

COUNTY OF KENDALL, ILLILNOIS

SCOTT R. GRYDER
COUNTY BOARD CHAIRMAN
LIQUOR CONTROL COMMISSIONER
COUNTY BOARD MEMBER • 2nd DISTRICT

KENDALL COUNTY OFFICE BUILDING
111 WEST FOX STREET, SUITE 316
YORKVILLE, ILLINOIS 60560

May 8, 2020

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

Dear Director:

The Kennedy Pointe Restaurant 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 Kennedy Pointe Restaurant. Kennedy Pointe Restaurant has been a part of the Kendall County community since December 21, 2012 and normally employs 12 people. Kennedy Pointe Restaurant has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Regards,

Scott R. Gryder
Kendall County Board Chair



**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 N/A

14. Competition Identification Title N/A

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA)

17. Employer/Taxpayer identification number (EIN, TIN) 36-6006598

18. Organizational DUNS Number 361779440

19. SAM Cage Code 5D9D9

20. Business Address (Address 1) 111 W Fox St
(Address 2) Yorkville, IL 60560
(City), (State), (zip - 4)

Applicant's Organizational Unit

21. Department Name Kendall County Administrative Services

22. Division Name

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

23. First Name Latreese

24. Last Name Caldwell

25. Suffix

26. Title Deputy County Administrator

27. Organizational Affiliation

28. Telephone Number 630-553-4171

29. Fax Number 630-553-4214

30. E-mail Address lcaldwell@co.kendall.il.us

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

31. First Name Scott

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

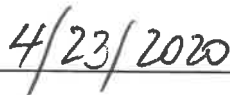
50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative



53. Date Signed



**CDBG APPLICANT PROJECT INFORMATION
ECONOMIC DEVELOPMENT COMPONENT**

I. PRE-APPLICATION REQUIREMENTS

06/28/2016 DATE APPLICANT COMPLETED REGISTRATION ON GATA PORTAL (www.grants.illinois.gov)

04/14/2020 DATE APPLICANT COMPLETED GATA'S "INTERNAL CONTROL QUESTIONNAIRE" (ICQ)
Does not need to be completed at time of application but 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 (LOCAL UNIT OF GOVERNMENT)

First Name	Scott		
Last Name	Kendall		
Title	County Administrator		
Agency Name	Kendall County, IL		
Agency Type	Local Government		
Mailing Address	111 W Fox St Yorkville, IL		
Telephone	630-553-4171	Email	skoepfel@co.kendall.il.us
Federal Employer Identification Number	36-6006598		

IV. BENEFITING BUSINESS INFORMATION

Name of Business this application is in support of:

Supported Business Name: **DG Concepts, INC. DBA/ Kennedy Pointe Restaurant & Pub**

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

Yes, registered in **Kendall** County No

Supported Business Address 1: **2245 Kennedy Road**

Supported Business Address 2: _____

Supported Business City: **Bristol**

Supported Business State: **Illinois**

Supported Business Zip: **60512**

Supported Business Phone Number: **630-553-0575**

Supported Business E-Mail Address: **jdemarco8@yahoo.com**

Supported Business FEIN or ITIN: **██████████**

Supported Business DUNS (if not available, insert N./A): **N/A**

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> **722511**

Supported Business Authorized Signatory Contact:

Signatory must sign Participation Agreement and Business Certification Form

Last Name: **DeMarco**

First Name: **Jay**

Title: **President**

Daytime Phone: **630-546-8265**

Home Phone: **630-546-8265**

E-Mail: **jdemarco8@yahoo.com**

Has 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: _____ Amount Received: \$ _____

Funding Program Name: _____ Amount Received: \$ _____

BANKRUPTCY: 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:

UNIFORM GRANT BUDGET TEMPLATE				Commerce & Economic Opportunity	
STATE OF ILLINOIS	County of Kendall	DUNS#	361779440	NOFO #	2398-1381
Organization Name:	420-75-2398	CSFA Description:	Downstate Small Business Stabilization	Fiscal Year:	2020
CSFA Number:	SECTION A -- STATE OF ILLINOIS FUNDS				
Revenues					Grant #
(a). State of Illinois Grant Amount Requested					TOTAL REVENUE
					\$ 25,000.00
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>				\$	25,000.00
18. Total Costs State Grant Funds				\$	25,000.00

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)(f) & (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: _____

CERTIFICATION		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: County of Kendall	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381	
CSFA #: 420-75-2398	DUNS # 361779440	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).

County of Kendall
Institution/Organization
[Signature]
Signature

County of Kendall
Institution/Organization
[Signature]
Signature

Latrese Caldwell
Name of Official

Scott R. Gryder
Name of Official

Deputy Chief Administrator
Title
Chief Financial Officer (or equivalent)
4/24/2020
Date of Execution

Board Chairman
Title
Executive Director (or equivalent)
4/23/2020
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

County of Kendall

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)	6	<i>hourly</i>	\$ 9.50	216	\$ 12,312.00
Fringe Benefits					\$ -
Occupancy (Rent/Mortgage Payments)					\$ 6,500.00
Utilities (Electrical, Gas, Water, Sewer)					\$ 1,800.00
Telecommunications & Internet					\$ 368.00
Inventory/Goods Necessary to do Business					\$ 4,020.00
Supplies (office-related)					\$ -
Contractual Services (pest control, cleaning, etc.)					\$ -
Other (specify):					\$ -
Other (specify):					\$ -
				<i>State Total</i>	<i>\$ 25,000.00</i>

Total State-Funded Working Capital \$ 25,000.00

Working Capital Narrative (State):

We will use the capital to pay rent, utilities, cost of goods & payroll. This grant will allow us to continue to operate.

Section C - Budget Worksheet & Narrative

County of Kendall

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>
15. Working Capital	\$ 25,000.00	\$ 25,000.00
<i>State Request</i>	\$ 25,000.00	
<i>Non-State Amount</i>		
TOTAL PROJECT COSTS	\$	\$ 25,000.00

Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: County of Kendall	CSFA Description: Downstate Small Business Stabilization	NOFO # 2398-1381
CSFA # 420-75-2398	DUNS #361779440	Fiscal Year: 2020
Grant Number	0	

Final Budget Amount Approved

\$ 25,000.00

Program Approval Signature

Fiscal & Administrative Approval

Date

Signature

Date

Budget Revision Approved

Program Approval Signature

Fiscal & Administrative Approval

Date

Signature

Date

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

Project Summary

Kennedy Pointe restaurant has been in business since April 2013. We are a full-service restaurant providing food and beverage to the public and also providing the food and beverage needs of Blackberry Oaks golf course. Operating on a golf course, we are in the midst of our “busy” season. We have lost all of our banquets in March, April and May. The CDBG funds will be essential for us. We will use these funds to pay employees, rent, utilities and cost of goods. Losing April and possibly all of May, we are losing two of our busiest months of the year. We have no way to make up the revenue that will be lost. It is imperative to receive these funds to keep Kennedy Pointe staff and operating at a high level to ensure we keep our doors open to the public. These funds will give us the capital we need to move forward in 2020 and beyond.

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	13,079.88	YES		-1669.23
December 31, 2018	12,332.65	YES		1714.52
December 31, 2019	-4,703.36	YES		11,954.24
Current:	-9112.00	YES		-577.19

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
Total Income		42,545.71
Personnel (Salary & Wages)	10,927.57	
Fringe Benefits	699.00	
Equipment	582.00	
Inventory	19,749.00	
Supplies	801.00	
Occupancy (Rent & Utilities)	4800.00	
Telecommunications	166.17	
Linen	344.23	
Licenses & Permits	105.83	
Computer & Internet	251.57	
Insurance	2092.25	
Equipment rental	618.22	
Janitorial Expense	1356.30	
Credit card fees	134.37	
Music & Entertainment	650.00	
Total of All Expenditures		43,277.51
Monthly Net Income (Total Income – Total of All Expenditures)		-731.80



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

February 29, 2020 through March 31, 2020

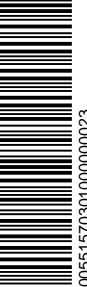
Primary Account: [REDACTED]

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-242-7338**
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

00055157 DRE 111 211 09220 NNNNNNNNNN 1 000000000 62 0000

D G CONCEPTS INC
371 N KENILWORTH AVE
ELMHURST IL 60126-2435



000551570301000000023

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase BusinessSelect Checking	[REDACTED]	\$8,588.52	\$14,609.46
Chase Business Select High Yield Savings	[REDACTED]	26.16	26.16
Total		\$8,614.68	\$14,635.62
TOTAL ASSETS		\$8,614.68	\$14,635.62

CHASE BUSINESSSELECT CHECKING

D G CONCEPTS INC

Account Number: [REDACTED]

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$8,588.52
Deposits and Additions	16	42,154.40
Checks Paid	37	-24,337.96
ATM & Debit Card Withdrawals	1	-174.79
Electronic Withdrawals	23	-11,620.71
Ending Balance	77	\$14,609.46

Your account ending in [REDACTED] linked to this account for overdraft protection.



February 29, 2020 through March 31, 2020

Primary Account: [REDACTED]

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
03/02	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	\$6,170.67
03/02	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	1,915.51
03/03	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	775.68
03/05	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	1,531.19
03/06	Eureka Entertain Ugg Comm CCD ID: P821483604	5,168.85
03/09	Remote Online Deposit 1	725.33
03/09	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	6,802.69
03/09	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	1,629.01
03/10	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	2,484.95
03/12	Remote Online Deposit 1	643.53
03/12	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	1,041.79
03/13	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	658.08
03/16	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	8,169.70
03/16	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	982.26
03/17	Shift4 Payments Pymt Proc 021770021648854 CCD ID: 1731435739	863.74
03/26	Eureka Entertain Ugg Comm CCD ID: P821483604	2,591.42
Total Deposits and Additions		\$42,154.40

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
4141 ^		03/11	\$200.00
4378 * ^		03/19	35.00
4387 * ^		03/02	2,496.50
4389 * ^		03/02	338.29
4390 ^		03/02	1,190.96
4391 ^		03/03	275.00
4392 ^		03/03	575.00
4393 ^		03/05	900.09
4394 ^		03/04	239.00
4395 ^		03/20	35.00
4396 ^		03/09	45.00
4397 ^		03/05	60.00
4398 ^		03/09	2,509.45
4399 ^		03/09	622.86
4400 ^		03/11	174.00
4401 ^		03/16	3,000.00
4402 ^		03/13	71.29
4403 ^		03/13	524.55
4404 ^		03/16	2,411.95
4405 ^		03/17	1,183.79
4407 * ^		03/19	441.00
4408 ^		03/23	38.00
11980 * ^		03/03	344.71
11988 * ^		03/03	391.55
11998 * ^		03/03	423.59
12013 * ^		03/16	211.53



February 29, 2020 through March 31, 2020

Primary Account: [REDACTED]

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
12017 * ^		03/05	130.77
12019 * ^		03/06	812.79
12020 ^		03/10	929.93
12021 ^		03/05	339.38
12022 ^		03/09	313.52
12023 ^		03/23	206.82
12027 * ^		03/19	96.05
12029 * ^		03/24	897.97
12030 ^		03/18	622.31
12031 ^		03/20	929.93
12033 * ^		03/19	320.38

Total Checks Paid **\$24,337.96**

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/12	Card Purchase 03/10 Kendall Printing 630-5539200 IL Card [REDACTED]	\$174.79

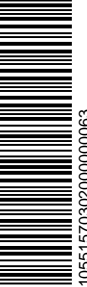
Total ATM & Debit Card Withdrawals **\$174.79**

ATM & DEBIT CARD SUMMARY

Jay Demarco Card [REDACTED]		
	Total ATM Withdrawals & Debits	\$0.00
	Total Card Purchases	\$174.79
	Total Card Deposits & Credits	\$0.00
ATM & Debit Card Totals		
	Total ATM Withdrawals & Debits	\$0.00
	Total Card Purchases	\$174.79
	Total Card Deposits & Credits	\$0.00

