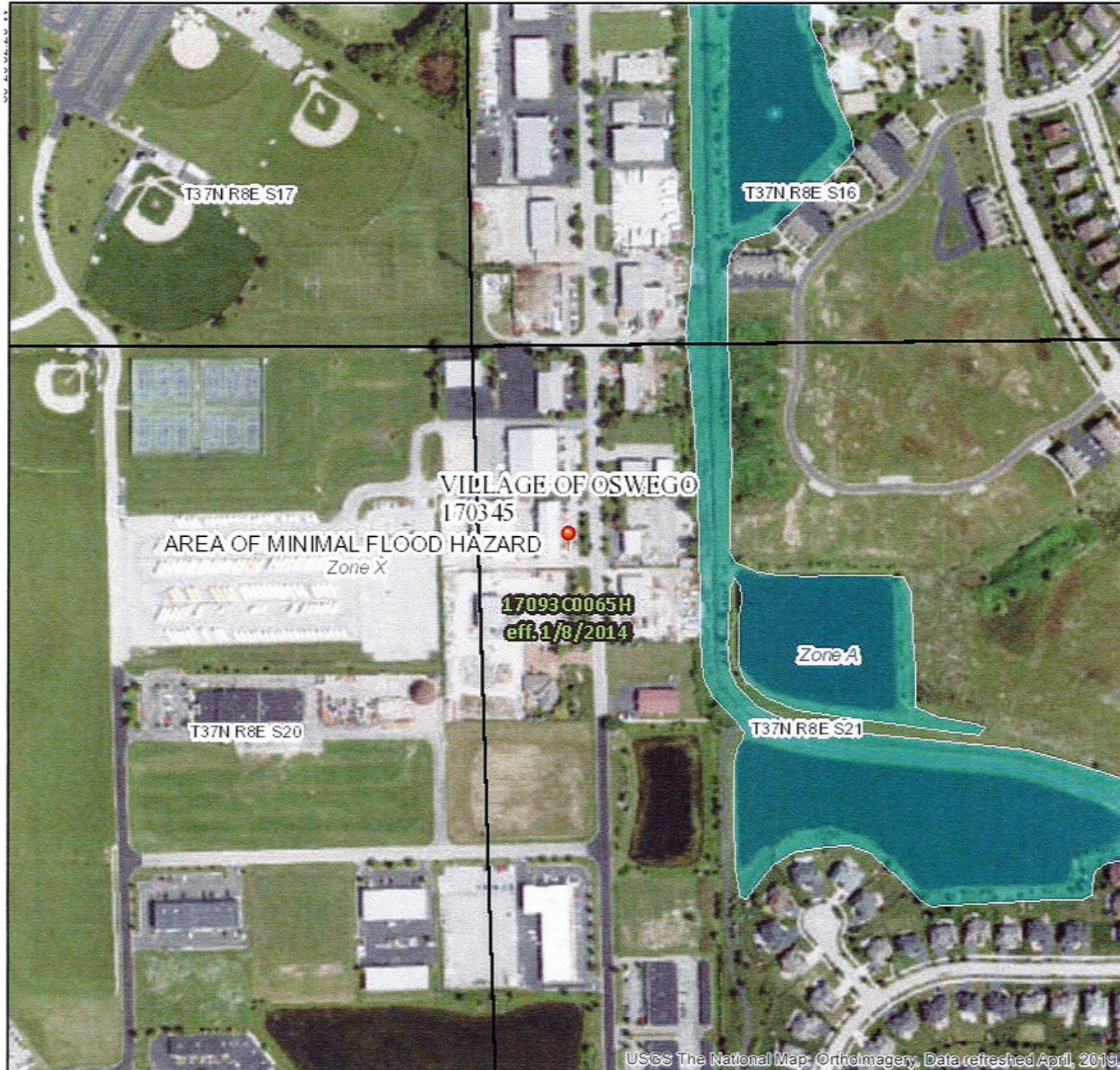
HEROS Number

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

# National Flood Hazard Layer FIRMette



41°40'52.31"N



## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- |                                    |  |  |
|------------------------------------|--|--|
| <b>SPECIAL FLOOD HAZARD AREAS</b>  |  | Without Base Flood Elevation (BFE)<br><i>Zone A, V, A99</i>  |
|                                    |  | With BFE or Depth<br><i>Zone AE, AO, AH, VE, AR</i>  |
|                                    |  | Regulatory Floodway  |
| <b>OTHER AREAS OF FLOOD HAZARD</b> |  | 0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile<br><i>Zone I</i> |
|                                    |  | Future Conditions 1% Annual Chance Flood Hazard<br><i>Zone X</i>   |
|                                    |  | Area with Reduced Flood Risk due to Levee. See Notes.<br><i>Zone X</i>   |
|                                    |  | Area with Flood Risk due to Levee<br><i>Zone D</i>   |
| <b>OTHER AREAS</b>                 |  | Area of Minimal Flood Hazard<br><i>Zone X</i>  |
|                                    |  | Effective LOMRs  |
| <b>GENERAL STRUCTURES</b>          |  | Area of Undetermined Flood Hazard<br><i>Zone X</i>   |
|                                    |  | Channel, Culvert, or Storm Sewer   |
|                                    |  | Levee, Dike, or Floodwall  |
| <b>OTHER FEATURES</b>              |  | Cross Sections with 1% Annual Chance Water Surface Elevation   |
|                                    |  | Coastal Transect   |
|                                    |  | Base Flood Elevation Line (BFE)  |
|                                    |  | Limit of Study   |
| <b>MAP PANELS</b>                  |  | Jurisdiction Boundary  |
|                                    |  | Coastal Transect Baseline  |
|                                    |  | Profile Baseline   |
|                                    |  | Hydrographic Feature   |
|                                    |  | Digital Data Available   |
|                                    |  | No Digital Data Available  |
|                                    |  | Unmapped   |

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 6/1/2020 at 8:33:42 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

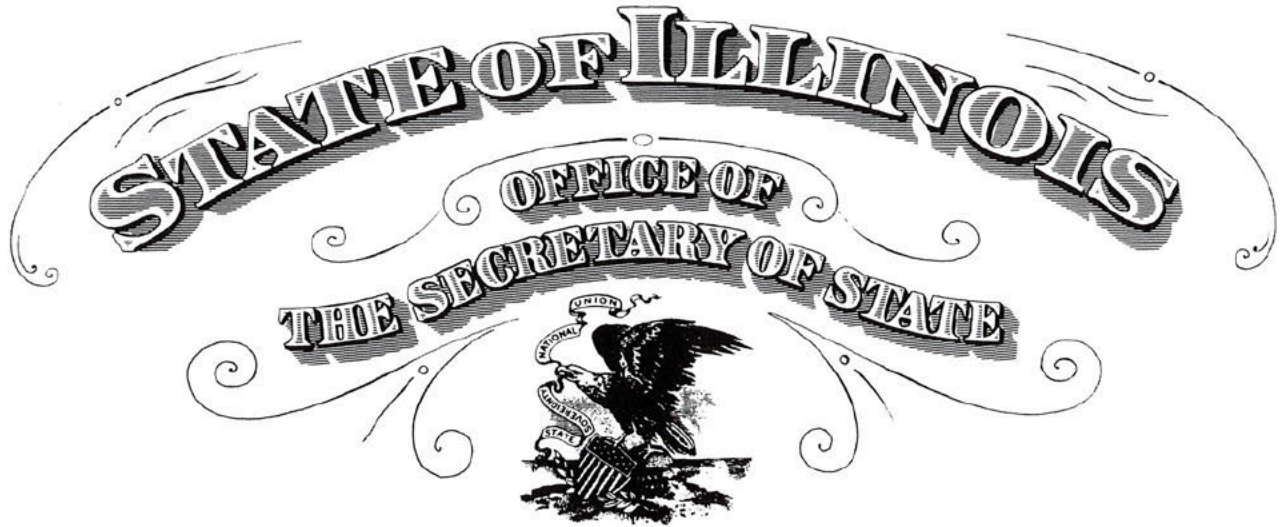
0 250 500 1,000 1,500 2,000 Feet 1:6,000

41°40'25.44"N

USGS The National Map. Orthoimagery. Data refreshed April, 2019.

88°19'54.74"W

File Number



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

DEMONT GUITARS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 07, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 29TH  
day of MAY A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE