

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2008

PRODUCER Phone: (619) 741-5118 Fax: (619) 741-4871
CONTRACTOR SOLUTIONS INSURANCE AGENCY, INC.
P.O. BOX 3257
LA MESA CA 91944

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic# Lic# DF60089

INSURED
US COATINGS
4318 LOUISIANA STREET
SAN DIEGO CA 92104

INSURER A: Liberty Surplus Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, ADDL DESCR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

Cancellation: 10 days for non-pay; 30 days all other

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Handwritten signature: Renee Mroz-Lopez

Attention:

September 04, 2008

U.S. COATINGS
4318 LOUISIANA ST

SAN DIEGO, CA 92104-1110

Re: Barrett Business Services, Inc. ("BBSI")
Letter of Self-Insurance for Workers' Compensation Coverage
For U.S. COATINGS, CSLB license number

As the named addressee of this Letter, your company's required workers' compensation coverage is provided through BBSI's state approved Self-Insured Workers' Compensation Plan. As a party to a co-employment contract with BBSI, which is effective from to , California Labor Code §3602 allows U.S. COATINGS to obtain its workers' compensation coverage from BBSI.

BBSI's California customers can also verify BBSI's state certification at www.dir.ca.gov/SIP/sip.html; next, click on "Rosters"; then click on Private self insured employers; then scroll down to Barrett (the list is alpha by company name). Additional information is as follows:

Self-Insurance Certification Number:

California: 2246
Oregon: 1068
Washington: 706.116
Delaware: 152
Maryland: 11365

Notice of Termination: In the event the contract between BBSI and U.S. COATINGS is terminated, BBSI must provide notice of the termination within seven (7) days to the California Contractors State License Board ("CSLB").

Other Comments (place an "X" if applicable):

Named "Letter Holder": ,

Other:

Additionally, BBSI's self-insured program is further supported by an excess workers' compensation insurance policy with American International Group (AIG), see accompanying certificate of insurance.

For additional information, please contact your local BBSI office at: (858) 597-0522 .

Very truly yours,



Michael L. Elich
Vice President and Chief Operating Officer

BBSI Office: SAN DIEGO

doc: LOSI-3

5100 NE Parkway Drive, Suite 200, Vancouver, Washington 98662 360 828 0700 800 499 8669 Fax 360 828 0701
www.barrettbusiness.com

PARTNERS IN PROFITABILITY



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number

843688

INC. CORP

Business Name

**CONSOURCE ONE ENTERPRISES INC
DBA U S COATINGS**

Classification

C33

Expiration Date

07/31/2010





BUSINESS AUTO DECLARATIONS

POLICY NUMBER: 048886394 BAP

ALLSTATE INSURANCE COMPANY

2775 Sanders Road
Northbrook, IL 60062-6127

AGENT:
JOHN O GREEN #115
438 CAMINO DELRIO SO
SAN DIEGO, CA 92108-3546

ITEM ONE

NAMED INSURED: PETER ANDERSEN
MAILING ADDRESS: 5606 MEADE AVENUE
SAN DIEGO, CA 92115-5325

POLICY PERIOD: FROM OCTOBER 02, 2007 TO OCTOBER 02, 2008
At 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER:

FORM OF BUSINESS:

CORPORATION LIMITED LIABILITY COMPANY INDIVIDUAL
 PARTNERSHIP OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	
*ESTIMATED TOTAL PREMIUM	\$1,844.00

*This policy may be subject to final audit.

SEE THE 'IMPORTANT PAYMENT INFORMATION' FORM BU1989 FOR DETAILS ABOUT PAYMENT OPTIONS AND INSTALLMENT FEES

Premium shown is payable: \$1,844.00	at inception.
AUDIT PERIOD (IF APPLICABLE):	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:		
MCP65	BU1989 0707	BU1330A-3
BU1401-21001	CA0001 1001	CA0143 0505
CA2154 0505	CA0038 1202	CA9916 1293
CA0425 0505	CA2054 1001	IL0021 0498
IL0017 1198	IL0270 1104	BU1129-10298
CA2361 1202	BU1109 0590	BU1110 0590
BU1455-11001		

COUNTERSIGNED _____
(Date)

BY _____
(Authorized Representative)



DECLARATIONS - BUSINESS AUTO POLICY - (Continued)

ALLSTATE INSURANCE COMPANY

POLICY NUMBER: 048886394 BAP

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
LIABILITY	07,08,09	\$1,000,000	\$1,044.00
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT	
AUTO MEDICAL PAYMENTS			
UNINSURED MOTORISTS	07	\$1,000,000	\$118.00
UNDERINSURED MOTORISTS (When not included in Un-insured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	07,08	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ (See Schedule) DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$245.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE	07,08	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ (See Schedule) DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$437.00
PHYSICAL DAMAGE TOWING AND LABOR		\$ (See Schedule) For Each Disablement Of A Private Passenger "Auto".	
PREMIUM FOR ENDORSEMENTS			
*ESTIMATED TOTAL PREMIUM			\$1,844.00

*This policy may be subject to final audit.

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) ConSource One Enterprises DBA U.S. Coatings	
Business name, if different from above	
Check appropriate box. <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt or suite no.) 4318 Louisiana St	Requester's name and address (optional)
City, state, and ZIP code San Diego, CA 92109	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
+ +
or
Employer identification number
21013167097

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person	Date
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

CITY OF SAN DIEGO * CERTIFICATE OF PAYMENT OF BUSINESS TAX

Certificate Number: B2004007612

Business Name: US COATINGS INC
Business Owner: CONSOURCE ONE ENTERPRISES INC
Business Address: 4318 LOUISIANA ST
SAN DIEGO CA 92104-1110

Business Type: PAINTING & WALL COVERING CONTRACTORS

Effective Date: 07/01/2008
Expiration Date: 06/30/2009

US COATINGS INC
4318 LOUISIANA ST
SAN DIEGO, CA 92104-1110

PLEASE NOTIFY THE CITY TREASURER'S OFFICE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - BUSINESS TAX DIVISION, PO BOX 122289, SAN DIEGO, CA 92112