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/02	Shift4 Payments Fees 021770021648854 CCD ID: 1731435739	\$784.53
03/02	Euclid Beverage, Fintecheft 46-1658602 CCD ID: 45-3974124	303.65
03/02	Paymentech Fee 5577506 CCD ID: 1020401225	35.00
03/03	Quickpay With Zelle Payment To John Cangelosi 9257988448	1,000.00
03/04	ADP Tax ADP Tax Rmu68 030305A01 CCD ID: 1223006057	1,680.79
03/04	Comenity Pay Ur Web Pymt P20063352061832 Web ID: 1133163498	267.00
03/05	Empire Cooler Ice Makers 0064788 Tel ID: 0000216041	205.00
03/06	Superior Beverag Fintecheft 46-1658602 CCD ID: 36-2092387	279.08



10551570302000000063



February 29, 2020 through March 31, 2020

Primary Account: [REDACTED]

ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
03/09	Euclid Beverage, Fintecheft 46-1658602 CCD ID: 45-3974124	329.00
03/09	POS Portal Inc 12513805 43767 CCD ID: 1680448387	175.64
03/10	Att Payment PPD ID: 9864031004	160.76
03/11	Pnc Bank NA Online Pym 043000094273578 CCD ID: 9044021740	300.00
03/13	Superior Beverag Fintecheft 46-1658602 CCD ID: 36-2092387	270.33
03/13	ADP Payroll Fees ADP - Fees 2Ru68 6192223 CCD ID: 9659605001	110.05
03/16	Euclid Beverage, Fintecheft 46-1658602 CCD ID: 45-3974124	631.85
03/16	Comenity Pay II Web Pymt P20073355126807 Web ID: 1651180275	200.00
03/17	ADP Tax ADP Tax Rmu68 031706A01 CCD ID: 1223006057	2,364.30
03/17	ADP Wage Pay Wage Pay 942913463161U68 CCD ID: 9333006057	974.57
03/18	Hcmw Oakbrook Debits PPD ID: 3363495825	285.00
03/23	03/22 Online Payment 9337679096 To GM Financial	699.00
03/25	Pnc Bank NA Online Pym 043000096278768 CCD ID: 9044021740	150.00
03/26	Comenity Pay Ur Web Pymt P20085358526910 Web ID: 1133163498	300.00
03/27	ADP Payroll Fees ADP - Fees 2Ru68 7575769 CCD ID: 9659605001	115.16
Total Electronic Withdrawals		\$11,620.71

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
03/02	\$11,525.77	03/11	16,959.56	03/20	14,424.99
03/03	9,291.60	03/12	18,470.09	03/23	13,481.17
03/04	7,104.81	03/13	18,151.95	03/24	12,583.20
03/05	7,000.76	03/16	20,848.58	03/25	12,433.20
03/06	11,077.74	03/17	17,189.66	03/26	14,724.62
03/09	16,239.30	03/18	16,282.35	03/27	14,609.46
03/10	17,633.56	03/19	15,389.92		

SERVICE CHARGE SUMMARY

You were not charged a monthly service fee this month. Your monthly service fee can continue to be waived in five different ways during any statement period:

- Maintain an average daily balance of \$7,500.00. Your average daily balance was \$14,010.00. OR
- Maintain a relationship balance of \$25,000.00 or more during the statement period. Your relationship balance was \$13,848.00. OR
- Link a qualifying personal checking account to your Chase BusinessSelect Checking account. Your Premier Plus personal checking account is linked. OR
- Spend at least \$1,000.00 on a linked Chase Business Credit Card. You spent \$0.00. OR
- Pay at least \$50.00 in qualifying checking-related services or fees. You paid \$0.00.

See your Account Rules and Regulations or stop in to see a banker today to find out more.

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	59
Deposits / Credits	14
Deposited Items	2
Transaction Total	75

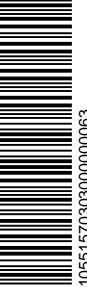


February 29, 2020 through March 31, 2020

Primary Account: [REDACTED]

SERVICE CHARGE SUMMARY (continued)

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$15.00
Service Fee Credit	-\$15.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 200)	\$0.00
Total Service Fees	\$0.00



10551570303000000063

CHASE BUSINESS SELECT HIGH YIELD SAVINGS

D G CONCEPTS INC

Account Number: [REDACTED]

SAVINGS SUMMARY

	INSTANCES	AMOUNT
Beginning Balance	0	\$26.16
Ending Balance	0	\$26.16
Annual Percentage Yield Earned This Period		0.00%

The monthly service fee for this account was waived as an added feature of Chase BusinessSelect Checking account.

You earned a higher interest rate on your Chase Business Select High Yield Savings account during this statement period because you had a qualifying Chase BusinessSelect Checking account.

30 deposited items are provided with your account each month. There is a \$0.20 fee for each additional deposited item.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



February 29, 2020 through March 31, 2020

Primary Account: [REDACTED]

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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 12/31/19		Current Status			
		Employed	Hired after 12/31/19	Employed working at business location	Employed working remotely	Temporarily Laid Off	Terminated
<u>Jay DeMarco owner</u>	████	<u>X</u>		<u>X</u>			
<u>David Porterfield</u>	████	<u>X</u>				<u>X</u>	
<u>Francisco Duran</u>	████	<u>X</u>				<u>X</u>	
<u>Kylie Alexander</u>	████	<u>X</u>				<u>X</u>	
<u>Kelly Deegan</u>	████	<u>X</u>				<u>X</u>	
<u>Katy Deegan</u>	████	<u>X</u>				<u>X</u>	
<u>Shelly Germain</u>	████	<u>X</u>				<u>X</u>	
<u>Tiffany Hamm</u>	████	<u>X</u>				<u>X</u>	
<u>Ferdinand Pacitti</u>	████		<u>X</u>			<u>X</u>	
<u>Ben Toschak</u>	████	<u>X</u>				<u>X</u>	
<u>Eufrocino Velazquez</u>	████	<u>X</u>				<u>X</u>	
<u>Kara Walsh</u>	████	<u>X</u>				<u>X</u>	
TOTAL:							

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** located in a floodplain.
A FEMA Floodplain map is included in the application (as required) and is located on Page
14. DUNS Number: 361779440



Scott R. Gryder
Kendall County Board Chairman



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

4/20/2020
Date

Jay DeMarco
Typed Name of Chief Executive Officer

DG Concepts, INC. DBA/Kennedy Pointe Restaurant & Pub
Name of Business

2245 Kennedy Road, Bristol, IL. 60512
Business Address

DUNS #

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:

N/A

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: Kendall County, Illinois

By: _____

Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date: 4/23/2020

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.

N/A

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: Kendall County, Illinois

By: Scott R. Gryder
Signature of Authorized Representative

Printed Name: Scott R. Gryder

Printed Title: Kendall County Board Chairman

Date: 4/23/2020



**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 Kendall County, Illinois.

Responsible Entity: Kendall County, Illinois

Grant Recipient (if different than Responsible Entity): Same as Responsible Entity Above

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

Preparer:

Scott Koepfel
County Administrator
Kendall County, IL
111 W Fox St
Yorkville, IL 60560
630-553-4142

Certifying Officer Name and Title: Scott R. Gryder, Kendall County Board Chairman

Consultant (if applicable): N/A.

Project Location: 2245 Kennedy Road, Bristol, IL 60512

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 in Kendall County, Illinois, to assist the following specific small business(es): Kennedy Pointe Restaurant & Pub

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	Exempt Amount	Categorically Excluded Amount
TBD, If Awarded	State CDBG	N/A	\$25,000

Estimated Total HUD Funded Amount: 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 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.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Hazards 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No sale or acquisition of property will occur.

