

3State of Georgia

County of Muscogee

LEASE AGREEMENT

This LEASE AGREEMENT, hereinafter referred to as this "Agreement," is made and entered into this first day of March, 2022, by and between FAMILY HOLDINGS SUB, LLC, whose business address for purpose of this Agreement is 600 Brookstone Centre Parkway, Columbus, Georgia 31904, hereinafter referred to as "Landlord," and Columbus, Georgia, a consolidated government, hereinafter referred to as "Tenant" whose business address is 100 10th Street, Attn City Manager, Columbus, GA 31901, and the Superior Court of Muscogee County, hereinafter referred to as "Occupant" whose business address for purpose of this Agreement is 100 10th Street, Columbus, Georgia 31901.

WITNESSETH THAT:

ARTICLE I. DEFINITIONS

The following words as used in this Agreement shall be defined as follows:

1. "Building" shall be construed to mean the building containing the Premises. References in this Agreement to the Building are deemed to include the Premises.
2. "Casualty" shall be construed to mean damage or destruction of the Premises, or any portion thereof, by any cause, including, without limitation, any loss or damage caused by fire, water, lightning, windstorm, hurricane, tornado, cyclone, hail, explosion, riot, civil commotion, aircraft, smoke, land vehicles, boiler explosion or any other like or different type or kind of catastrophe.
3. "Common Area" shall mean those areas located within the Building or on the Land used for corridors, elevators, foyers, restrooms, mechanical rooms, elevator mechanical rooms, janitorial closets, electrical and telephone closets, vending areas, and lobby areas (whether at ground level or otherwise), entrances, exits, sidewalks, skywalks, tunnels, driveways, parking areas and parking garages and landscaped areas and other similar facilities provided for the common use or benefit of tenants generally and/or the public.
4. "Date of Casualty" shall be construed to mean the date on which the Casualty occurs.
5. "Hazardous Substances" shall be construed to mean any chemical, material or substance, whether solid, liquid or gaseous which is listed, defined or regulated as a "hazardous substance," "hazardous waste," "hazardous material," "extremely hazardous waste," "restricted hazardous waste," "regulated substance," "medical waste," "toxic substance" or words of similar import under any Law, including any: (i) oil, petroleum, petroleum product or petroleum derivative, flammable or ignitable substances, explosives, radioactive materials; (ii) asbestos in any form which is or could become friable or which is deemed hazardous under any applicable Law; (iii) urea formaldehyde foam insulation; (iv) transformers or other electrical equipment which contain polychlorinated biphenyl (PCB); (v) other chemical, material or substance, exposure to which is prohibited, limited or regulated by any governmental authority or which causes or constitutes a nuisance or a hazard to the environment,

public health or safety; and (vi) other chemical, material or substance which could pose a hazard to the environment.

6. "Land" shall be construed to mean the real property, fee simple title or an estate for years to which is owned by Landlord, upon which the Building is located.

7. "Landlord" shall be construed to mean Landlords in all cases where there is more than one Landlord, and the necessary grammatical changes required to make the provisions hereof apply either to male or female, corporation, partnership, association, or individuals, shall in all cases be assumed as though in each case fully expressed.

8. "Laws" shall be construed to mean all federal, state, county, municipal and other governmental constitutions, statutes, ordinances, codes, regulations, resolutions, rules, requirements, and directives applicable to the Building and all decisions, judgments, writs, injunctions, orders, decrees or demands of courts, administrative bodies and other authorities construing any of the foregoing. "Law" shall be the singular reference to Laws.

9. "Mortgage" shall be construed to mean any mortgage, deed to secure debt, deed of trust, trust deed or other conveyance of, or lien or encumbrance against, the Building or the Land as security for any debt, whether now existing or hereafter arising or created. "Mortgages" shall mean more than one "Mortgage."

10. "Notice(s)" shall be in writing and shall be delivered by hand, be sent by registered or certified United States mail, postage prepaid, return receipt requested, or be sent by nationally recognized commercial courier for next business day delivery, to the address for each Party as shown in this Agreement, or to such other addresses as are specified by Notice given in accordance herewith. Notices delivered by hand shall be deemed given upon the date so delivered, whenever any Notice, demand or request is required or permitted under this Agreement. Notices given by mailing shall be deemed given on the date of deposit in the United States Mail. Notices given by commercial courier shall be deemed given on the date of deposit with the commercial courier. Nonetheless, the time period, if any, which is triggered by the Notice must be given, shall commence to run from the date of receipt of the Notice by the addressee thereof, on the third (3rd) day following mailing or the date the addressee would have received the Notice but for the refusal of the addressee to accept delivery, whichever occurs first.

11. "Tenant" shall be construed to mean Columbus, Georgia, a consolidated city-county Government.

12. "Occupant" shall be construed to mean the Superior Court of Muscogee County and or its affiliated agencies.

13. "Party" shall be construed to mean either Landlord or Tenant or Occupant, as appropriate. "Parties" shall mean both Landlord and Tenant, and such reference shall be deemed to include the heirs, legal representative(s), devisees, legatees, next-of-kin, successors, and assignees of said Party, the same as if in each case expressed.

14. "Premises" shall include not only the property more particularly described below and shown in "EXHIBIT A," encompassing 31,501+/- leasable square feet.

15. “Term” shall include not only the original term but also any renewal or extension of the original term.

ARTICLE II. PREMISES LEASED AND ADDITIONAL LEASE SUPPORTING DOCUMENTS

1. Premises Leased. Landlord, in consideration of the rents agreed to be paid by Tenant, and of the covenants, agreements, provisions, terms, conditions and stipulations (hereinafter sometimes referred to as "Provisions") hereby grants a usufruct to Tenant, and Tenant hereby takes and rents, pursuant to those Provisions, the Premises consisting of approximately 31,501 rentable square feet of office space located at:

2100 Comer Avenue
Columbus, Georgia 31904

2. Drawing of Premises. The Premises are further shown and delineated on “EXHIBIT A,” a drawing marked EXHIBIT A is attached hereto, incorporated in, and by reference made a part of this Agreement.

3. Additional Documentation. The following index outlines additional lease documentation included on EXHIBIT B is attached hereto, incorporated in, and by reference made a part of this Agreement.

a. EXHIBIT B Index

Document Name	Number of Pages	Date of Inspection/Report
Georgia SOS Annual Registration	1	3/19/2021
Certificate of Organization	1	3/6/2008
Articles of Organization	2	3/6/2008
Operating Agreement	9	3/6/2008
W-9	1	1/29/2021
Elevator Permit	5	5/25/2021
Boiler Inspection Reports	2	7/20/2020 (expires 2022)
Fire Inspection	4	6/4/2021
Fire Pump Inspection	7	6/4/2021
Sprinkler Inspection	8	6/9/2021
Evidence of Property Insurance	2	1/12/2022
General Liability Insurance	2	1/12/2022

ARTICLE III. TERM, RENTAL RATE & RENEWAL OPTION

1. Term. This Agreement shall commence on the 1st day of March, 2022 (the “Commencement Date”). This Agreement shall end at 11:59 p.m. on the 31st day of December 2022 (the “Expiration Date”) unless this Agreement shall be sooner terminated as hereinafter provided. The Commencement Date, the Expiration Date, and the period between are hereinafter collectively referred to as the “Term.”

2. Rental Rate. For the use, Common Area Fees, Electricity, Gas, Water, Sewer, Dumpster Fees, Property Taxes, Common Area Liability Insurance, Real Property Insurance, 9 Office Suite Furniture

Rental Packages, Reception, Hearing and Waiting Area Chairs and tables (more fully detailed in sub section five (5) below), and Occupied Space Janitorial Services. Tenant agrees to pay to Landlord, at the above-stated business address, or at such other address as may be designated in writing from time to time by Landlord, the total fixed equal monthly rental of Fifty-Five Thousand Eight Hundred Thirty-Two and 00/100 (\$55,832.00) (hereinafter "Fixed Rental"), beginning on the Commencement Date, and payable thereafter on the 1st day of each and every calendar month during the said Term

3. Renewal Option. Landlord hereby grants Tenant the exclusive right, privilege and option of renewing or extending the Term of this Agreement and will accept a written Letter of Intent (LOI), within 30 days of expiration of the aforementioned Term, for four (4) additional periods of one (1) year each (hereinafter referred to as "Renewal Option(s)").

4. Renewal Rental Rate. Should Tenant renew this Agreement as provided above, the following rates shall apply:

Lease Years	Term	Total Annual Rent	Annual Per SF
1-5	Annual	\$669,982	\$21.27

5. Rental Furnishings.

Item Description	Quantity	Location	Comments
Waiting Seating	200 +-	Jury Pool Room	Metal frame
Administrative Desk on elevated platform	3	Jury Pool Room	Landlord will build small, elevated platform. Height to be provided by Tenant.
Bookcase/Magazine Storage	4	Jury Pool Room	
Office Desk Chair with Arms	4	Jury Pool Room	
Office Desk Chair with Arms	4	Deputy Screening Area	
Waiting Seating	70 +-	Hearing Room 1	Metal frame
Plaintiff/Defendant Table	2	Hearing Room 1	
Executive Desk/on elevated platform	1	Hearing Room 1	Landlord will build small, elevated platform. Height to be provided by Tenant.
Witness Chair with arms on elevated platform	1	Hearing Room 1	Landlord will build small, elevated platform. Height to be provided by Tenant.
Administrative Desk/ for Clerk	1	Hearing Room 1	
Waiting Seating	70 +-	Hearing Room 2	Metal frame
Plaintiff/Defendant Table	2	Hearing Room 2	
Executive Desk/on elevated platform	1	Hearing Room 2	Landlord will build small, elevated platform. Height to be provided by Tenant.
Witness Chair with arms on elevated platform	1	Hearing Room 2	Landlord will build small, elevated platform. Height to be provided by Tenant.

Administrative Desk/ for Clerk	1	Hearing Room 2	
Executive Office Package*	3	Judicial Offices	
Administrative Office Package**	6	As directed by Tenant	

*Executive Office Package includes one (1) executive desk, one (1) office chair with arms, two (2) guest chairs, one (1) small conference table with two (2) chairs, one (1) bookcase, and filing cabinet if requested.

**Administrative Office Package includes one (1) administrative desk, one (1) chair with arms, two (2) guest chairs, one (1) bookcase, and filing cabinet if requested.

All furniture provided by Landlord will be similar scope and quality to all other furnishing throughout the building. At expiration of third lease term, all furnishings become property of Tenant.

ARTICLE IV: PERMITTED USE AND ABANDONMENT

1. Permitted Use of Premises. Tenant and Occupant do hereby this day rent and take from Landlord the above- described Premises, upon the said Provisions herein stated, to be used for any lawful business purpose. Occupant may use the Common Area to conduct Occupant’s business, subject to the reasonable rules and regulations issued by Landlord applicable to all tenants of the Building. Tenant shall also have the right of ingress and egress across the Land to and from the above-described Premises at all times. No use shall be made of the Premises nor acts done on the Premises which will cause a cancellation of, or an increase in the existing rate of fire, casualty and other extended insurance coverage insuring the Premises. Occupant further agrees not to sell or permit to be kept for use on the Premises, any article or articles which may be prohibited by the standard form of fire insurance policies.
2. Waste and Nuisance. Occupant shall not commit, or suffer to be committed, any waste upon the Premises or any nuisance or other act or thing which may disturb the enjoyment of any other tenant, if there be any, in the Building.
3. Abandonment of Premises by Occupant. During the Term of this Agreement, Occupant agrees not to abandon or vacate the Premises without cause. The abandonment or vacating of the Premises by Occupant shall mean that Occupant (or Occupant’s permitted affiliated agency, assignee, or sublessee) is absent from the Premises for twenty (20) consecutive days, excepting for purposes of repair or improvements.

ARTICLE V. LANDLORD COVENANTS

1. Covenant of Title and Quiet Enjoyment.
 - a. Landlord covenants that it is seized of the Premises in fee simple absolute or an estate for years. Landlord agrees that the Tenant and Occupant paying the rent and keeping the provisions herein contained, shall lawfully, quietly, and peacefully have, hold, use, possess, enjoy and occupy the Premises, with all the fixtures, improvements, tenements, appurtenances, and each and every part and parcel thereof, for and during the Term hereby granted, without any suit, hindrance, interruption, inconvenience, eviction, ejection or molestation by Landlord or by any other person or persons

whatsoever. If for any reason whatever, Tenant or Occupant is deprived of the right to lawfully, quietly and peacefully have, hold, use, possess, enjoy and occupy the Premises, with all the fixtures, improvements, tenements, appurtenances, and each and every part and parcel hereof, for and during the Term hereby granted, without any suit, hindrance, interruption, inconvenience, eviction, ejection or molestation by Landlord or by any other person or persons whatsoever, then this Agreement may be immediately canceled and terminated at the option of the Tenant by giving Landlord Notice thereof.

b. If Landlord's title shall come into dispute or litigation, the Tenant may either withhold payment of rents (without interest or penalty or causing anyone to sustain damages) until final adjudication or other settlement of such dispute or litigation or it may pay said rents accruing hereunder into a court of competent jurisdiction until final adjudication or settlement of such dispute or litigation.

2. Environmental Covenants & Remediation.

a. Landlord warrants, to Landlord's best knowledge, that no portion of the Building or the Land has ever been used for the storage, processing, treatment or disposal of Hazardous Substances; the Building and the Land do not and will not contain Hazardous Substances; no Hazardous Substances have been released, introduced, spilled, discharged or disposed of, nor has there been a threat of release, introduction, spill, discharge or disposal of Hazardous Substances, on, in, or under the Land; there are no pending or known threatened claims, administrative proceedings, judgments, declarations or orders, relating to the presence of Hazardous Substances on, in or under the Land; the Land is in compliance with all Laws regarding the regulation of Hazardous Substances; Landlord has not caused or permitted, and will not cause or permit, Hazardous Substances to be brought on, kept or used in or about the Building; and, no Hazardous Substances have been released, introduced, spilled, discharged or disposed of on, in or under any adjacent land.

b. If removal, encapsulation, or other remediation of Hazardous Substances located in, on or under the Land or Building is required by applicable Laws (the "Remediation"), Landlord shall immediately, at no expense to Tenant, take all measures necessary to comply with all applicable Laws and perform such Remediation, unless such Hazardous Substances were released or placed on the Land or Building by Tenant. Landlord shall repair and restore the Land or Building at Landlord's sole cost and expense (the "Restoration"). From the date such Hazardous Substances are discovered on the Land or Building until the date such Remediation and Restoration is complete, the rent due hereunder shall be reduced by the same percentage as the percentage of the Premises which, in Tenant's good faith judgment, cannot be safely, economically, or practically used for the operation of Occupant's business. Notwithstanding anything to the contrary, if in Tenant's good faith judgment such Remediation and Restoration cannot be completed within ninety (90) days following the date such Hazardous Substances are discovered, Tenant may terminate this Agreement by Notice to Landlord which termination shall be effective on Landlord's receipt.

c. Landlord shall indemnify and hold Tenant and Occupant harmless from and against any and all claims, judgments, demands, penalties, fines, losses and costs and expenses incurred by Tenant or Occupant during or after the Term of this Agreement as a result of (i) any Hazardous Substances that Landlord causes or permits to be brought upon, kept or used in or about the Land or Building; (ii) release or disposal of any Hazardous Substances that exist in or about the Land or Building as of the Commencement Date; and (iii) any migration of Hazardous Substances onto or under the Land or Building.

3. Condemnation.

a. Landlord warrants to Tenant, knowing that Tenant is relying on such warranty, that to Landlord's best knowledge, there are no pending, threatened or known contemplated condemnation actions involving all or any portion of the Land; and there are no existing, proposed or known contemplated plans to widen, modify or realign any public rights-of-way located adjacent to any portion of the Land.

b. In the event, during the Term of this Agreement, the whole or any part of the Premises shall be taken by any governmental entity, or any other condemning authority, for any public or quasi-public use, through the exercise of the power of eminent domain or condemnation proceeding, or sold to the possessor of such power under the threat of its exercise, or if by reason of law, contract, ordinance or by court decree, whether by consent or otherwise, the use of the Premises by the Tenant or Occupant shall be prohibited, the Tenant shall have the right to immediately terminate this Agreement upon Notice to Landlord and the rent shall be paid only to the time when the Tenant surrenders possession of the Premises.

c. When only a portion of the Premises is taken for public or quasi-public use through the exercise of or under the threat of eminent domain or condemnation proceedings, the Tenant shall have an election as to whether it will terminate and cancel this Agreement at the time the taken portion of the Premises must be surrendered or whether it will remain on the Premises with the remaining monthly rental payments reduced by an amount determined by the ratio of square feet thus taken to the total square feet originally contained in the Premises. To exercise this election, the Tenant must notify Landlord within thirty (30) days after it is ultimately determined what portion of the Premises will be taken under such proceeding (a "Tenant Election").

d. In the event the Tenant elects have Occupant remain on the Premises under the conditions set forth above, Landlord agrees to promptly make all necessary alterations and repairs which shall be required because of such partial taking. If Landlord fails to substantially complete such alterations and repairs within one hundred twenty (120) days following the date that Tenant gives a Tenant Election, then within thirty (30) days following expiration of such 120-day period, Tenant may terminate this Agreement by Notice to Landlord which shall be effective upon Landlord's receipt.

e. The rights of Landlord shall in no way prejudice or interfere with any claim or defense which the Tenant may have against the governmental entity or condemning authority exercising the power of eminent domain or condemnation.

4. Additional Landlord Covenants. Representations and Warranties. Landlord represents warrants and covenants to and with Tenant and Occupant, knowing that Tenant and Occupant are relying on each such representation, warranty, and covenant, that:

a. there are no actions, suits or proceedings pending or known to be threatened against, by or affecting Landlord, which affect title to the Premises or the Building or which question the validity or enforceability of this Agreement or of any action taken by Landlord under this Agreement, in any court or before any governmental authority, domestic or foreign;

b. the execution of and entry into this Agreement, and the performance by Landlord of Landlord's duties and obligations under this Agreement are consistent with and not in violation of, and will not create any adverse condition under, any contract, agreement or other instrument to which Landlord is a Party, any judicial order or judgment of any nature by which Landlord is bound, or the organizational documents of Landlord;

c. to Landlord's best knowledge, the Premises do not violate any applicable Laws, and the use and occupancy of the Premises by the Occupant to conduct Occupant's business will not be in violation of any Laws applicable to the Premises;

d. the elements of the Building that Landlord is obligated to repair, maintain, and replace pursuant to this Agreement, comply in all material respects with all Laws, including, without limitation, the Americans with Disabilities Act;

e. on the Commencement Date, the Premises complies in all material respects with all Laws, including, without limitation, the Americans with Disabilities Act;

f. as of the Commencement Date the Building, and the building systems serving the Premises are in good condition and repair;

g. the storm and surface water drainage facilities currently serving the Building (collectively, the "Drainage Facilities") are properly engineered to, and do, prevent pooling and flooding on the Land under normal conditions; and

h. the paved driveways, parking areas and related improvements, curbing, entrances and exits located on the Land (collectively, the "Paved Areas") comply with all applicable Laws and are in good condition and repair.

ARTICLE VI. UTILITIES, JANITORIAL SERVICES AND BUILDING ACCESS CONTROL

1. Utilities. With the sole exception of telephone, Landlord shall furnish and pay for electricity, gas, water, sewer, and any other utility used by Occupant while occupying the Premises.

2. Janitorial Services. Landlord will provide regular professional quality janitorial services three (3) times per week, or as required by Tenants occupancy, use, or government mandated cleaning requirements.

3. Building Access Control. Landlord has installed KeyScan Access Control System. System is currently active on all non-public exterior doors. Landlord will use best efforts to integrate Occupant's key-card system. If integration is not possible, Landlord will provide Occupant's employees and designated officials KeyScan access badges upon receipt of written request and approval of Occupant. Tenant or Occupant can obtain technical information on the KeyScan system from Landlord or by contacting KeyScan vendor.

ARTICLE VII. CONSTRUCTION, CASUALTY, REPAIRS, MAINTENANCE, ALTERATIONS, AND IMPROVEMENTS

1. Construction. Landlord will commence construction activities upon receipt of a fully executed lease agreement. Landlord will use best efforts to provide partial and/or full occupancy within 60 days of construction commencement or lease execution. All work completed will be in good and quality workmanship manner with material commensurate with materials throughout the building. Landlord will provide audio/video systems in areas designated by Occupant. Audio/video systems will include wall-mounted monitors up to 55 inches and speakers to cover volume requirements for size and scale of room and use. Landlord will install two (2) each Category 6 (CAT 6) connections in Jury Pool Room, Jury Selections Rooms, and each individual office area. Landlord will also install up to an additional twenty (20) CAT 6 connections as determined by Occupant.

2. Casualty Affecting the Premises. A Casualty affecting a "Material Portion of the Premises" shall mean a Casualty which, in Occupant's sole good faith judgment, renders the Premises unsuitable for the Occupant's continued feasible and economic use for substantially the same purposes as immediately prior to such Casualty.

a. If there occurs a Casualty affecting a Material Portion of the Premises, Tenant shall have the right, at Tenant's option, to terminate this Agreement by giving Notice to Landlord of such termination within thirty (30) days after the Date of Casualty, in which event this Agreement shall terminate, and the Term of this Agreement shall expire, on the Date of Casualty with the same effect as if the Date of Casualty were the Expiration Date, and all rent and other sums shall be apportioned and paid through and including the Date of Casualty;

b. If there occurs a Casualty affecting a Material Portion of the Premises and Tenant does not terminate this Agreement, or if there occurs a Casualty affecting less than a Material Portion of the Premises, then this Agreement and all duties and obligations of Tenant under this Agreement shall remain unmodified, unaffected and in full force and effect; provided, however, that, commencing with the Date of Casualty, Fixed Rental and Operating Expenses shall abate pro rata to the extent that, and for so long as, any portion of the Premises is not reasonably usable by Tenant in the ordinary conduct of its business.

c. If there occurs a Casualty affecting a Material Portion of the Premises and Tenant does not terminate this Agreement, or if there occurs a Casualty affecting less than a Material Portion of the Premises, then Landlord shall promptly proceed to restore the Premises and the Building to a condition at least as good as the condition which existed immediately prior to the Casualty. Notwithstanding anything to the contrary, if such restoration shall not be substantially completed within one hundred twenty (120) days following the Date of Casualty, then within thirty (30) days following expiration of such 120-day period, Tenant may terminate this Agreement by Notice to Landlord, which termination shall be effective upon Landlord's receipt.

3. Repairs & Maintenance by Landlord.

a. Throughout the Term of this Agreement, Landlord, at Landlord's sole cost and expense, shall maintain, repair, keep in good operable condition, and replace as necessary, the Building and Common Area, including without limitation, Drainage Facilities, heating, ventilation, and air conditioning ("HVAC") systems, roof, foundations, footings, columns, exterior walls and other structural components, parking and other Paved Areas, utility lines and sewer pipes, interior portions of the Premises, other

building systems and anything else caused by the negligence or willful misconduct of Landlord or its employees, agents or contractors.

b. Landlord shall also keep the Common Area and the Building free from infestation by termites, rodents, and other pests and shall repair all damage caused to the Premises by the same during the Term of this Agreement. Landlord shall also (i) keep the Common Area well-lit and change light bulbs in the Common Area and Premises as necessary; (ii) perform the janitorial services for the Common Area; (iii) and maintain and repair the interior portions of the Premises such that they remain in good condition and repair, normal wear and tear excepted, and replace such interior portions of Premises as necessary, including, without limitation, repairing, patching and painting the walls within the Premises as necessary from time to time. Landlord shall remove all ashes, garbage, trash, excelsior, straw, and all other refuse from the Common Areas of the Building, inside and out.

c, Tenant or Occupant shall give Landlord prompt Notice if either believes that there is a condition that requires maintenance, repair, or replacement.

4. Landlord's Entry for Inspection and Repairs. Occupant shall permit Landlord, its agents, or employees to enter onto the Premises at all reasonable times, provided that Landlord shall provide no fewer than two (2) days' prior Notice, for the purpose of inspecting or making repairs to any portion of the Premises or performing any other obligation required under this Agreement. In case of emergencies, Occupant shall permit Landlord and its agents or employees to enter the Premises without advance Notice.

5. Landlord's Employees and Contractors. Landlord shall use care to select honest and efficient employees or third parties for performance of any obligation required under this Agreement. Landlord shall be responsible to Tenant and Occupant for the negligence, theft, fault, and misconduct of such employees and third parties. Occupant agrees to report promptly to Landlord any neglect of duty or any incivility on the part of such employees and third parties which in any way interferes with Occupant's full enjoyment of the Premises.

6. Parking. For convenient access to the Premises, Landlord shall provide non-exclusive parking in the amount of 4 Parking Stalls per 1,000 square feet of leased space, which shall be provided free of charge through the Term of the lease and any Renewal Options.

ARTICLE VIII. INSURANCE

1. Landlord's Insurance. Landlord shall procure and maintain in full force and effect at all times during the Term of this Agreement, the following types of insurance with respect to the Land, Building and Common Area (i) commercial general liability insurance in an amount of not less than \$1,000,000 each occurrence for injury, death, or damage to property and \$3,000,000 in the aggregate, which limit may be met through a combination of primary and excess liability policies; and (ii) all-risk property insurance written on a replacement cost basis to cover the replacement value of the Land (to the extent insurable), Building and Common Area, and any other property for which Landlord has insuring responsibility. Landlord shall furnish Tenant with certificates or other acceptable evidence that such insurance is in effect. Landlord shall pay all premiums for the insurance coverage which Landlord is required to procure and maintain under this Agreement. Each insurance policy: (i) shall name Tenant as

an additional insured Party; (ii) shall provide that the policy cannot be canceled as to the Tenant except after the insurer gives Tenant ten (10) days written notice of cancellation; (iii) shall not be subject to invalidation as to Tenant by reason of any act or omission of Landlord or any of Landlord's officers, employees or agents; and (iv) shall contain a provision to the effect that the policy shall not be invalidated, and shall remain in full force and effect, if Landlord waives in writing prior to a loss any or all rights of recovery against Tenant for loss occurring to property covered by that policy, and a provision whereby Landlord waives any claims by way of subrogation against all Parties.

2. Tenant's Insurance. Throughout the Term of this Agreement, Tenant will provide proof of insurance or self-insure and maintain insurance coverage for Tenant's personal property located in the Premises in an amount not less than full replacement cost of all of Tenant's personal property located in the Premises, against direct and indirect loss or damage by fire and all other casualties and risks.

ARTICLE IX. DEFAULT AND LEASE EXPIRATION

1. Landlord Remedy in the Event of Tenant Default. The following events shall constitute events of default by Tenant under this Agreement: (i) if Tenant shall fail to pay when due any rent or other payment of money to be made by Tenant hereunder and shall not cure such failure within thirty (30) days after Landlord gives Tenant Notice thereof, or (ii) if Tenant shall violate or breach, or shall fail fully and completely to observe, keep, satisfy, perform and comply with, any reasonable material term, covenant, condition, requirement, restriction or provision of this Agreement (other than the payment of rent or any other payment to be made by Tenant), and shall not cure such failure within thirty (30) days after Landlord gives Tenant Notice thereof, or, if such failure shall be incapable of cure within thirty (30) days, if Tenant shall not commence to cure such failure within such thirty (30) day period and continuously prosecute the performance of the same to completion with due diligence. Upon the occurrence of any event of default by Tenant, Landlord may immediately initiate legal proceedings to evict Occupant and Occupant's effects from Premises.

2. Entry for Carding. Etc. In the event the Tenant does not exercise the renewal or extension option provided above, then Landlord may, within the ninety (90) day period preceding the expiration of the Term of this Agreement, card the Premises thereby advertising the same "For Sale," "For Rent," or "For Lease." Landlord, after first securing from the Tenant a date and time, may enter on the Premises to exhibit the same to prospective purchasers, tenants, or lessees.

3. Surrender of the Premises. Occupant shall at the expiration of this Agreement surrender up the Premises in good order and condition, reasonable use and ordinary wear and tear thereof, repairs and maintenance required to be performed by Landlord, damage by fire, acts of God, the elements, other casualties or catastrophes, condemnation and damage or defects arising from the negligence or default of Landlord excepted.

4. Holding Over. Any holding over or continued use and/or occupancy by the Occupant, of the Premises after the expiration or termination of this Agreement shall operate and be construed as a tenancy- at-will at the same monthly rate of rental set out above and under the same Provisions in force at the expiration or termination of this Agreement.

ARTICLE X. TENANT ASSIGNMENT

1. Assignment and Subletting of Premises by the Tenant. No assignment or subletting is permitted without Landlord's prior written consent which shall not be unreasonably withheld.
2. Additional Items Regarding Assignment or Subletting. Occupant and any Affiliated Agency shall have the right, at its election, to cure any default by Tenant under this Agreement. Landlord shall immediately provide Tenant with copies of all correspondence sent by Landlord to an Occupying Agency (or to any Subtenant) and copies of all correspondence received by Landlord from an Occupying Agency (or from any Subtenant). Notwithstanding the foregoing, Landlord acknowledges and agrees that the Occupant shall not be an agent of Tenant and shall not have actual, constructive, or apparent authority to amend or otherwise modify the terms of this Agreement or to otherwise bind Tenant.

ARTICLE XI. ADDITIONAL TENANT CLAUSES

1. No Tenant Obligation regarding Financing. Tenant has not and will not participate in the structuring, offering, or issuance of any bonds or other financing to be used to construct, renovate, or rehabilitate the Premises, and Tenant shall have no obligation with respect to any bonds or the financing of the Premises, nor any moral obligation to continue to rent the Premises in a manner supportive of the creditworthiness of any bonds or financing. Neither this agreement nor the revenues paid by Tenant under this agreement can be pledged or assigned by Landlord as security for any bonds or similar instrument issued to acquire, construct, renovate, rehabilitate, or finance the Premises. Should such actions occur, this agreement shall be terminable without recourse at the sole discretion of the Tenant. Under no circumstances should there be any expectation of Landlord or any third party regarding the availability of revenues generated from this Agreement beyond the current one-year term. Any such reliance beyond the current one-year term is at the sole risk of such party and the Tenant shall have no legal or moral obligation with respect to any losses suffered by such party.

ARTICLE XII. INTERPRETATION AND ENFORCEMENT

1. Headings. The use of headings, captions and numbers in this Agreement are solely for the convenience of identifying and indexing the various provisions in this Agreement and shall in no event be considered otherwise in construing or interpreting any provision in this Agreement.
2. No Waiver of Right. Failure by any Party to complain of any action, non-action or breach of any other Party shall not constitute a waiver of any aggrieved Party's rights hereunder. Waiver by any Party of any right arising from any breach of any other Party shall not constitute a waiver of any other right arising from a subsequent breach of the same obligation or for any other default, past, present, or future.
3. Time of Essence: Dates. Time is of the essence of this Agreement. Anywhere a day certain is stated for payment or for performance of any obligation, the day certain so stated enters into and becomes a part of the consideration for this Agreement. If any date set forth in this Agreement shall fall

on, or any time period set forth in this Agreement shall expire on, a day which is a Saturday, Sunday, or federal or state holiday, such date or expiration shall automatically be extended to the next day which is not a Saturday, Sunday, or federal or state holiday. The final day of any time period under this Agreement or any deadline under this Agreement shall be the specified day or date and shall include the period of time through and including such specified day or date.

4. Binding Effect on Heirs, Assigns, Etc. Each of the Provisions contained in this Agreement shall apply, extend to, be binding upon and inure to the benefit or detriment of not only the Parties hereto but to each and every one of the heirs, legal representative(s), devisees, legatees, next-of-kin, successors, and assignees of the Parties hereto, and shall be deemed and treated as covenants real running with the Premises during the Term of this Agreement.

5. Change in the Ownership of the Premises. No change or division in the ownership of the Premises shall operate to enlarge the obligations or diminish the rights of Tenant. Further, no change or division in the ownership of the Premises shall be binding on Tenant for any purpose until Tenant shall have been furnished with a certified copy of the recorded instrument, or other legally authenticated written instrument, evidencing such change or division in the ownership of the Premises, as well as a certified copy of the novation and assignment.

6. Requirement for Written Amendment. This Agreement shall not be modified or amended in any respect except by a written agreement, executed by the Parties in the same manner as this Agreement is executed.

7. Jurisdiction and Venue. This Agreement shall be governed by, construed under, and interpreted and enforced in accordance with the laws of the State of Georgia. The parties hereby agree that the Superior Court of Muscogee County, Georgia shall have exclusive jurisdiction and venue in all matters concerning this Agreement.

8. Counterparts and Authority to Execute. This Agreement may be executed in several counterparts, each of which shall be deemed an original, and all of such counterparts together shall constitute one and the same instrument. Each Party hereto warrants and represents that such Party has full and complete authority to enter into this Agreement and each person executing this Agreement on behalf of a Party warrants and represents that he has been fully authorized to execute this Agreement on behalf of such Party and that such Party is bound by the signature of such representative.

9. Right to Counsel and Interpretation. Each Party hereto represents that each Party has been afforded the opportunity to be represented by counsel of its choice in connection with the execution of this Agreement and has had ample opportunity to read, review, and understand the provisions of this Agreement. No provision of this Agreement shall be construed against or interpreted to the disadvantage of any Party by any court or other governmental or judicial authority by reason of such Party's having or being deemed to have prepared or imposed such provision.

10. Entire Agreement. Should any provision or portion of any provision of this Agreement be held invalid by a court of competent jurisdiction, the remainder of this Agreement or the remainder of such provision shall not be affected thereby. This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof, and all representations, warranties, inducements, promises or

agreements, oral or otherwise, between the Parties not embodied in this Agreement shall be of no force or effect.

