

USCG HANGAR
FIRE ALARM MONITORING

Westminster, MA 01441 U.S.A.

U.L. Acct.

Subscriber's Name U.S. Coast Guard Hangar / Mustang Co. Airport Monitoring Account # 208-1905
Address 186 W. Sinclair Dr City Mustang
State MT Zip 49441 Customer No. / Sequence 1537830
Premise Phone # (231) 795-4596 Fax # (231) 795 7735 Cross Street E-11-5
Township _____ Mailing Address _____
Account Type: Fire Burglary Medical Elevator National Account Critical Condition

CONTACT/CALL LIST (Responsible Parties): Premises # will be called prior to contact list.

Name	Phone #	Pass/Abort Code (10 character Limit)
<u>Mik Kolcki</u>	<u>231 206 5143 / 231 565 6284</u>	
<u>Larry Stair</u>	<u>231 206 5145 / 231 565 5008</u>	

LOCAL EMERGENCY DISPATCH NUMBERS (Must be 24-HR)

Fire Dept. (Local)	(<u>231</u>) <u>795 1329</u>	Paramedics (Local)	()
Police Dept. (Local)	(<u>231</u>) <u>733 2691</u>	Other:	()

Communicator (dialer) type PACT Model # 4010 Intrusion Panel Model # _____
Format Reporting: 3 x 1 3 x 1 EXT 4 x 2 BFSK Contact ID Per Point _____
Time Zone E-1 Automatic Test Timer Interval (Daily, Weekly, Monthly or None) Daily
This account to receive periodic activity reports on the following basis: Weekly Reports Monthly Reports
Alarm System Dialer Programming/Set-up Information: _____ Number of Partitions: _____

Code Transmitted	Protected Area	AUD	SIL	Alarm Type
	<u>Mik</u>			
	<u>Larry</u>			
	<u>7127106</u>			
	<u>Phone numbers at USCG that are being used for fire monitoring:</u>			
	<u>798-8157</u>			
	<u>798-8326</u>			

TERMS OF THIS AGREEMENT ARE

Time and Material Price Not to Exceed \$ _____ Fixed Price of \$ 355
DEPOSIT \$ _____ BALANCE DUE \$ _____ AMEX MC/VISA Discover
CARD HOLDER: _____ CREDIT CARD # _____ Expiration Date: _____

Special Instructions (if required): _____

This account will be programmed to send opening and closing signals (security alarm systems only) YES NO
Type of Open / Close Monitoring to be provided: Open / Close Log Only Monitoring Supervised Open / Close Monitoring

Daily schedule for supervised open/close monitoring:

Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening time							
Closing time							
Window*							

Holidays Closed: _____
*All supervised accounts will be assigned a 60 minute time window for scheduled openings and closings. If subscriber requests a longer or shorter time window, please specify.

SHADED AREA TO BE FILLED OUT BY SIMPLEXGRINNELL
Dispatch Permit # _____
State License # _____ District# _____ Completed by _____ Date _____
Maintenance Agreement Coverage Code: _____

Term of Agreement: The initial term of this Agreement shall be for a period of _____ year(s) beginning on the Date of Agreement and shall self-renew for successive periods of 1 year thereafter under the same terms and conditions except for the price, which shall be increased to the applicable price in effect at the renewal date, unless either party gives the other written notice of cancellation at least thirty (30) days prior to the expiration of a term. It is agreed that SimplexGrinnell shall not be responsible to provide Monitoring Services under this Agreement unless and until the communication link between Subscriber's premises and SimplexGrinnell's Monitoring Center has been tested.

IMPORTANT NOTICE REGARDING YOUR LEGAL RIGHTS: The Terms and Conditions on the reverse side are an important part of this Agreement and may affect your legal rights. Among other things, these terms significantly limit SimplexGrinnell's liability should an event occur that this service is designed to detect. By signing this Agreement you acknowledge that you have read, acknowledge, and agree to be legally bound by all Terms and Conditions of this Agreement.

Annual Monitoring Fee \$ 355
Subscriber/Authorized Signature: Marty Piette SimplexGrinnell Representative Signature: Nick Brunt Date: 4-21-06
Printed: Marty Piette Printed: Nick Brunt