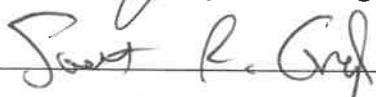
<p>Coastal Barrier Resources</p> <p>Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p><i>Illinois is not a covered state under these Acts.</i></p>
<p>Flood Insurance</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.</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	N/A

Preparer Signature:  Date: 4/23/2020
 Name/Title/Organization: Scott Koepfel, County Administrator, Kendall County

Responsible Entity Agency Official Signature:  Date: 4/23/2020
 Name/Title: Scott R. Gryder, Kendall County Board Chairman

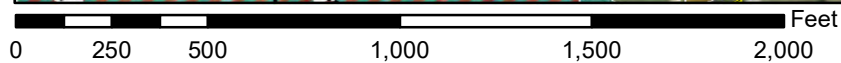
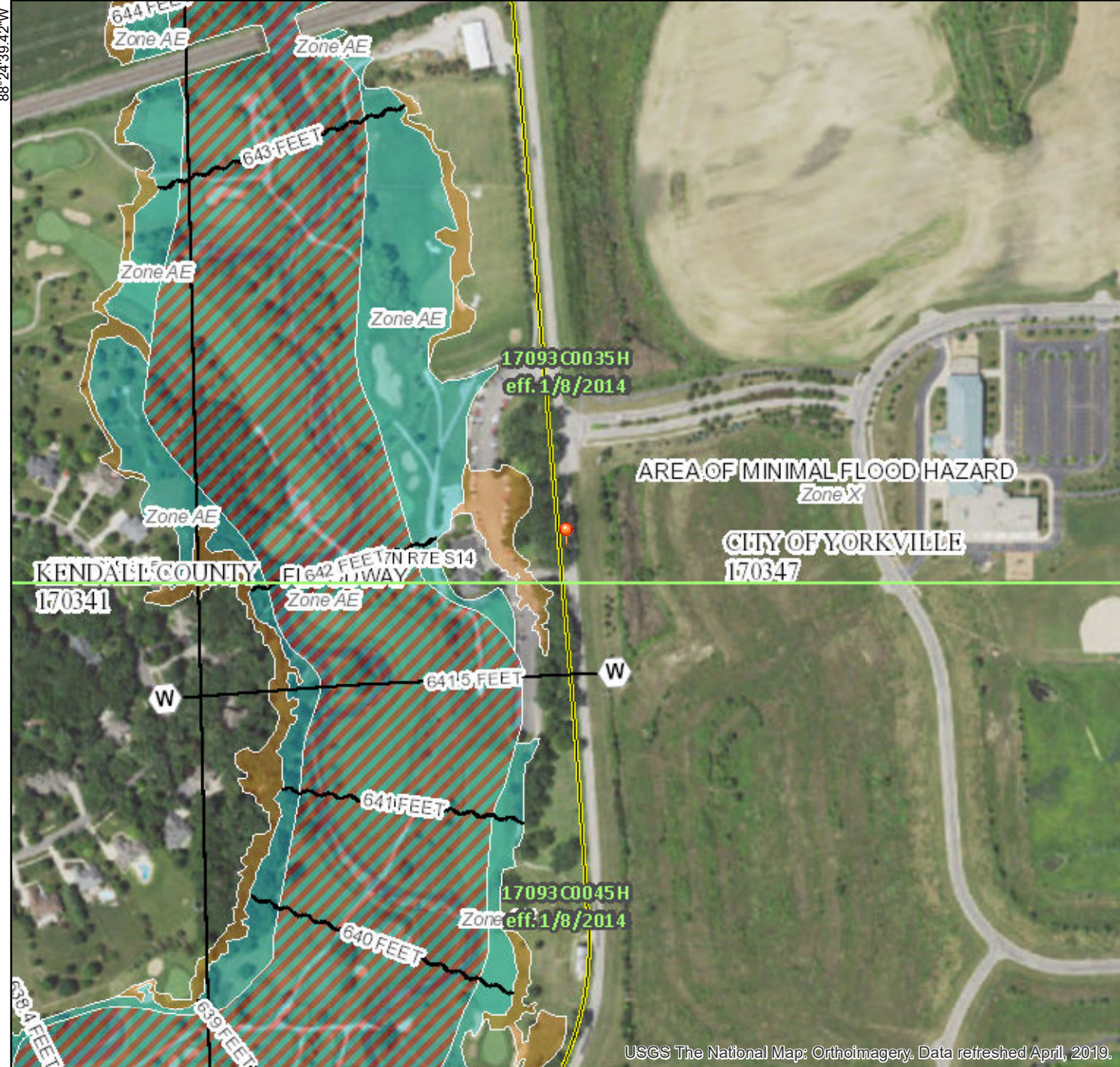
Note: Must be the name, title & signature of the applicant community's Chief **Elected** Official

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°41'29.68"N



USGS The National Map: Orthoimagery. Data refreshed April, 2019. 41°41'2.81"N

Legend

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

- | | | |
|------------------------------------|--|--|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
<i>Zone A, V, A99</i> |
| | | With BFE or Depth <i>Zone AE, AO, AH, VE, AR</i> |
| | | Regulatory Floodway |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i> |
| | | Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i> |
| | | Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i> |
| | | Area with Flood Risk due to Levee <i>Zone D</i> |
| OTHER AREAS | | Area of Minimal Flood Hazard <i>Zone X</i> |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard <i>Zone D</i> |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | 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.

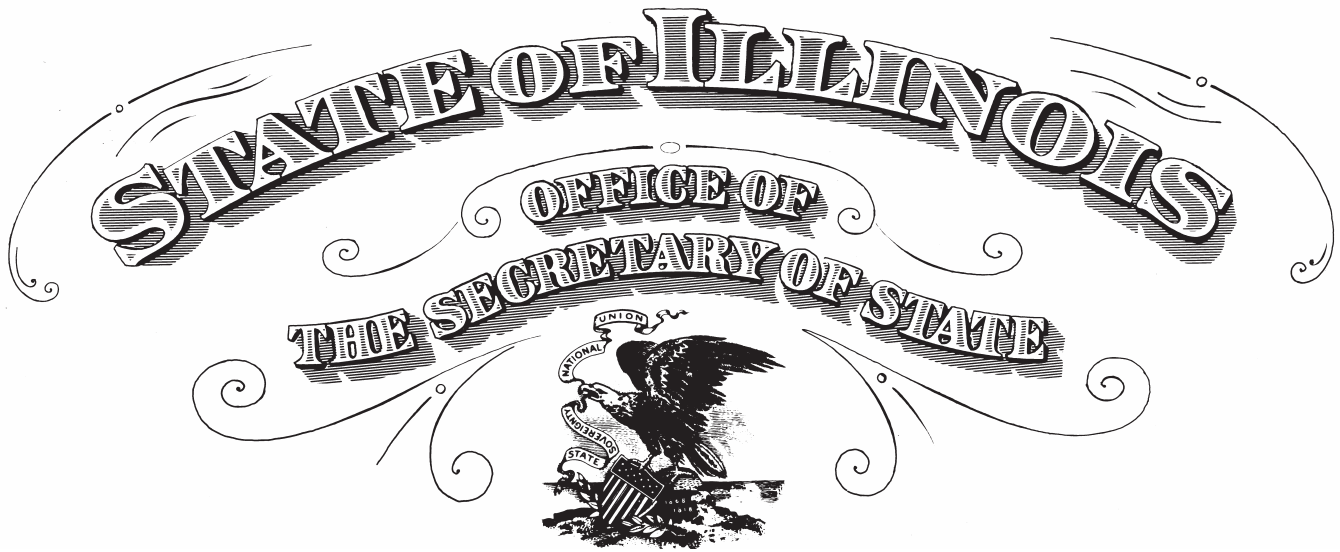
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/23/2020 at 1:24:34 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.



88°24'1.97"W

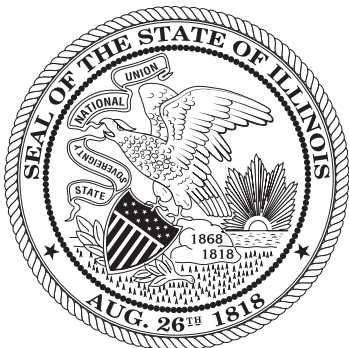


To all to whom these Presents Shall Come, Greeting:

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

D G CONCEPTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 20TH day of APRIL A.D. 2020 .



Jesse White

SECRETARY OF STATE