[Signatures begin on next page and remainder of page is intentionally blank]

WITNESS

TENANT

Columbus, Georgia
by Isaiah Hugley, City Manager

Date _____

Notary Public
My Commission Expires:

(AFFIX AND IMPRESS NOTARY PUBLIC SEAL HERE)

By: _____

WITNESS

OCCUPANT

Date _____

Superior Court of Muscogee County
By Bemon G. McBride III,
Chief Judge Chattahoochee Judicial Circuit

Notary Public
My Commission Expires:

(AFFIX AND IMPRESS NOTARY PUBLIC SEAL HERE)

By: _____

WITNESS

LANDLORD

Family Holdings Sub, LLC

Date _____

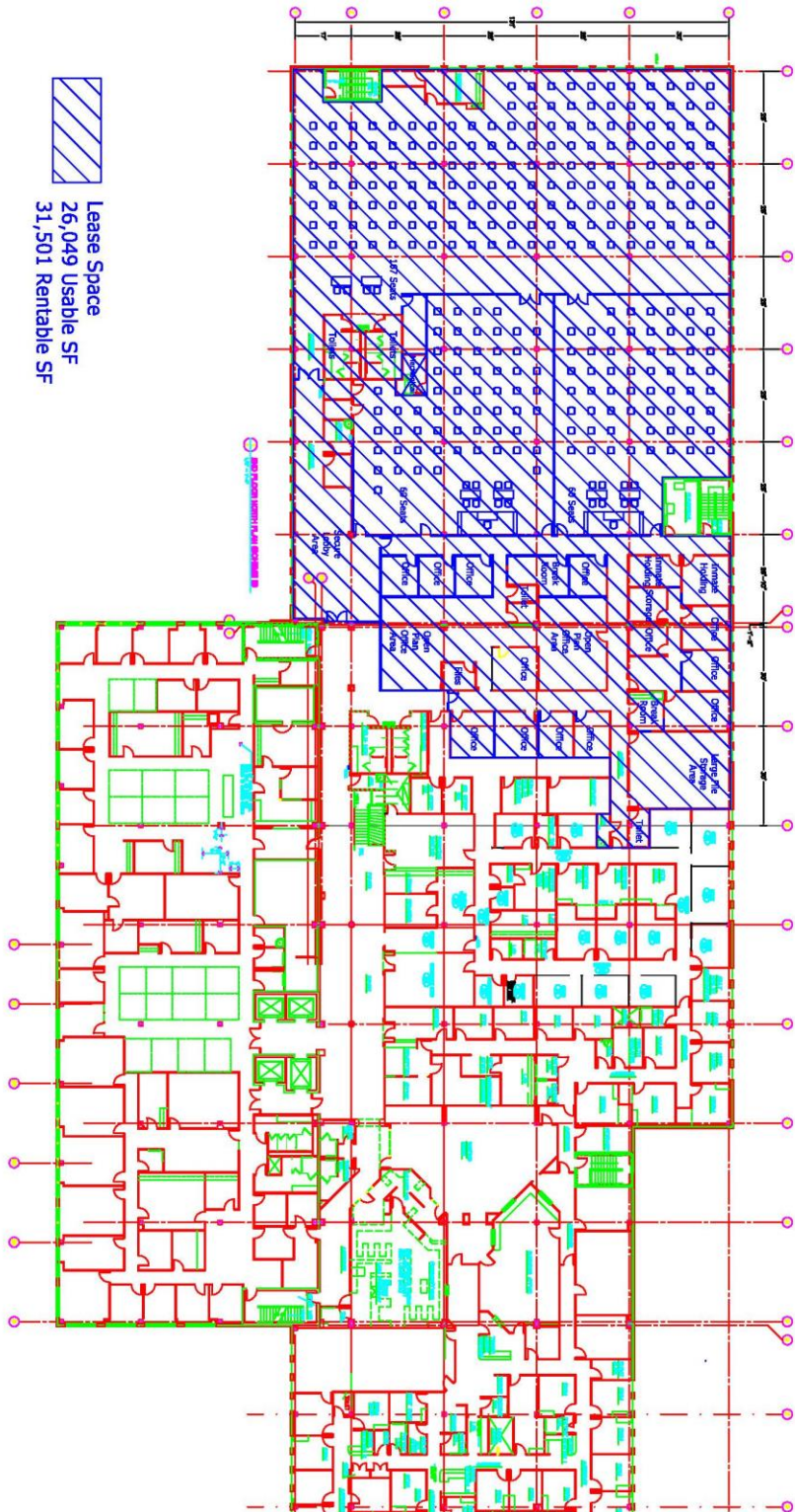
Notary Public

My Commission Expires:

(AFFIX AND IMPRESS NOTARY PUBLIC SEAL HERE)

By: _____

EXHIBIT A



Lease Space
26,049 Usable SF
31,501 Rentable SF

Health and Human Services
2100 Corner Avenue
Proposed Courtrooms
Rev. 3 - Added Off
and Secure Lobby
1-11-2022

EXHIBIT B

Exhibit B

Document Name	Number of Pages	Date of Inspection/Report
Georgia SOS Annual Registration	1	3/19/2021
Certificate of Organization	1	3/6/2008
Articles of Organization	2	3/6/2008
Operating Agreement	9	3/6/2008
W-9	1	1/29/2021
Elevator Permit	5	5/25/2021
Boiler Inspection Reports	2	7/20/2020 (expires 2022)
Fire Inspection	4	6/4/2021
Fire Pump Inspection	7	6/4/2021
Sprinkler Inspection	8	6/9/2021
Evidence of Property Insurance	2	1/12/2022
General Liability Insurance	2	1/12/2022

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed
Secretary of State
Filing Date: 3/19/2021 9:51:43 AM

BUSINESS INFORMATION		
CONTROL NUMBER	08019075	
BUSINESS NAME	FAMILY HOLDINGS SUB, LLC	
BUSINESS TYPE	Domestic Limited Liability Company	
EFFECTIVE DATE	03/19/2021	
ANNUAL REGISTRATION PERIOD	2021	

PRINCIPAL OFFICE ADDRESS		
ADDRESS	1222 Broadway, Columbus, GA, 31901, USA	

REGISTERED AGENT		
NAME	ADDRESS	COUNTY
Fray McCormick	1111 Bay Avenue, 3rd Floor, Columbus, GA, 31901, USA	Muscogee

AUTHORIZER INFORMATION	
AUTHORIZER SIGNATURE	Tracy Sayers
AUTHORIZER TITLE	Registered Agent

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

FAMILY HOLDINGS SUB, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **03/06/2008** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on March 6, 2008



Karen C Handel
Secretary of State

Control No: 08018075
Date Filed: 03/06/2008 10:53 AM
Karen C Handel
Secretary of State

ARTICLES OF ORGANIZATION OF
FAMILY HOLDINGS SUB, LLC
A GEORGIA LIMITED LIABILITY COMPANY 08 MAR -6 AM 10: 53

RECEIVED
SECRETARY OF STATE
SOUTH GA OFFICE

ARTICLE I

Name

The name of the limited liability company is FAMILY HOLDINGS SUB, LLC (hereinafter referred to as the "Company").

ARTICLE II

Management

The Company shall be managed by its members.

IN WITNESS WHEREOF, I have hereunto executed these Articles of Organization, this 5th day of March, 2008.



Edward Sprouse/ Organizer

Page, Scrantom, Sprouse,
Tucker & Ford, P.C.
P. O. Box 1199
Columbus, Georgia 31902-1199

State of Georgia
Creation - Domestic Entity 2 Page(s)



T0808514510

**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**

Suite 315, West Tower, 2 Martin Luther King, Jr., Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

Registered agent, officer, entity status information on the Internet
<http://www.sos.state.ga.us>

ROBERT RAY, JR.

Assistant Secretary of State -
Operations

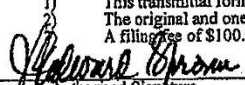
WARREN H. RARY
Director

**TRANSMITTAL INFORMATION
GEORGIA LIMITED LIABILITY COMPANY**

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET #	PENDING #	CONTROL #
DOCKET	DATE	AMOUNT
CODE	FILED	RECEIVED
TYPE CODE	EXAMINER	JURISDICTION (COUNTY) CODE
		CHECK/ RECEIPT #

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM.

1. LLC Name Reservation Number FAMILY HOLDINGS SUB, LLC LLC Name			
2. J. Edward Sprouse, Page, Scrantom, Sprouse, Tucker & Ford, P.C. Applicant/Attorney P.O. Box 1199 Address Columbus City		GA State	(706) 324-0251 Telephone Number 31902-1199 Zip Code
3. 600 Brookstone Centre Parkway Principal Office Mailing Address Columbus City		Georgia State	31904 Zip Code
4. J. Edward Sprouse Name of Registered Agent in Georgia 1111 Bay Avenue, Third Floor Registered Office Street Address in Georgia Columbus City		Georgia State	31901 Zip Code
5. Name and Address of each organizer (Attach additional sheets if necessary)			
J. Edward Sprouse Organizer	1111 Bay Avenue, Third Floor Address	Columbus City	GA State 31901 Zip Code
6. Mail or deliver to the Secretary of State, at the above address, the following: 1) This transmittal form 2) The original and one copy of the Articles of Organization A filing fee of \$100.00 payable to Secretary of State. Filing fees are NON-refundable.			
 Authorized Signature (Member, Manager or Organizer)		<u>March 5, 2008</u> Date	

FORM 231

**OPERATING AGREEMENT
OF
FAMILY HOLDINGS SUB, LLC**

THIS OPERATING AGREEMENT of FAMILY HOLDINGS SUB, LLC is made effective as of the 6th day of March, 2008, by and between FAMILY HOLDINGS, Inc., a Georgia corporation (the "Member"), and FAMILY HOLDINGS SUB, LLC, a Georgia limited liability company (the "Company").

RECITALS:

WHEREAS, the Member wishes to form a limited liability company pursuant to the Georgia Limited Liability Company Act, as amended from time to time (the "Act"), by filing the Articles of Organization of the Company with the office of the Secretary of State of the State of Georgia and by entering into this Agreement;

NOW, THEREFORE, in consideration of the agreements and obligations set forth herein, the Member and the Company, intending to be legally bound, agree as follows:

ARTICLE 1.

DEFINITIONS

As used in this Agreement, the following underlined terms shall have the following meanings:

1.1 Agreement. This Operating Agreement, including any instruments incorporated by reference, as amended from time to time.

1.2 Available Cash. As of any date, the cash of the Company as of such date less such portion thereof as the Member determines to reserve for Company expenses, debt payments, capital improvements, replacements and contingencies.

1.3 Capital Contribution. With respect to the Member, the amount of money and the initial gross asset value of any property (other than money) contributed to the Company with respect to the Member Interest held by the Member.

1.4 Company. FAMILY HOLDINGS SUB, LLC, a Georgia limited liability company.

1.5 Member. FAMILY HOLDINGS, INC., a Georgia corporation.

1.6 Member Interest. As to the Member, its capital account, percentage interest, right to distributions, right to profits and losses, right to manage the Company, and any other rights which such Member has in the Company pursuant to this Agreement or otherwise.

1.7 Person. A natural person or an entity, including, without limitation, a corporation, limited liability company, general partnership, joint venture, limited partnership, trust or business trust.

1.8 Transfer. Any sale, exchange, transfer, assignment, pledge, hypothecation or other disposition.

ARTICLE 2.

GENERAL

2.1 Registered Office and Agent. The Member shall cause the Company to maintain a registered office and a registered agent as required by the Act.

2.2 Name. The name of the Company shall be FAMILY HOLDINGS SUB, LLC, and all business of the Company shall be conducted in such name or in any other name or names that are selected by the Member. The Member may change the name of the Company and may amend the Articles of Organization to give effect to such change in name.

2.3 Term. The Company shall continue until the Company is dissolved under Article 8 of this Agreement.

2.4 Authorized Person. J. Edward Sprouse is and shall be deemed an authorized person for purposes of filing the Articles of Organization of the Company with the State of Georgia and for any other purpose under the Act.

ARTICLE 3.

CAPITAL

3.1 Capital Contributions. The Member will make such capital contributions to the Company at such times and in such amounts as the Member may determine necessary in connection with the operation of the Company. The Member may, but shall not be required to, make additional capital contributions to the Company.

ARTICLE 4.

DISTRIBUTIONS

4.1 Distributions. Except as otherwise provided in this Agreement, the Company's Available Cash shall be distributed to the Member at such times and in such amounts as the Member may determine.

ARTICLE 5.

TAX STATUS

5.1 Tax Status. The Member intends that the Company be disregarded for federal, state and local income tax purposes and that any income or loss of the Company will be treated as the income or loss of the Member for all such tax purposes.

ARTICLE 6.

MEMBERS; MANAGEMENT OF COMPANY

6.1 Management. Management of the Company is vested in the Member.

6.2 Officers and Other Agents. The Company shall have the officers set forth on Exhibit A attached hereto, and the Member may, in its sole discretion, appoint such other officers and other agents for the Company, with such titles and duties, as the Member deems to be appropriate.

6.3 Indemnification. To the fullest extent permitted by the Act:

(a) The Company (and any receiver, liquidator or trustee of, or successor of, the Company) shall indemnify and hold harmless the officers of the Company and the Member and (to the extent approved by the Member) each employee, officer and agent of the Member from and against any and all liabilities, losses, damages, penalties, actions, judgments, suits, claims, proceedings, costs, expenses and disbursements of any kind or nature whatsoever (including, without limitation, all costs and expenses of defense, appeal and settlement of any and all suits, actions and proceedings involving the officers of the Company or the Member or any employee, officer or agent of the Member and all costs of investigation in connection therewith) that may be imposed on, incurred by or asserted against the officers of the Company, the Member or any officer, director, shareholder, member, employee or agent of the Member in any way relating to or arising out of, or alleged to relate to or arise out of, any action, inaction or omission on the part of the officers of the Company, the Member or any officer, director, shareholder, member, employee or agent of the Member in connection with managing the Company's business and affairs or otherwise acting as an officer or Member pursuant hereto; provided that the indemnification obligations in this Section 6.3 shall not apply to the portion of any liability, obligation, loss, damage, penalty, cost, expense or disbursement that results from (i) intentional misconduct or a knowing violation of law by the party seeking indemnification, or (ii) any transaction for which the proposed indemnitee received a benefit in violation or breach of any provision of this Agreement.

(b) The Company shall pay expenses as they are incurred by any officer of the Company or the Member or (to the extent approved by the Member) any officer, director, shareholder, member, employee or agent of the Member in connection with any action, claim or proceeding that such officer of the Company or the Member, or any such officer, director, shareholder, member, employee or agent of the Member asserts in good faith to be subject to the

indemnification obligations set forth herein, upon receipt of an undertaking from such officer of the Company, or the Member, or any such officer, director, shareholder, member, employee or agent (i) to repay all amounts so paid by the Company to the extent that it is finally determined that such officer of the Company, or the Member, or such officer, director, shareholder, member, employee or agent of the Member is not entitled to be indemnified therefor under the terms hereof, and (ii) in the case of officers, directors, employees and agents of the Member, to take such other actions as the Member shall require.

(c) The Member, notwithstanding any apparent conflict of interest, shall have the power to, and is hereby authorized and directed to, cause the Company to comply with the indemnification and expense payment provisions hereof.

(d) The indemnification to be provided by the Company hereunder shall be paid only from the assets of the Company, and the Member shall not have any personal obligation, or any obligation to make any contribution to the capital of the Company, with respect thereto.

6.4 Other Activities. The Member may engage in whatever activities the Member may choose, whether such activities are competitive or comparable with the activities of the Company or otherwise, either alone or with one or more Persons selected by the Member in its sole discretion. The provisions of Section 14-11-307 of the Act shall not apply to the Company or to the Member.

ARTICLE 7.

MEMBER INTERESTS

7.1 Transfer of Member Interest. The Member shall, at its election, be permitted to transfer all or any portion of its Member Interest.

7.2 No Cessation of Member Interest under Certain Circumstances. None of the events listed in Section 14-11-601.1 of the Act shall result in the Member ceasing to be a member of the Company.

ARTICLE 8.

DISSOLUTION OF THE COMPANY

8.1 Events of Dissolution. The Company shall be dissolved and terminated upon the earliest to occur of the following events of dissolution:

- (a) The entry of a decree of judicial dissolution under Section 14-11-603 of the Act; or
- (b) The consent of the Member.

8.2 Winding Up. If any of the events set forth in Section 8.1 hereof occur, then the Company shall be dissolved and any assets shall be applied in the following order of priority:

(a) To the payment of the debts and liabilities of the Company (other than to the Member) in the order of priority provided by law;

(b) To the establishment of reserves which are reasonably necessary for any contingent or unforeseen liabilities or obligations of the Company;

(c) To the payment of debts and liabilities of the Company to the Member;
and

(d) The remaining assets shall be distributed to the Member.

ARTICLE 9.

NOTICES AND ADDRESSES

9.1 Manner of Notices. All notices or other communications given or made under this Agreement shall be in writing and, whether addressed to the Company or the Member, shall be sent to:

Family Holdings, Inc.
600 Brookstone Centre Parkway
Columbus, Georgia 31904

ARTICLE 10.

MISCELLANEOUS

10.1 Amendments. This Agreement shall be amended only with the written consent of the parties hereto.

10.2 Severability. If any portion of this Agreement is declared by a court of competent jurisdiction to be void or unenforceable, such portion shall be deemed severed from this Agreement and the remainder of this Agreement shall remain and continue in effect.

10.3 Construction. This Agreement shall be interpreted, construed and enforced in accordance with the laws of the State of Georgia.


10.4 Entire Agreement. This Agreement, together with any instruments incorporated into this Agreement by reference, constitutes the entire agreement with respect to this Company.

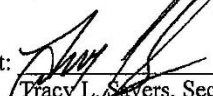
[Signature page follows]

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto, as of the date first written above.

MEMBER:

FAMILY HOLDINGS, INC.

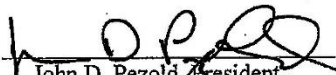
By: 
John D. Pezold, President

Attest: 
Tracy L. Sayers, Secretary

COMPANY:

FAMILY HOLDINGS SUB, LLC

By: FAMILY HOLDINGS, INC. its sole Member

By: 
John D. Pezold, President

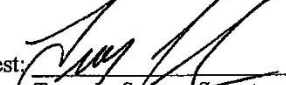
Attest: 
Tracy L. Sayers, Secretary

EXHIBIT A

OFFICERS

[Sample Officers]

_____, **Chief Executive Officer:** The Chief Executive Officer ("CEO") shall be primarily responsible for the overall activities and management of the Company and see that all orders and resolutions of the Member are carried into effect. The CEO shall report directly to the Member.

_____, **President and Chief Operating Officer:** The President and Chief Operating Officer ("President") shall be responsible for the day-to-day management of the Company and shall report to the Member. The President shall sign and deliver in the name of the Company any deeds, mortgages, bonds, contracts, or other instruments pertaining to the business of the Company, except in cases in which the authority to sign and deliver any such documents is required by law to be exercised by another Person or is otherwise reserved by the Member.

_____, **Chief Financial Officer:** The Chief Financial Officer ("CFO") shall have charge and custody of and be responsible for all funds of the Company, maintain appropriate accounting records as required by law, and prepare such annual and quarterly financial statements for the Company as directed by the Member, the CEO or the President.

_____, **Secretary:** The Secretary of the Company shall keep, and certify whenever necessary, accurate records of the membership of the Company and all proceedings of the Member; receive notices required to be sent to the Company and keep a record of such notices; and perform such other duties as prescribed by the Member, the CEO or the President.

[Alternate]

President. The President shall be responsible for the general and active management of the operation of the Company subject to the authority of the Member. The President shall be responsible for the administration of the Company, including general supervision of the policies of the Company and general and active management of the financial affairs of the Company, and shall execute agreements, mortgages, or other contracts in the name and on behalf of the Company. The initial President shall be _____.

Vice Presidents. The Company may have one or more Vice Presidents, appointed by the Member, who shall perform such duties and have such powers as may be delegated to him or her by the President or the Member. The initial Vice President shall be _____.

Secretary. The Secretary shall keep minutes of all meetings of the Company and have charge of the company records and shall perform such other duties and have such other powers

as may from time to time be delegated to him or her by the President or the Member. The initial Secretary shall be _____.

Treasurer. The Treasurer shall be charged with the management of the financial affairs of the Company, shall have the power to recommend action concerning the Company's affairs to the President, and shall perform such other duties and have such other powers as may from time to time be delegated to him or her by the President or the Member. The initial Treasurer shall be _____.

Assistant Secretaries and Treasurers. Assistants to the Secretary and Treasurer and such other officers as may be designated from time to time may be appointed by the President or appointed by the Members and shall perform such duties and have such powers as shall be delegated to them by the President or the Member.

CONSENT TO COMPANY ACTION

Pursuant to the Georgia Limited Liability Company Act, the undersigned, as the sole Member of Family Holdings Sub, LLC ("Company"), does hereby adopt, approve and authorize the actions set forth below as of 9:30 AM Eastern Standard Time, on October 13, 2016, with the same force and effect as if they were adopted, approved and authorized at a meeting of the Members of the Company duly called and held in accordance with the Operating Agreement of the Company and the Georgia Limited Liabilities Companies Act.

RESOLVED that the following persons be elected by the Member and shall serve and continue in office until the sooner of such officers (a) removal by the Member(s) entitled to elect such officer, (b) resignation or death, or (c) removal by operation of law or an order or decree of any court of competent jurisdiction.

John D. Pezold, Sr., President
Tracy L. Sayers, Executive Vice President and Chief Operating Officer
David Lewis, Chief Financial Officer
Betty Johnson, Corporate Secretary

IN WITNESS WHEREOF, the undersigned, as all of the members of the Company, have set their hands and seals, as of the day and year first set above.

Family Holdings Inc.

By: 
JOHN D. PEZOLD, President and sole Shareholder

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Family Holdings Sub, LLC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 600 Brookstone Centre Parkway</p> <p>6 City, state, and ZIP code Columbus, GA 31904</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] - [] - []	[]
or	
Employer identification number	
2 6 - 4 4 9 7 4 8 3	

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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Shannon H. Hurdson</i>	Date ▶ <i>1/12/21</i>
------------------	--	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**OFFICE OF INSURANCE
AND SAFETY FIRE**

John F. King, Commissioner
Safety Fire Division-Safety
Engineering
2 Martin Luther King Jr. Drive
West Tower, Suite 920
Atlanta, GA 30334



**OPERATING
PERMIT**

Mailing Name and Address
FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

JURISDICTION: E 141553
INSPECTION DATE: 05/25/2021
EXPIRATION DATE: 05/01/2022
INSPECTOR: TERRY KERLIN

Owner Name and Address
FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

Location of Equipment
FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725

Equipment Information

SPECIFIC LOCATION:	HHS #4 (D)
TYPE:	OPER. PERMIT - PASSENGER ELEVATOR
MANUFACTURER:	HOLIISTER-WHITNEY
SERIAL NUMBER:	A19250-4
CAPACITY:	4000

This is to certify that the equipment herein described may be operated at the location as specified and for the period as shown. A sixty (60) day period is allowed after the Operating Permit's expiration date for inspection and reissue of the certificate.

The Elevator Operating Permit must be posted in the car or on the premises. The Operating Permit for all other equipment shall be posted on the premises.

This Operating Permit may be revoked for failure to keep equipment in safe condition.

In the event of accident or injury:

Daytime Contact: (404) 679-0687

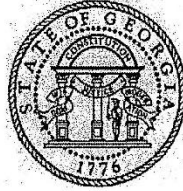
Night & Weekend: (404) 473-1301

Please follow reporting requirements at www.oci.ga.gov.


JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

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West Tower, Suite 920
Atlanta, GA 30334



**OPERATING
PERMIT**

Mailing Name and Address
FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

JURISDICTION: E 141563
INSPECTION DATE: 05/25/2021
EXPIRATION DATE: 05/01/2022
INSPECTOR: TERRY KERLIN

Owner Name and Address
FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

Location of Equipment
FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725

Equipment Information

SPECIFIC LOCATION:	HHS (A)
TYPE:	OPER. PERMIT - PASSENGER ELEVATOR
MANUFACTURER:	HOLLISTER-WHITNEY
SERIAL NUMBER:	A19250-2
CAPACITY:	3500

This is to certify that the equipment herein described may be operated at the location as specified and for the period as shown. A sixty (60) day period is allowed after the Operating Permit's expiration date for inspection and reissue of the certificate.

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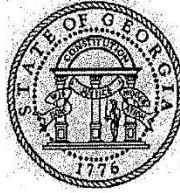
Night & Weekend: (404) 473-1301

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Atlanta, GA 30334



**OPERATING
PERMIT**

Mailing Name and Address
FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

JURISDICTION: E 141564
INSPECTION DATE: 05/25/2021
EXPIRATION DATE: 05/01/2022
INSPECTOR: TERRY KERLIN

Owner Name and Address
FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

Location of Equipment
FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725

Equipment Information

SPECIFIC LOCATION:	HHS (B)
TYPE:	OPER. PERMIT - PASSENGER ELEVATOR
MANUFACTURER:	HOLLISTER-WHITNEY
SERIAL NUMBER:	A19250-3
CAPACITY:	3500

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In the event of accident or injury:

Daytime Contact: (404) 679-0687

Night & Weekend: (404) 473-1301

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OPERATING
PERMIT

Mailing Name and Address
FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

JURISDICTION: E 141565
INSPECTION DATE: 05/25/2021
EXPIRATION DATE: 05/01/2022
INSPECTOR: TERRY KERLIN

Owner Name and Address
FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

Location of Equipment
FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725

Equipment Information

SPECIFIC LOCATION: HHS (C)
TYPE: OPER. PERMIT - PASSENGER ELEVATOR
MANUFACTURER: HOLLISTON-WHITNEY
SERIAL NUMBER:
CAPACITY: 3500

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In the event of accident or injury:

Daytime Contact: (404) 679-0687

Night & Weekend: (404) 473-1301

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JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

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Engineering
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Atlanta, GA 30334



**OPERATING
PERMIT**

Mailing Name and Address
FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

JURISDICTION: E 142319
INSPECTION DATE: 05/25/2021
EXPIRATION DATE: 05/01/2022
INSPECTOR: TERRY KERLIN

Owner Name and Address
FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904

Location of Equipment
FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725

Equipment Information

SPECIFIC LOCATION:	RECORDS
TYPE:	OPER. PERMIT - COMM. DUMBWAITER
MANUFACTURER:	MATOT
SERIAL NUMBER:	24956
CAPACITY:	150

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In the event of accident or injury:

Daytime Contact: (404) 679-0687

Night & Weekend: (404) 473-1301

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Atlanta, GA 30334



**OPERATING
PERMIT**

Mailing Name and Address

**FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904**

JURISDICTION: H 202356

INSPECTION DATE: 07/20/2020

EXPIRATION DATE: 04/01/2022

INSPECTOR: MICHAEL BARNHART

Owner Name and Address

**FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904**

Location of Equipment

**FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725**

Equipment Information

SPECIFIC LOCATION:	BOILER ROOM
TYPE:	WATER TUBE
MANUFACTURER:	LOCHINVAR
NATIONAL BOARD NUMBER:	168616
SERIAL NUMBER:	168616

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In the event of accident or injury:

Daytime Contact: (404) 679-0687

Night & Weekend (404) 473-1301



JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

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**OFFICE OF INSURANCE
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Safety Fire Division-Safety
Engineering
2 Martin Luther King Jr. Drive
West Tower, Suite 920
Atlanta, GA 30334



**OPERATING
PERMIT**

Mailing Name and Address

**FAMILY HOLDINGS SUB LLC
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904**

JURISDICTION: H 246534

INSPECTION DATE: 07/20/2020

EXPIRATION DATE: 04/01/2022

INSPECTOR: MICHAEL BARNHART

Owner Name and Address

**FAMILY HOLDINGS COLUMBUS
600 BROOKSTONE CTR PKY
ATTN: GREG RUSSELL
COLUMBUS GA 31904**

Location of Equipment

**FAMILY HOLDINGS SUB LLC
2100 COMER AVE
HEALTH AND HUMAN SERV.
COLUMBUS GA 31904-8725**

Equipment Information

SPECIFIC LOCATION: BOILER ROOM
TYPE: WATER TUBE
MANUFACTURER: LOCHINVAR
NATIONAL BOARD NUMBER: 298748
SERIAL NUMBER:

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Daytime Contact: (404) 679-0687

Night & Weekend (404) 473-1301



JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

Please follow reporting requirements at www.oci.ga.gov.



Columbus Fire & Safety Equipment Company, Inc.
3101 2nd Avenue, Columbus, GA 31904

Customer Health and Human Services Date 6-4-21
 Address 2100 Comer Ave City Columbus State Ga Zip 31904
 Phone (313) 520-4392 Facility Protected Building
 Test Engineer SM Annual Semi-Annual Other

Date of Last Inspection 6-6-20 Inspection & Service Tag on System: Yes No

1. Type of System Addressable
2. Panel Mfg. & Model Simplex 4020
3. Voltage/Location 120VAC / Panel Reblcb 38 Breaker 125
4. Battery Size 12v 18AH
 Load Test #1 - Volt 13.01 Ah 2.1
 Load Test #2 - Volt 13.13 Ah 12
 Charger Voltage 27.1vdc
5. Alarm Initiating Devices:

	Quantity	Circuit Style
a) Manual Pull Station	<u>28</u>	<u>B</u>
b) Photo Detector	<u>37</u>	<u>B</u>
c) Ion Detector		
d) Duct Detector	<u>15</u>	<u>B</u>
e) Heat Detector		
f) Water Flow	<u>9</u>	<u>B</u>
g) Tamper Switch	<u>9</u>	<u>B</u>
h) Hood System		
i) Other (<u>Shutter Release</u>)	<u>7</u>	<u>B</u>
6. Alarm Notification Devices:

	Quantity	Circuit Style
a) Bell		
b) Horn	<u>4</u>	<u>B</u>
c) Horn/Strobe	<u>98</u>	<u>B</u>
d) Strobe		
e) Speaker		
f) Speaker/Strobe		
g) Mini Sounder		
h) Other		
7. NAC Panel Location Beside Fire Tap
 Battery Size 12.74A
 Load Test #1 - Volt 12.93 Ah 6.4
 Load Test #2 - Volt 12.71 Ah 6
 Charger Voltage 27
8. Monitoring Entity Consignal
 a) Phone # (26) 522-3766
 b) Acct # 46-0503
 c) Alarm Verified Yes No
9. Control Panel Test

	Yes	No
a) LEDS/Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Trouble Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Ground Fault	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HVAC Connected
11. Access Control
12. Damper
13. Annunciators
14. # of Magnetic Door Holders 2
 Middle NAC 12.92v Filt 27vdc
12.51v 1.2
 Bottom NAC 12.82v 6.4AH
12.91v 6.1AH 27.1 vdc

All equipment listed on this report has been tested and is in operating condition unless otherwise indicated below.

COMMENTS Horn/strobe 2nd floor North End not Flashing
Batteries in FACP need to be replaced, 12v 18AH batteries not panel bolt
Replaced 12v 18AH batteries in middle booster

Technician Seth Markham Date 6-4-21
 Owner's Rep Jean Man Date 6-4-21



**COLUMBUS FIRE AND EMERGENCY
MEDICAL SERVICES**
"We do amazing"
FIRE PREVENTION DIVISION



B. H. "Skip" Henderson, III
Mayor/Director of Public Safety

Sal Scarpa
FIRE-EMS Chief/EMA Director

FIRE SAFETY INSPECTION REPORT

Date 6-16-21 Time: In _____ Out _____ Total _____
 Occupancy Known As: Parade Holdings LLC Type of Occupancy Business/Health care
 Location Address 2000 Pioneer Avenue Business Phone 706-243-2927
 Occupant Adam Melton Address adam@melton.com Phone _____
 Owner or Agent David Henderson Address _____ Phone _____
 Emergency Contact: Name: Greg Kumpf Phone 706-527-0842

A fire safety inspection has been conducted on your property. During this inspection, conditions affecting fire safety throughout the premises were noted. In accordance with the Fire Prevention Code, it is necessary that the items checked below be given your immediate attention.

Life Hazards: Occupancy Load _____

<p>1. Exit:</p> <p>a. <input type="checkbox"/> Open in proper direction b. <input type="checkbox"/> Door(s) locked or blocked c. <input type="checkbox"/> Door(s) in need of repair d. <input type="checkbox"/> EXIT Sign(s) not illuminated e. <input type="checkbox"/> EXIT Sign(s) not battery back up f. <input type="checkbox"/> Additional exit sign(s) needed g. <input type="checkbox"/> Number of exits _____</p> <p>2. Fire Extinguishers:</p> <p>a. <input type="checkbox"/> Number of extinguishers _____ b. <input type="checkbox"/> Additional extinguishers needed _____ c. <input type="checkbox"/> Proper placement of extinguishers d. <input type="checkbox"/> Proper type of extinguishers e. <input type="checkbox"/> Serviced within the last year (tagged?)</p> <p>3. Emergency Lighting:</p> <p>a. <input type="checkbox"/> Emergency lights operating properly b. <input type="checkbox"/> Adequate number of emergency lights</p>	<p>4. Sprinkler Systems:</p> <p>a. <input type="checkbox"/> Serviced within the last year (tagged?)</p> <p>5. Fire Alarm System:</p> <p>a. <input type="checkbox"/> Serviced within the last year (tagged?)</p> <p>6. Heating:</p> <p>a. <input type="checkbox"/> Combustibles too close to heater or heat producing device</p> <p>7. Storage:</p> <p>a. <input type="checkbox"/> Too close to sprinkler head(s) and/or ceiling b. <input type="checkbox"/> Disorderly/Needs Cleaning/Housekeeping Problems</p>	<p>8. Electrical:</p> <p>a. <input type="checkbox"/> Obvious wiring problems b. <input type="checkbox"/> Items too close to electrical panels c. <input type="checkbox"/> Protective covering missing on equipment/panel d. <input type="checkbox"/> Improper use of extension cords</p> <p>9. Cooking/Hood Protection:</p> <p>a. <input type="checkbox"/> Extinguishing system serviced within the last 6 months (tagged) b. <input type="checkbox"/> Filters - Clean/Needs Cleaning c. <input type="checkbox"/> Hood - Clean/Needs Cleaning d. <input type="checkbox"/> Cooking Equipment - Clean or Needs Cleaning</p> <p>10. Miscellaneous:</p> <p>a. <input type="checkbox"/> Other fire hazards noted (See Remarks)</p>
---	--	--

Remarks: _____

If at any time questions regarding fire safety arise, please contact the Columbus Department of Fire and Emergency Medical Services Fire Prevention Division at 706-653-3520. Any alterations, modifications, or additions made to the structure or interior wall and ceiling finish shall meet the requirements and classification in accordance with the International Building Code and the International Fire Code. The Building Inspection and Codes Division of the Columbus Consolidated Government must be contacted at 706-653-4126 to approve and/or permit any such changes.

Officer Conducting Inspection: B. H. Henderson Signature of Occupancy Representative: Adam Melton
 Re-inspection will be made in _____ Hrs/Days
 Re-Inspection Officer _____ Date _____ Violations Corrected _____ Not Corrected _____

JOB SUMMARY



From ProTech Fire, Inc.
935 Interstate Ridge Drive, Suite
D
Gainesville, GA 30501
(770) 531-0587
www.protech-fire.net

Job No. 21456652
Date 6/4/2021
Type Inspection
PO No.

Job For Acom Fire Solutions LLC
Health and Human Services
2100 Comer Avenue Columbus,
GA 31904

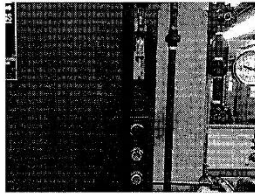
Services

 Annual Fire Pump Inspection

Deficiencies

NEW
Suggested
DISCOVERED
06/04/2021
9:08 AM

Aurora 491
Description:
Power On light is burnt out.



Comments

No Comments



REPORT OF ANNUAL FIRE PUMP INSPECTION

Facility: Health and Human Services

Date: 06/04/2021 08:00am EDT

GENERAL INFORMATION			
FACILITY INFORMATION			
Customer:	Acom Fire Solutions LLC	Facility:	Health and Human Services
Facility Address:	2100 Corner Avenue		
City/State/ZIP:	Columbus / GA / 31904	Additional Notes:	
Site Contact:	John Jefferies	Site Contact Phone Number:	
Site Contact Email:	jeffries@acom.us	Is the System Monitored:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
System Placed in Test:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	System Returned to Normal:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
INSPECTOR INFORMATION			
Start date of Inspection:	06/04/2021 08:00am EDT	Inspector:	W. Raleigh Roberts
Inspector's License Number:	IL1100	GA State License Number:	CL000330

INSPECTION SUMMARY				
ASSET	QUANTITY	INSPECTED	PASSED	DEFICIENCIES
Fire Pumps	1	1	1	1
Control/Isolation Valves				

INSPECTION DETAILS	
OWNER QUESTIONS	
Have there been any changes in the occupancy, storage, or operation since the last inspection	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
PIPE OBSERVATIONS	
Pipe free from damage, leaks, and excessive corrosion	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Sprinkler piping not subjected to external loads	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
HANGERS AND SUPPORTS	
Hangers, braces, and supports not damaged, loose, or unattached	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
FIRE DEPARTMENT CONNECTIONS	
FDC is visible and accessible	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Couplings or swivels are not damaged and rotate smoothly	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Plugs or caps in place and free from damage	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Clapper in place and operating properly	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Check valve not leaking	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Automatic drain valve is in place and operating properly	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Interior of the connection is free from obstruction	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Visible piping supplying the FDC is free from damage	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
FDC sign installed, attached, and legible	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
FDC Type:	<input type="checkbox"/> Wall <input checked="" type="checkbox"/> Yard <input type="checkbox"/> NA
SYSTEM COMPONENT DETAILS	
CONTROL/ISOLATION VALVE GENERAL OBSERVATIONS	
All sprinkler system main control valves open	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
All other valves in the proper position	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
All control valves in good condition free from leaks and damage	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Proper signage installed on all valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
All valves sealed, locked, and/or supervised and supervision working properly	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Were all OS&Y valves lubricated and operated fully to distributed lubricant	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Were all valves completely closed and reopened to test operation	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Was water flowed after valve operation to ensure all valves fully opened	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Do pressure reducing valves appear to be functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
FIRE PUMP GENERAL OBSERVATIONS	
GENERAL PUMP QUESTIONS	
Fire pump assemblies appear to be in service	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Fire pump assemblies free of physical damage	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Pump house/room is maintained at temperate at 40°F minimum	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Pump house/room ventilating louvers are free to operate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Pump house/room does not collect excessive water on the floor	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA



935 Interstate Ridge Drive Suite D Gainesville Georgia 30501
 770.531.0587 Fax 770.531.0589 Athens: 706.354.1281 Athens Fax: 706.354.1283



REPORT OF ANNUAL FIRE PUMP INSPECTION

Facility: Health and Human Services

Date: 06/04/2021 08:00am EDT

Pump coupling guards are in place and properly installed	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Suction, Discharge, and bypass valves are fully open	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Fire pump piping is free of leaks	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Suction line pressure gauge readings are within acceptable range	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
System line pressure gauge readings are within acceptable range	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Suction reservoirs have the required water level	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> NA
Wet pit suction screens are unobstructed and in place	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> NA
Waterflow test valves are in the closed position, the test header valve is closed, and test line is free of water	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Packing glands checked and operating at proper leakage rate	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Power to jockey pumps is provided	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Fire pump stuffing box drains free flowing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Alignment of couplings checked and couplings within parameters	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Circulation relief valves operating properly	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Net discharge pressure of flow test not less than 95% of pump rated pressure	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
All pumps free of excessive vibration	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
All pumps operated properly via automatic pressure drop	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
All pumps operated properly via manual start buttons (Not emergency start handle)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
ELECTRIC PUMP QUESTIONS			
Isolating switch and circuit breaker exercised	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Controller pilot lights (Power On) are illuminated	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> NA
Transfer switch normal pilot lights are illuminated	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> NA
Phase reversal alarm pilot light is off, or normal phase rotation pilot light is on	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Automatic transfer confirmed during operation (ONLY COMPLETED IF APPROVED BY OWNER PRIOR TO TEST)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> NA
DIESEL PUMP QUESTIONS			
Fuel tank is at least 2/3 full	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
All flexible hose and connections in good repair	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Fuel tank vents and overflow piping not obstructed	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Controller selector switches are in auto position	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Batteries' voltage readings are within acceptable range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Batteries' charging current readings are within acceptable range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Batteries' pilot lights are on or battery failure pilot lights are off	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
All alarm pilot lights are off	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Engine running time meters are reading	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Oil level in right angle gear drives are within acceptable range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Crankcase oil levels are within acceptable range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Cooling water levels are within acceptable range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Electrolyte level in batteries is within acceptable range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Install date indicated on batteries	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Battery terminals are free from corrosion	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Water-jacket heaters are operating	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Packing glands checked and operating at proper leakage rate	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Fire pump stuffing box drains free flowing	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Engine belts in good repair	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Exhaust free of leaks of fumes into room	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Exhaust insulation in good state of repair	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Exhaust hangers and supports installed and in good repair	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Flexible exhaust connection in good repair	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

DEFICIENCIES NOTED

FOR ANY DEFICIENCIES NOTED PLEASE SEE THE ADDITIONAL ATTACHMENT TO THIS REPORT



935 Interstate Ridge Drive Suite D Gainesville Georgia 30501

770.531.0587 Fax 770.531.0589 Athens: 706.354.1281 Athens Fax: 706.354.1283



REPORT OF ANNUAL FIRE PUMP INSPECTION

Facility: Health and Human Services

Date: 06/04/2021 08:00am EDT

FIRE PUMP ASSEMBLY			
Fire Pump			
Location/ID:	Pump Room	Tag Color:	<input checked="" type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
Fire Pump Type:	Horizontal Split Case		
Fire Pump Manufacturer:	Aurora	Fire Pump Model:	481BF
Fire Pump Serial Number:	94-65311		
Rated Capacity (GPM):	1250		
Rated Maximum Pressure @ Churn (PSI):	Unknown		
Rated Pressure @ 100% Design (PSI):	110		
Rated Pressure @ 150% Max Load (PSI):	98		
Fire Pump Rated Speed (RPM):	1770		
Fire Pump Suction Supply:	City		
Impeller Diameter (In):	16.25		
Notes:			
Right Angle Gear			
Gear Ratio:	NA		
Driver			
Driver Type:	Electric		
Driver Manufacturer:	MARATHON	Driver Model:	405TS
Driver Serial Number:	70266PW		
Driver Rated HP:	125		
Driver Rated Speed (RPM):	1780		
Frame Size:	405TS		
Electric Driver			
Rated Voltage:	460	Rated Full Load Amps:	146
Phase:	3		
Cycles (Hz):	60		
Service Factor:	1.15		
Fire Pump Controller			
FP Controller Type:	Auto Electric		
FP Controller Manufacturer:	Firetrol	FP Controller Model:	FTA1000-AA125B
FP Controller Serial Number:	152833		
FP Controller Rated HP:	125		
FP Controller Phase:	3		
FP Controller Cycles (Hz):	60		
FP Controller Cut On PSI:	135	FP Controller Cut Off PSI:	150
FP Controller Run Timmer Setting (min):	NA		
FP Transfer Switch Make:	NA	FP Transfer Switch Model:	
FP Transfer Switch Serial Number:			
Jockey Pump			
Jockey Pump Manufacturer:	Aurora	Jockey Pump Model:	1VC56T17D5526B
Jockey Pump Serial Number:	9522491940		
Jockey Pump Rated HP:	1.5		
Jockey Pump Phase:	3		
Jockey Pump Cycles (Hz):	60		
Jockey Pump Rated Voltage:	460		
Jockey Pump Rated Amps:	2.4		
Jockey Pump Rated Speed (RPM):	1725		
Jockey Pump Controller			
JP Controller Manufacturer:	Firetrol	JP Controller Model:	FTA500-BD11B
JP Controller Serial Number:	152836		
JP Controller Cut On PSI:	160	JP Controller Cut Off PSI:	170
Additional Notes			
Report:	See accompanied visual inspection report and with flow test report included in this report package.		



