

**ALARM SYSTEM CERTIFICATE-No. 0325**

Name: GULF STREAM COTTAGES HOA

Address: 350 A SNORKLE WAY

City, State, Zip: MYRTLE BEACH SC 29577

Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection       | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection              | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| <input type="checkbox"/> Additional Protection:               | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____                      |

**The following Special Monitoring Services are provided:**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup       | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| <input type="checkbox"/> Additional Monitoring Services:      | <input type="checkbox"/> _____                           | <input type="checkbox"/> _____            |  |

**Alarm Installation Company:**

Company Name: Security Vision Name: Brachelle B Dailey

Address: 1784 Hwy 501 Authorized Signature: \_\_\_\_\_

City, State, Zip: Myrtle Beach, SC 29577 Title: Office Assistant Date: \_\_\_\_\_

**ALARM SYSTEM CERTIFICATE-No. 0326**

Name: GULF STREAM COTTAGES HOA  
Address: 374 A SNORKLE WAY  
City, State, Zip: MYRTLE BEACH SC 29577  
Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection       | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection              | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| <input type="checkbox"/> Additional Protection:               | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____                      |

**The following Special Monitoring Services are provided:**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup       | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| <input type="checkbox"/> Additional Monitoring Services:      | <input type="checkbox"/> _____                           | <input type="checkbox"/> _____            |  |

**Alarm Installation Company:**

Company Name: <u>Security Vision</u>	Name: <u>Brachelle B Dailey</u>
Address: <u>1784 Hwy 501</u>	Authorized Signature: _____
City, State, Zip: <u>Myrtle Beach, SC 29577</u>	Title: <u>Office Assistant</u> Date: _____

**ALARM SYSTEM CERTIFICATE-No. 0327**

Name: GULF STREAM COTTAGES HOA

Address: 301 A SAILORS COURT

City, State, Zip: MYRTLE BEACH SC 29577

Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection       | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection              | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| <input type="checkbox"/> Additional Protection: _____         | <input type="checkbox"/> _____                                   | <input type="checkbox"/> _____                      |

**The following Special Monitoring Services are provided:**

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup        | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| <input type="checkbox"/> Additional Monitoring Services: _____ | <input type="checkbox"/> _____                           | <input type="checkbox"/> _____            |  |

**Alarm Installation Company:**

Company Name: Security Vision Name: Brachelle B Dailey

Address: 1784 Hwy 501 Authorized Signature: \_\_\_\_\_

City, State, Zip: Myrtle Beach, SC 29577 Title: Office Assistant Date: \_\_\_\_\_

**ALARM SYSTEM CERTIFICATE-No. 0328**

Name: GULS STREAM COTTAGES HOA

Address: 310 A SAILORS COURT

City, State, Zip: MYRTLE BEACH SC 29577

Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection       | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection              | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |

Additional Protection:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**The following Special Monitoring Services are provided:**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup       | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |

Additional Monitoring Services:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Alarm Installation Company:**

Company Name: Security Vision

Name: Brachelle B Dailey

Address: 1784 Hwy 501

Authorized Signature: \_\_\_\_\_

City, State, Zip: Myrtle Beach, SC 29577

Title: Office Assistant Date: \_\_\_\_\_

# ALARM SYSTEM CERTIFICATE-No. 0329

Name: GULS STREAM COTTAGES HOA

Address: 324 A SNORKEL WAY

City, State, Zip: MYRTLE BEACH SC 29577

Date of Installation: 03/01/2015

### The following Protection is provided by the Security Equipment:

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection       | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection              | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |

Additional Protection:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

### The following Special Monitoring Services are provided:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup       | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |

Additional Monitoring Services:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

### Alarm Installation Company:

Company Name: Security Vision Name: Brachelle B Dailey

Address: 1784 Hwy 501 Authorized Signature: \_\_\_\_\_

City, State, Zip: Myrtle Beach, SC 29577 Title: Office Assistant Date: \_\_\_\_\_

**ALARM SYSTEM CERTIFICATE-No. 0330**

Name: GULF STREAM COTTAGES  
Address: 300 A SNORKLE WAY  
City, State, Zip: MYRTLE BEACH SC 29577  
Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection   | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection   | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection  | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| Additional Protection: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |

**The following Special Monitoring Services are provided:**

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup  | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| Additional Monitoring Services: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |  |

**Alarm Installation Company:**

Company Name: <u>Security Vision</u>	Name: <u>Brachelle B Dailey</u>
Address: <u>1784 Hwy 501</u>	Authorized Signature: _____
City, State, Zip: <u>Myrtle Beach, SC 29577</u>	Title: <u>Office Assistant</u> Date: _____

**ALARM SYSTEM CERTIFICATE-No. 0331**

Name: GULF STREAM COTTAGES  
Address: 301 A SNORKLE WAY  
City, State, Zip: MYRTLE BEACH SC 29577  
Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection   | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection   | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection  | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| Additional Protection: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |

**The following Special Monitoring Services are provided:**

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup  | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| Additional Monitoring Services: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |  |

**Alarm Installation Company:**

Company Name: <u>Security Vision</u>	Name: <u>Brachelle B Dailey</u>
Address: <u>1784 Hwy 501</u>	Authorized Signature: _____
City, State, Zip: <u>Myrtle Beach, SC 29577</u>	Title: <u>Office Assistant</u> Date: _____

**ALARM SYSTEM CERTIFICATE-No. 0332**

Name: GULF STREAM COTTAGES  
Address: 1928 A CASSANDRA WAY  
City, State, Zip: MYRTLE BEACH SC 29577  
Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection   | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection   | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection  | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| Additional Protection: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |

**The following Special Monitoring Services are provided:**

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup  | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| Additional Monitoring Services: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |  |

**Alarm Installation Company:**

Company Name: <u>Security Vision</u>	Name: <u>Brachelle B Dailey</u>
Address: <u>1784 Hwy 501</u>	Authorized Signature: _____
City, State, Zip: <u>Myrtle Beach, SC 29577</u>	Title: <u>Office Assistant</u> Date: _____



**ALARM SYSTEM CERTIFICATE-No. 0336**

Name: GULF STREAM COTTAGES  
Address: 259 A 19TH AVE S  
City, State, Zip: MYRTLE BEACH SC 29577  
Date of Installation: 03/01/2015

**The following Protection is provided by the Security Equipment:**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Burglary Protection   | <input checked="" type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input checked="" type="checkbox"/> AFD Glassbreak Protection   | <input type="checkbox"/> Low Temperature Protection              | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection  | <input type="checkbox"/> Flood/High Water Protection             | <input type="checkbox"/> LP Gas Leak Protection     |
| Additional Protection: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |

**The following Special Monitoring Services are provided:**

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> GSM Cellular Backup  | <input type="checkbox"/> IP/Internet Monitoring          | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____                    |  |
| Additional Monitoring Services: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  |   |  |

**Alarm Installation Company:**

Company Name: <u>Security Vision</u>	Name: <u>Brachelle B Dailey</u>
Address: <u>1784 Hwy 501</u>	Authorized Signature: _____
City, State, Zip: <u>Myrtle Beach, SC 29577</u>	Title: <u>Office Assistant</u> Date: _____