

## ASSIGNMENT AND AMENDATORY AGREEMENT

THIS ASSIGNMENT AND AMENDATORY AGREEMENT is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2011, by and among the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado, hereinafter referred to as the "City", and **MSP MASTER TENANT I, LLC**, a Colorado limited liability company, with an address of 1245 Pearl Street, Suite 201, Boulder, Colorado 80302, hereinafter referred to as the "Lessee".

### WITNESSETH:

**WHEREAS**, the City originally contracted with an entity named Main Street Power Company, Inc., a Delaware corporation, on July 6, 2010, (the "Agreement") to lease roof top space for a solar generating array at Wastewater Management Building, 2000 West 3<sup>rd</sup> Avenue, Denver, CO; and

**WHEREAS**, Main Street Power Company, Inc. has assigned its right, obligations, title and interest, in the Generating Facility and the Lease Agreement to MSP Master Tenant I, LLC; and

**WHEREAS**, the City upon execution of this Assignment and Amendatory Agreement will make all payments to MSP Master Tenant I, LLC;

**NOW, THEREFORE**, in consideration of the premises and the mutual covenants and obligations herein set forth the parties agree as follows:

1. That all references to "Main Street Power Company, Inc." in the Agreement shall read "MSP Master Tenant I, LLC" and its address shall read "1245 Pearl Street, Suite 201, Boulder, Colorado 80302".

2. MSP Master Tenant I, LLC has provided the required insurance certificate attached hereto as Exhibit D-1 and that all references to "Exhibit D" shall read "Exhibits D and D-1 as applicable".

3. The Agreement is amended to add a new Article 12.20 entitled "**ELECTRONIC SIGNATURES AND ELECTRONIC RECORDS**" to read as follows:

**"12.20 ELECTRONIC SIGNATURES AND ELECTRONIC RECORDS:** Lessee consents to the use of electronic signatures by the City. The Agreement, and any other documents requiring a signature hereunder, may be signed electronically by the City in the manner specified by the City. The Parties agree not to deny the legal effect or enforceability of the

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Agreement solely because it is in electronic form or because an electronic record was used in its formation. The Parties agree not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.”

4. Except as herein amended and assigned, the Agreement is affirmed and ratified in each and every particular.

\*

\*

*\*(Remainder of page left intentionally blank.)*

IN WITNESS WHEREOF, the City, and the Lessee have executed, through their respective lawfully empowered representatives, this Assignment and Amendatory Agreement as of the day and year first above written.

**ATTEST:**

**CITY AND COUNTY OF DENVER**

\_\_\_\_\_  
STEPHANIE Y. O'MALLEY, Clerk and  
Recorder, Ex-Officio Clerk of  
The City and County of Denver

By: \_\_\_\_\_  
MAYOR

**APPROVED AS TO FORM:**

DAVID R. FINE  
CITY ATTORNEY, City and  
County of Denver

By: \_\_\_\_\_  
Assistant City Attorney

**RECOMMENDED AND APPROVED:**

By: \_\_\_\_\_  
Manager of General Services

By: \_\_\_\_\_  
Director of Greenprint

**REGISTERED AND COUNTERSIGNED:**

By: \_\_\_\_\_  
Manager of Finance

By: \_\_\_\_\_  
Auditor  
Contract Control No. RC0A014-1

**"CITY"**

**MSP MASTER TENANT I, LLC**

By: \_\_\_\_\_

Title: President and Chief Executive Officer

**"LESSEE"**

**ATTEST:**

By: \_\_\_\_\_

Exhibit D-1



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/9/2011

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 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 rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Beecher Carlson - Boston<br>15 Broad Street, 8th Floor<br><br>Boston MA 02109   |                                | <b>CONTACT NAME:</b> Marc Toy<br><b>PHONE (A/C, No, Ext):</b> (617) 532-9400<br><b>FAX (A/C, No):</b> (617) 532-9490<br><b>E-MAIL ADDRESS:</b><br><b>PRODUCER CUSTOMER ID #:</b> 00122066  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
|--|--------------------------------|--|--|-------------------------------|--|--------|-----------|--------------------------------|-------|-----------|-------------------------|-------|-----------|----------------------------|-------|-----------|--|--|-----------|--|--|-----------|--|--|
| <b>INSURED</b><br>Main Street Power Company, Inc.<br>MSP QALICB I, LLC<br>MSP MASTER TENANT I, LLC<br>1245 Pearl Street, Suite 205<br>Boulder CO 80302 |                                | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A</td><td>ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B</td><td>ACE Property &amp; Casualty</td><td>20699</td></tr><tr><td>INSURER C</td><td>Hartford Ins Co of Midwest</td><td>37478</td></tr><tr><td>INSURER D</td><td></td><td></td></tr><tr><td>INSURER E</td><td></td><td></td></tr><tr><td>INSURER F</td><td></td><td></td></tr></tbody></table> |  | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A | ACE American Insurance Company | 22667 | INSURER B | ACE Property & Casualty | 20699 | INSURER C | Hartford Ins Co of Midwest | 37478 | INSURER D |  |  | INSURER E |  |  | INSURER F |  |  |
| INSURER(S) AFFORDING COVERAGE  |                                | NAIC #   |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
| INSURER A  | ACE American Insurance Company | 22667  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
| INSURER B  | ACE Property & Casualty        | 20699  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
| INSURER C  | Hartford Ins Co of Midwest     | 37478  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
| INSURER D  |                                |  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
| INSURER E  |                                |  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |
| INSURER F  |                                |  |  |                               |  |        |           |                                |       |           |                         |       |           |                            |       |           |  |  |           |  |  |           |  |  |

**COVERAGES****CERTIFICATE NUMBER: 11-12 GL AL UMB WC****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 SUBR INSR WVD   | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--|-------------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |  | PMG G24917551 001 | 1/1/2011                | 1/1/2012                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS |  | PMU H08524919 001 | 1/1/2011                | 1/1/2012                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DEDUCTIBLE<br>RETENTION \$ 10,000                             |  | G24917563 001     | 1/1/2011                | 1/1/2012                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$<br>\$  |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 34 WE ZN4557      | 1/1/2011                | 1/1/2012                | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                         |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |
|          |  |  |                   |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City and County of Denver, its elected and appointed officials, employees, and volunteers are named as additional insured for project- Wastewater Management Building, 2000 West 3rd Avenue, Denver, CO 80223

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| City of Denver<br>201 W. Colfax Dept 1106<br>Denver, CO 80202 | 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<br><br>R Bothwell/TLYTLE   |