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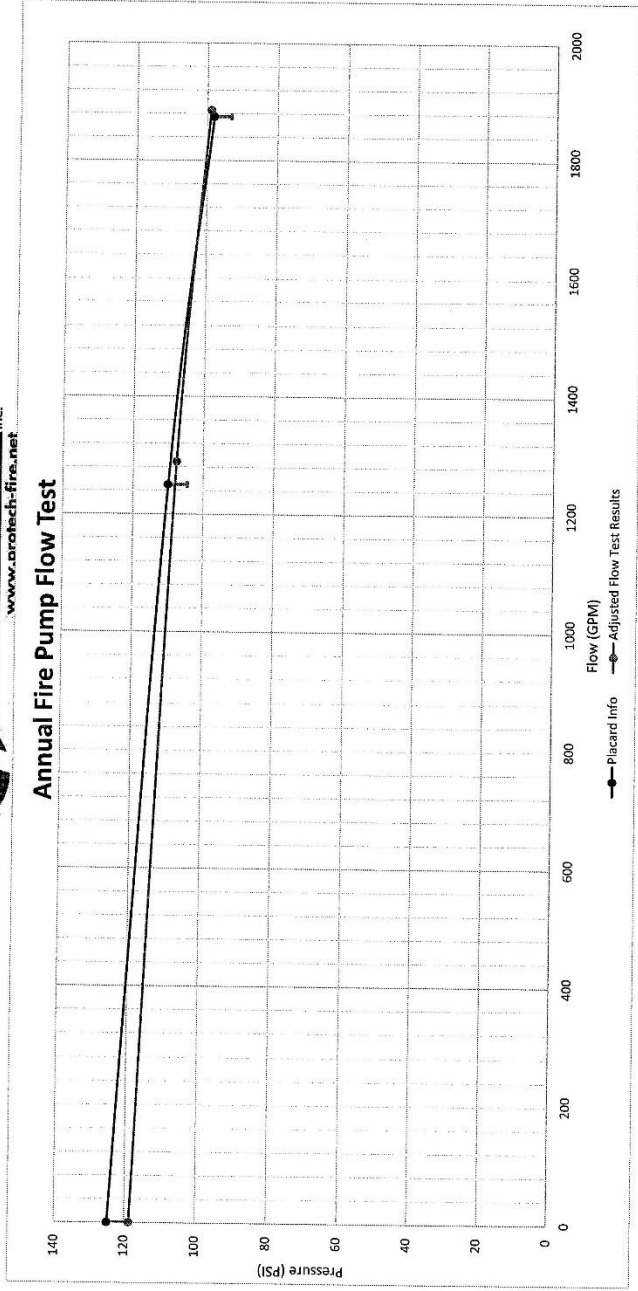
REPORT OF ANNUAL FIRE PUMP FLOW TEST

Fire Pump Information									
Facility:	Health and Human Services								
Fire Pump #/ID:	1250GPM								
Pump Design	Placard Info			Rated Speed			NFPA Curve		
Flow Percentage	Flow (GPM)		Pressure (PSI)		RPM	Flow (GPM)		Pressure (PSI)	
Churn	0		125		1770	0		154	
100%	1250		110		1770	1250		110	
150%	1875		98		1770	1875		72	
Adjusted Flow Test Results									
	Unadjusted Flow								
Flow Status	Suction	Discharge	Flow	Net Head	RPM	Adjusted Flow	Adjusted Net Head	% Capacity	
Churn	44	166	0	122	1794	0	119	0.0%	
100%	36	145	1280	109	1782	1289	108	103.1%	
150%	25	125	1875	100	1780	1886	99	150.8%	
Driver Stats									
	Diesel				Electrical				
Item	Churn	Rated	Overload		Item	Churn	Rated	Overload	
Oil Pressure					Volts				
Temperature					Amps				

Note Volts & Amps will only be taken if exterior display is present



Annual Fire Pump Flow Test



Annual Inspection Report

Completed on: 2021-06-09

for

Health and Human Services

2100 Comer Ave

Columbus, Ga 31901

Conducted By:

Heath Ferguson

NICET III (Sprinkler)

Acom Fire Solutions

Columbus, Georgia 31909

Report of Inspection/Test

Annual NFPA 25

2021-06-09
Property
 Health and Human Services
 2100 Comer Ave
 Columbus Ga 31901

Print Date: 2021-07-07

Conducted by: Heath Ferguson
 NICET III (Sprinkler)

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 800-323-2266
 jcarreker@acom.us



Report of Inspection/Test General Questions

OWNER SECTION

Is the building occupied?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the occupancy classification and hazard of contents remained the same since the last inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all fire protection systems in service?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the system remained in service without modification since the last inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was the system free of actuations of devices or alarms since the last inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

FIRE DEPARTMENT CONNECTION

Is the FDC plainly visible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC easily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the FDC swivels and couplings not damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the FDC caps and plugs in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the FDC gaskets in place and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC check valve drip free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the clapper and automatic drain valve in place and properly operating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC identification sign(s) in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

SPRINKLER HEADS

Are there the proper number and type of spare sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are visible sprinklers in the proper position: upright, pendent, sidewall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are visible sprinklers free of corrosion and physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there proper clearance below the sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are visible sprinklers free of foreign materials including paint?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there liquid in all visible glass bulb sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there spare sprinklers and a sprinkler wrench?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the information sign attached and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all the sprinklers dated 1920 or later?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

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Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Dry-type sprinklers replaced or successfully sample tested within last 10 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have sprinklers subject to harsh environments been replaced or successfully sample tested in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

PIPES

Is the visible pipe in good condition with no external corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does visible pipe have no mechanical damage or leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does visible pipe have no external loads?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are visible pipe hangers and seismic braces not damaged or loose?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the pipe through freezers free if any ice blockage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Has an internal investigation of the pipe (remove a flushing connection and a sprinkler near the end of a branch line) been performed in the last 5 years? (if no conduct investigation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

VALVE AREA

Are the control valves (including backflow preventer isolation valves) supervised with seals in correct (open or closed) position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Are the control valves (including backflow preventer isolation valves) supervised with seals locked or is supervision in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Are the control valves (including backflow preventer isolation valves) supervised with seals accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Are the control valves (including backflow preventer isolation valves) supervised with seals free from leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Are the control valves (including backflow preventer isolation valves) supervised with seals have appropriate wrenches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Are the control valves (including backflow preventer isolation valves) supervised with seals properly identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Are the control valves (including valves on backflow preventers) with locks or electrical supervision in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including valves on backflow preventers) with locks or electrical supervision locked or is supervision in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including valves on backflow preventers) with locks or electrical supervision accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including valves on backflow preventers) with locks or electrical supervision free from any leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including valves on backflow preventers) with locks or electrical supervision have the appropriate wrenches?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including valves on backflow preventers) with locks or electrical supervision properly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all check valves externally inspected, operating properly, and are in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the gauges on system in good condition and showing normal water supply pressure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hydraulic name plate (calculated systems) attached securely to the riser and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are Pressure reducing valves in open position and not leaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

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Are Pressure reducing valves with downstream pressure per the design?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Are Pressure reducing valves in good condition including no handwheels broken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Have the mechanical waterflow alarm devices passed tests by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do valve supervisory switches indicate movement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The electrical waterflow alarm devices passed test by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have post indicating valves been opened until spring or torsion felt in the rod and then closed back 1/4 turn?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
All control valves operated through full range and returned to normal position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have pressure reducing valves passed partial flow test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
BACKFLOW PREVENTERS			
Is relief port on RPZ device not discharging?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Have backflow devices passed forward flow test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
ALARMS			
Is the alarm valve free from physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the trim in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there no leakage in the retarding chamber or drains?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are alarms and supervisory devices not damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Do low temperature alarms look ok?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		
MAINTENANCE			
Perform an obstruction investigation if any of the following were found: defective intake screen on pump supplied from open sources, obstructive material discharged during flow tests, foreign material in dry-type valves, foreign material in water during drain test or plugging of inspector's test connection, plugging of pipe or sprinklers found, failure to flush yard piping or surrounding mains following new installation or repairs, record of broken mains in the vicinity, abnormal frequent false-tripping of dry valves, system has just been returned to service after more than 1 year, there is a reason to think the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe, raw water was pumped into the fire department connection, pinhole leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	If a sprinkler failed a sample test were all the sprinklers represented by that sample replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
If sprinklers have been replaced, were they proper replacements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Were marine systems normally having fresh water drained and refilled twice if raw water got into the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

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Was heat tape inspected per the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	If conditions were found that required flushing, was flushing of the system conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Have adjusted, repaired, reconditioned, or replaced components had proper tests/inspections performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Was a drain test conducted after opening any closed valve?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

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MAIN DRAIN FLOW TESTS

System	Initial static	Residual	Static	Seconds to Return to Initial Static	Flow Observed?	Did waterflow alarm operate?	Are results comparable to previous test?
Health and Human Wet System 1					Yes	Yes	Yes

Report of Inspection/Test

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Questions with Photos and Notes

Health and Human Wet System 1 - Record initial static pressure

Notes:

Pump fed see pump test for pressures no gauges at risers

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Deficiencies - General Questions

None

Deficiencies - General Wet System Questions

None

Deficiencies - Health and Human Wet System 1

None

ACORD

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/12/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Marsh & McLennan Agency LLC 200 Brookstone Centre Pkwy Suite 118 Columbus, GA 31904		PHONE (A/C, No, Ext): 706 324-6671	COMPANY Affiliated FM Insurance Company 270 Central Avenue Johnston, RI 02919	
FAX (A/C, No): CODE:	E-MAIL ADDRESS: rebecca.hightower@MarshMMA.com		LOAN NUMBER	
AGENCY CUSTOMER ID #: 655173		POLICY NUMBER 1084772		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
INSURED Family Holdings Sub LLC 600 Brookstone Centre Parkway Columbus, GA 31904		EFFECTIVE DATE 07/15/21	EXPIRATION DATE 07/15/22	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Location #24 2100 Comer Avenue
 Columbus, GA 31902 Building #1 Office Building - LRO

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 EVIDENCE OF PROPERTY INSURANCE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
****Blanket Coverage Information**** Blanket #1 Blanket Building, Pers Prop, Business Inc, Equip Breakdown Cause of Loss: Special (Including Theft) Valuation: Replacement Cost Commercial Property Policy Level Coverages (See Attached Coverage Info.)	247,831,670	50,000

REMARKS (Including Special Conditions)

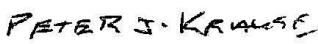
***** Supplemental Names *****

 Type: None
 Four JS Family Partnership, LLLP
 (See Attached Remarks)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Columbus Consolidated Government 100 E 10th St Columbus, GA 31901	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		

Client#: 655173

PEZOLMANAG

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 200 Brookstone Centre Pkwy Suite 118 Columbus, GA 31904	CONTACT NAME: Rebecca Hightower
	PHONE (A/C, No, Ext): 706-596-4660 FAX (A/C, No): E-MAIL ADDRESS: rebecca.hightower@MarshMMA.com
INSURED Family Holdings Sub LLC 600 Brookstone Centre Parkway Columbus, GA 31904	INSURER(S) AFFORDING COVERAGE INSURER A : Arch Insurance Company NAIC # 11150
	INSURER B : Aspen American Insurance Company 43460
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZAGLB9217505	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZACAT9239505	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			CX00NV821	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ZAWCI9385305	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: 2100 Comer Ave. Columbus, GA
 (GL) Blanket Additional Insured Endorsement, Form CG 20 26 04 13
 (GL) Blanket Additional Insured with Completed Operations Endorsement, Form GL068900 06 11
 (GL) Blanket Waiver of Subrogation Endorsement, Form CG 24 04 05 09
 (GL) 60 Day Notice of Cancellation Certificate Holders (Specified Days), Form ML0087 00 11 10
 (See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

Columbus Consolidated Government 100 E 10th St Columbus, GA 31901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>PETER J. KRUSE</i>
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DESCRIPTIONS (Continued from Page 1)

(GL) Blanket Primary and Non-Contributory Other Insurance Condition Endorsement, Form CG 20 01 04 13