

DECLARATIONS

3 Ravinia Drive
Atlanta GA 30346-2117

M-07-6405-FB5D F Z

000487 3123

Named Insured

ABSONI LLC
107 TREMONT CIR
CHAPEL HILL NC 27516-1129

Policy Number	93-CS-M587-5	
Policy Period	Effective Date	Expiration Date
12 Months	MAR 1 2016	MAR 1 2017
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
ASHBY INSURANCE AGENCY INC
206 MILLSTONE DR
HILLSBOROUGH NC 27278-8776

PHONE: (919) 732-1052

Office Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

POLICY PREMIUM \$ 325.00
Minimum Premium

Prepared
MAR 30 2016
CMP-4000

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DECLARATIONS (CONTINUED)

Office Policy for ABSONI LLC
 Policy Number 93-CS-M587-5

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	107 TREMONT CIR CHAPEL HILL NC 27516-1129	No Coverage	\$ 3,200	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
 Cov B - Consumer Price Index: 238.7

SECTION I - DEDUCTIBLES

Basic Deductible \$1,000

Special Deductibles:

Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$1,000		

Other deductibles may apply - refer to policy.

DECLARATIONS (CONTINUED)

Office Policy for ABSONI LLC
 Policy Number 93-CS-M587-5

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Back-Up Of Sewer Or Drain	\$15,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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DECLARATIONS (CONTINUED)

Office Policy for ABSONI LLC
 Policy Number 93-CS-M587-5

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$5,000
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Unauthorized Business Card Use	\$5,000
Valuable Papers And Records	
On Premises	\$50,000
Off Premises	\$15,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Dependent Property - Loss Of Income	\$5,000
Employee Dishonesty	\$10,000
Utility Interruption - Loss Of Income	\$10,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

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DECLARATIONS (CONTINUED)

Office Policy for ABSONI LLC
 Policy Number 93-CS-M587-5

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4233	Amendatory Endorsement
FE-6999.2	Terrorism Insurance Cov Notice
CMP-4705	Loss of Income & Extra Expnse
CMP-4710	Employee Dishonesty
CMP-4709	Money and Securities
CMP-4706	Back-Up of Sewer or Drain
CMP-4704	Dependent Prop Loss of Income
CMP-4703	Utility Interruption Loss Incm
CMP-4714	Excl Data Processing and Prog
CMP-4819	Unauthorized Business Card Use
CMP-4713	Excl Testing Consulting E&O
CMP-4786	Addl Insd Owners Lessee Sched

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DECLARATIONS (CONTINUED)

Office Policy for ABSONI LLC
Policy Number 93-CS-M587-5

FD-6007 Inland Marine Attach Dec

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4786
Loan Number: N/A

Interest Type: Addl Insured-Section II
Endorsement #: CMP4786
Loan Number: N/A

SHELBY COUNTY GOVERNMENT
160 N MAIN ST
MEMPHIS TN 381031800

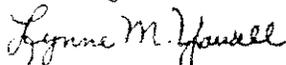
OMNI PROPERTY MANAGEMENT, INC.
OMNI REALTORS, INC.
7721 US HIGHWAY 70
BARTLETT TN 381332068

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

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STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

3 Ravinia Drive
Atlanta GA 30346-2117

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	93-CS-M587-5	
Policy Period	Effective Date	Expiration Date
12 Months	MAR 1 2016	MAR 1 2017
The policy period begins and ends at 12:01 am standard time at the premises location.		

M-07-6405-FB5D F Z

Named Insured

ABSONI LLC
107 TREMONT CIR
CHAPEL HILL NC 27516-1129

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amounts included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy

Forms, Options, and Endorsements

FE-8743 Inland Marine Computer Prop
FE-8739 Inland Marine Conditions

See Reverse for Schedule Page with Limits

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MAR 30 2016
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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MAR 30 2016
FD-6007

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