

**PONY VILLAGE MALL
WEDDING FAIRE
EXTRAORDINAIRE!**



FEBRUARY 6th, 2010

Bridal shows are the most effective medium for marketing your services and products. No other form of advertising offers as many face to face meetings with potential customers in one location.

YES! RESERVE MY SPACE FOR THE 2010 WEDDING FAIRE!

(All spaces are assigned on a first come, first served basis)

WEDDING FAIRE BEGINS SAT. FEB 6th 2010 @10:00 A.M.

1 5X 10BOOTH = \$50.00 2ND BOOTH = \$25.00

WITH ELECTRICAL = \$75.00

(Booth = 1 standard 6'x 3'table 2 chairs and 1 easel having no linen or skirting)

HOW MANY BOOTHS _____ TOTAL \$ _____

ADDITIONAL EASELS _____ @ 10.00 TOTAL \$ _____

TOTAL DUE \$ _____

PARTICIPATING IN FASHION SHOW : YES__NO__

FASHION SHOW - 1:00PM

BUSINESS NAME : _____

ADDRESS : _____

PHONE O) _____ C) _____ FAX _____

AUTHORIZED SIGNATURE: _____ DATE _____

You will need to provide proof of insurance or sign a hold harmless agreement. Below you will find a sample of insurance required and a hold harmless agreement. Please sign and return.

MAIL TO:

PONY VILLAGE MALL - 1611 VIRGINIA -BOX 503- NORTH BEND-OR-97459

O-756-0433 FAX - 756-7563

bsue.hayes@ponyvillagemall.com

HOLD HARMLESS AGREEMENT

To the extent not expressly prohibited by law, _____ agrees to hold harmless and indemnify Pony Village Mall and Yoo Jin Lodging, LLC, from and against any and all claims and liabilities, including reasonable attorneys' fees, (i) for injuries to all persons and damage to or theft or misappropriation or loss of property occurring in or about the Demised Premises arising from _____ of the Demised Premises or the conduct of its business, or from activity, work, or thing done, permitted or suffered by _____ its employees, agents, guests or invitees in or about the Demised Premises or Shopping Center, or (ii) from any breach or default on the part of _____ in the performance of any covenant or agreement on the part of _____ to be performed pursuant to the terms of this Lease, or (iii) due to any other act or omission of Tenant, its agents, employees, guests or invitees, or (iv) if any person, not a party to this Lease, shall institute an action against Tenant in which Pony Village Mall and Yoo Jin Lodging, LLC, shall be made a party. Pony Village Mall may, at its option, repair such damage or replace such loss, and Pony Village Mall shall upon demand by Pony Village Mall reimburse for all costs of such repairs, replacement and damages in excess of amounts, if any, paid to Pony Village Mall under insurance covering such damages. In the event any action or proceeding is brought against Pony Village Mall and Yoo Jin Lodging, LLC, by reason of any such claims, then, upon notice from Pony Village Mall, _____ covenants to defend such action or proceeding by counsel reasonably satisfactory to Pony Village Mall.

_____ further waives its right to assert any claim for loss, cost, injury or damages Yoo Jin Lodging, LLC, their officers, present or arising at any time in the future, arising from, related to, or in any way connected with the use of the Pony Village Mall or any conduct undertaken by _____ there at.

For space **Common area of mall** . For the term beginning **February 5th, 2010** and ending **February 6th, 2010** .

Date: _____

Date: _____

Participant Signature

Bonnie S. Hayes _____
Marketing Manager

Print Name

Business name or owner's name goes in all blank spots of first 2 paragraphs. Then sign and date please.

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)

PRODUCER INSURANCE AGENT NAME (if applicable) INSURANCE COMPANY NAME ADDRESS CITY, STATE ZIP	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE
INSURED TENANT/CONTRACTOR NAME (if applicable) COMPANY NAME/DBA (if applicable) PREMISES ADDRESS OR CORPORATE ADDRESS CITY, STATE ZIP	INSURER A: <u>Insurance Company</u> INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/>	POLICY NUMBER	START DATE	END DATE	EACH OCCURRENCE \$ 1,000,000.00 FIRE DAMAGE (Any one fire) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS-COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z	Please call (541) 756-0433 if you have any questions.			COMBINED SINGLE LIMIT (Ea accident) \$ - BODILY INJURY (Per person) \$ - BODILY INJURY (Per accident) \$ - PROPERTY DAMAGE (Per accident) \$ -
	<input type="checkbox"/> ACCIDENT <input type="checkbox"/> AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ - OTHER THAN \$ -
	<input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z	Please FAX Certificate of Insurance to (541) 756-7563.			EACH OCCURRENCE \$ - AGGREGATE \$ - \$ - \$ - \$ -
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC <input type="checkbox"/> STAT.L <input type="checkbox"/> O <input type="checkbox"/> T E.L. EACH ACCIDENT \$ - E.L. DISEASE-EA EMPLOYEE \$ - E.L. DISEASE-POLICY LIMIT \$ -
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

PONY VILLAGE MANAGEMENT, LLC (AS MANAGER), YOO JIN LODGING,LLC (AS OWNER) PONY VILLAGE MALL (PREMISES) ARE LISTED AS ADDITIONAL INSURED AS THEIR INTERESTS MAY APPEAR REGARDING: 1611 VIRGINIA AVE, SUITE/UNIT, NORTH BEND, OR 97459

**YOO JIN LODGING, LLC
1611 VIRGINIA AVE., STE 201 - BOX 503
NORTH BEND, OR 97459**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE