



2/23/09

8

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Steven Ledoux**  
Town Manager

---

January 28, 2009

The Acton Beacon:

**Atten: ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notice** in the Thursday, February 5, 2009 edition of the Acton Beacon. *Please send bill to:*

Lindsey Sundberg  
605 Central Street  
Leominster, MA 01453  
978-621-9381

Very truly yours,

Christine M. Joyce  
Town Manager's Office

**Please confirm receipt of this Fax to: Christine @ 978-264-9612**  
**FAX 978-264-9630**

**Town of Acton**  
**Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Faulkner Room in the Acton Town Hall on February 23, 2009 at 7:20 P.M. on the application of Lindsey M. Sundberg, Manager, D/B/A, Acton Bowladrome Enterprises Inc., for a Beer and Wine Alcoholic Beverage License as a Common Victualler at 257 Main Street, Acton, MA.

**ACTON BOARD OF SELECTMEN**

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Steven Ledoux**  
**Town Manager**

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January 28, 2009

Lindsey Sundberg  
605 Central Street  
Leominster, MA 01453  
978-621-9381

Dear Ms. Sundberg:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, February 5, 2009 at your expense.

The ABCC requires the time and date of such hearing for a license be placed in the local newspaper. Your hearing is scheduled for February 23 at 7:20 P.M. in Room 204 of the Acton Town Hall.

You must notify the abutters of your application by certified Mail Return receipt prior to the hearing. You may obtain a certified list from the Acton Assessor's Office. You are required to turn in the Green cards as proof of notification at the meeting on February 23, 2009.

I recommend enrolling your employees in an Alcoholic Service Training program (TIP'S). You can check with other License holders to see if they need to train new employees in their restaurants. Jack Mendosa of ScupperJack's, has hosted this training at his restaurant in the past, and I urge you to contact him about the Liquor Service Training for your employees.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

cc: File  
{blankabc.Doc.}

**Christine Joyce**

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**From:** Frank Widmayer  
**Sent:** Friday, February 13, 2009 3:43 PM  
**To:** Christine Joyce  
**Subject:** Liquor License - Acton Bowladrome, 257 Main Street

I have reviewed the application submitted on behalf of Acton Bowladrome and I have no objection to the issuance of the license.

Frank J. Widmayer III  
Chief of Police  
(978) 263-2911



**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts 01720  
Telephone (978) 264-9632  
Fax (978) 264-9630

**Building Department**

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**Date:** February 9, 2009  
**To:** Board of Selectmen  
**From:** Frank Ramsbottom, Building Commissioner  
**Subject:** Liquor License - Acton Bowladrome, 257 Main Street

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I have reviewed the application for a Liquor License for the Acton Bowladrome.  
A 304 Periodic Inspection would be required for this license.

Respectfully submitted,

Frank Ramsbottom  
Building Commissioner



## ACTON BOARD OF HEALTH

Douglas Halley  
Health Director

472 Main Street  
Acton, MA 01720

Telephone 978-264-9634  
Fax 978-264-9630

February 17, 2009

TO: Christine Joyce, Town Manager's Office

FROM: Sheryl Ball, Health Inspector

RE: Liquor License Application – Acton Bowladrome, 257 Main Street

.....

The Health Department has reviewed the application for the Beer and Wine License for the Acton Bowladrome, 257 Main Street and has no issues with the granting of this license.

If you should have any questions, please contact this office at 978-264-9634.

# Town Manager's Office

## INTERDEPARTMENTAL COMMUNICATION

**To:** Board of Health, Building Comm., Police & Fire Chiefs

**Date:** January 28, 2009

**From:** *Christine Joyce, Town Manager's Office*

**Subject:** Liquor License- Acton Bowladrome, 257 Main Street

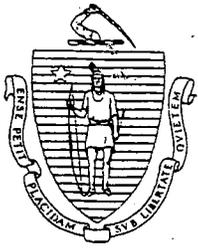
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Enclosed please find a copy of the application for a Annual Beer and Wine Liquor license as a Common Victualler for the Acton Bowladrome, Inc. The Bowladrome currently holds a 2009 Common Victualler at that location

Bob and Frank R. Does this trigger the 304 Inspection?

**The public hearing is scheduled for 7:20 P.M., February 23, 2009, Comments Due prior to that date ..**

{blankabc.Doc.}



The Commonwealth of Massachusetts  
 The Alcoholic Beverages Control Commission  
 239 Causeway Street, Suite 200  
 Boston, MA 02114

Telephone: 617- 727-3040  
 FAX: 617- 727-1258

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- A. NEW LICENSE APPLICANT
- B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION
- C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Acton Bowladrome Enterprise, Inc.  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Lindsey Sundberg
3. SOCIAL SECURITY NUMBER \_\_\_\_\_
4. HOME (STREET) ADDRESS 605 Central St, Leominster MA 01453
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
 DAY TIME # 978-263-7638 HOME# 978-621-9381
6. PLACE OF BIRTH: Winchester, MA 7. DATE OF BIRTH: 11/27/84
8. REGISTERED VOTER: \_\_\_\_\_ YES  NO \_\_\_\_\_ 8A. WHERE ? : \_\_\_\_\_
9. ARE YOU A U. S. CITIZEN:  YES \_\_\_\_\_ NO \_\_\_\_\_
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): N/A  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)



11. FATHER'S NAME: Paul Coppin

12. MOTHER'S MAIDEN NAME: O'Neil

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

YES  NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

My sister and I got into a physical altercation in our yard - A neighbor called the police. - Domestic violence - w/a penalty of community service

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY:  YES  NO  
IF YES, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE:  YES  NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

'07-'08) Acton Bowladrome & Arcade, Receptionist, Acton MA  
'06-'08) Chelmsford High School, 1:1 Behavioral Support, Chelmsford MA  
('06-'07) Marilee Brew, Behavioral Therapist, Acton MA

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: \_\_\_\_\_

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: [Signature]  
PROPOSED MANAGER SIGNATURE

1/11/09  
DATE

**The Commonwealth of Massachusetts**  
ALCOHOLIC BEVERAGES CONTROL COMMISSION

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE**

City/Town: Acton

- New License       Transfer of Stock       Other \_\_\_\_\_  
 Transfer of License       New Officer/Director      (Specify)

Name to appear on the License: <u>Acton Bowling Center Enterprise, Inc</u>	
Business Name (d/b/a), if different:	
Manager of Record:	FID of Licensee: <u>6 1117-2-111</u>
Address of Premises; Street: <u>257 MAIN ST.</u>	Zip Code: <u>01720</u>
Phone Number of Premises: <u>(978) 263-7638</u>	

2. Type of License: (check only one)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Club                          | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club                         |
| <input checked="" type="checkbox"/> General On Premise | <input type="checkbox"/> Restaurant    | <input checked="" type="checkbox"/> Other <u>Bowling Alley</u> |
| <input type="checkbox"/> Innholder                     | <input type="checkbox"/> Tavern        | (Specify)  |

3. License Category:
- |  |   |
|--|---|
| <input type="checkbox"/> All Alcoholic                                 | <input checked="" type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt only                                     | <input type="checkbox"/> Wine only                |
| <input checked="" type="checkbox"/> Wine and Malt with Cordials Permit |   |

4. License Class:       Annual       Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: <u>Josh Sundberg</u>
Address: <u>605 Central St, Leominster, MA</u>
Phone Number: <u>(978) 263-7638</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:  
Family entertainment center w/16 bowling lanes and a large arcade. A small food service area and function room. Entire building measures roughly 14,000 sqft. Entrances: ① From parking lot along Main St there is one. ② through bowling alley ③ through function room.

6a.

Seating Capacity: <u>40</u>	Occupancy Number:
-----------------------------	-------------------

7. Applicant is an:     Association       Corporation       Individual  
 Partnership       Non-profit Corporation

8. If Applicant is an Individual or Partnership: List for Individual or each Partner.

Full Name	Home Address	D.O.B.	SSN
<u>Lindsey Marie Sundberg</u>	<u>605 Central St, Leominster MA 01453</u>	<u>11/27/84</u>	<u>[REDACTED]</u>

- 8a. Is Individual or are all Partners United States Citizens?       Yes       No  
If no, specify citizenship: \_\_\_\_\_
- 8b. Is Individual or are all Partners involved at least twenty-one years old?       Yes       No

9. If the Applicant is a Corporation, complete the following:

State of Incorporation: <u>Massachusetts</u>	Date of Incorporation: <u>11/20/67</u>
Fiscal Year Ends: <u>10/31</u>	Date qualified to do business in MA: <u>11/20/67</u>

9a. How many Shares of Stock are authorized? 500 How many Shares of Stock are issued? 500

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.  
Use \* to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled
<u>President</u>	<u>Joshua Sundberg</u>	<u>605 Central St. Leominster, MA 01453</u>	<u>02/09/76</u>		<u>500</u>

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

- Are the Majority of Directors United States Citizens?  Yes  No
- Are the Majority of Directors Citizens of Massachusetts?  Yes  No
- Is the Manager or Principal Representative a U.S. Citizen?  Yes  No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?  Yes  No  
(If yes, complete a, b, c, and d)

- Give an exact description of the construction, remodeling, redecorating or building on the premises: Complete demolition of existing food service area - new furnishings, appliances, floor plan and doorway resulting in a modern family atmosphere.
- What are the estimated costs? \$20,000.00
- What is the construction schedule? 5/08 - 8/08 M-F until complete
- State all sources of construction financing: Property equity loan through Worker's Credit Union

12. Do you own the premises?  Yes  No. If yes, please respond to the question below.

- As an individual  Jointly \_\_\_\_\_ Name of Realty Trust  
 \_\_\_\_\_ Name of Corporation  
 Other \_\_\_\_\_ (specify)

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>Bowladrome Realty Trust (Bob Sundberg)</u>	Phone Number: <u>(978)</u>
Address: <u>257 Main St, Acton MA 01720</u>	

12a. If a lease or rental, provide the following information: \$ 4,000.00 per month  
(month, year, etc.)

Beginning Date of Lease \_\_\_\_\_ Ending Date of Lease \_\_\_\_\_  
(provide a copy of the lease.)

**FINANCIAL**

13. What Assets were purchased and cost? *At this point none yet.*

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$
--------------------------

Identify in the box below all sources of financing:

13b.

Mortgage: \$ <i>150,000.00</i>	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:
(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged?  Yes  No

If yes, to whom? \_\_\_\_\_

13e. Will the Inventory be pledged?  Yes  No

If yes, specify to whom \_\_\_\_\_

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged?  Yes  No

If yes, identify to whom and identify the number of shares to be pledged. \_\_\_\_\_

**OWNERSHIP INTERESTS**

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

Yes  No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?  Yes  No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled?  Yes  No (If yes, provide the following information):

Date	License	Reason why the License was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?  Yes  No (If yes, attach a statement of details.)

- 15. a. Each Individual Applicant must sign.
- b. Applications by a Partnership must be signed by a majority of the partners.
- c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
- d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
- e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this ~~fourteenth~~ eleventh day of January, 2009.

By: Signature of Full Name

Title

Lindsey Marie Sundberg

Manager

## **POLICIES AND PROCEDURES CUSTOMER SERVICE/EMPLOYEE RESPONSIBILITIES**

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in the following policy, which lead to accident, injury or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the only acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged)
- e. Look at composition of ID (does it confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the Customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from High School
- c. Astrological sign
- d. Social Security Number

If you still have reservations, request a second form of ID

**IF YOU STILL HAVE DOUBTS, Don't Serve!!**

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow under age persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being over talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying dropping belongings or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handled the situation, and the actions of the customer **(forms attached to this document)**.

---

Employee Name

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these procedures for my own records.

---

Employee signature

Date

---

Manager Signature

Date

**Forms Attached to this policy:**

Refusal of Service Report  
Shut-Off Report

3/11/08

# REFUSAL OF SERVICE REPORT

This report is to be used **ONLY** when a person comes into the establishment and you refuse to serve them any alcohol. This is not a shut-off report.

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Report written by:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
**Name of Patron:** \_\_\_\_\_  
**Address of patron:** \_\_\_\_\_  
**Description/Observation of patron:** **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Clothing worn by patron: Check off if known**  
**Shirt type:** Long sleeve \_\_\_\_\_ Short sleeve \_\_\_\_\_ **Color of shirt** \_\_\_\_\_ **Type of shirt**  
i.e.) dress shirt, polo shirt, tee shirt, blouse \_\_\_\_\_  
**Pants type:** Long \_\_\_\_\_ Shorts \_\_\_\_\_ Capri's \_\_\_\_\_ Other \_\_\_\_\_  
**Color of pants:** \_\_\_\_\_ **Belt worn?** Y \_\_\_ N \_\_\_ Unknown \_\_\_  
**Socks and shoes if known:** \_\_\_\_\_  
**Condition of clothes:** (please check) disorderly \_\_\_ soiled \_\_\_ orderly \_\_\_ torn \_\_\_  
**Breath (alcohol odor)** strong \_\_\_ Moderate \_\_\_ Faint \_\_\_ None \_\_\_  
**Attitude:** polite \_\_\_ hilarious \_\_\_ talkative \_\_\_ carefree \_\_\_ sleepy \_\_\_ cocky \_\_\_  
combative \_\_\_ indifferent \_\_\_ insulting \_\_\_ [profane \_\_\_ cooperative \_\_\_ Other \_\_\_\_\_  
**Unusual action:** Belching \_\_\_ Vomiting \_\_\_ Fighting \_\_\_ Crying \_\_\_ Laughing \_\_\_  
hiccupping \_\_\_ Other \_\_\_  
**Speech:** Not understandable \_\_\_ mumbled \_\_\_ slurred \_\_\_ confused \_\_\_ thick-tongued  
\_\_\_ accent \_\_\_ understandable \_\_\_ Other \_\_\_  
**Eyes:** bloodshot \_\_\_ watery \_\_\_ glassy \_\_\_ fine \_\_\_ other \_\_\_  
**Complexion:** flushed \_\_\_ pale \_\_\_ other \_\_\_

Indicate other unusual actions or statements, including when they were first observed:

## STEPS TAKEN:

Patron's actions & comments on steps taken:

Refused the sale of alcohol \_\_\_\_\_  
Offered non-alcoholic beverage \_\_\_\_\_  
Offered food \_\_\_\_\_  
Offered to call another party \_\_\_\_\_  
Suggested /called a cab \_\_\_\_\_  
Was patron alone? \_\_\_\_\_ Did the patron drive? \_\_\_\_\_

The facts recorded above are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**SHUT-OFF REPORT**

**Date:**

**Name of establishment** \_\_\_\_\_

**Name of customer** \_\_\_\_\_

**Id presented by customer (check one) drivers license**  **passport**  **non drivers license/state or federally issued Id**  **Military**  **Other (name)** \_\_\_\_\_  
**Id number** \_\_\_\_\_

**Time of the day/night customer came into establishment**

**Time of shut-off** \_\_\_\_\_

**Reason for shut-off:**

**Steps taken:**

**Manager notified:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:**

**Manager on duty:**

LAW OFFICES  
**DICK, DYSON & BOLTON**  
PROFESSIONAL CORPORATION  
113 THE GREAT ROAD  
BEDFORD, MASSACHUSETTS 01730

ROBERT E. DYSON  
PAUL C. DICK  
JAMES M. BOLTON, MA & NH  
MAURA L. NOONE

(617) 275-0860  
(508) 369-0533  
TELECOPIER  
(617) 275-3575

September 27, 1990

Metropolitan Life  
ATTN: James F. Powers, CLU  
180 Boston Post Road West  
P.O. Box S  
Marlboro, MA 01752

Re: Robert A. Sundberg, Sr., Robert A. Sundberg, Jr., and  
Sandra A. Sundberg

Dear Mr. Powers:

As requested, enclosed please find copies of the following documents relative to the above-referenced individuals:

1. Irrevocable Inter Vivos Trust Agreement of Robert A. Sundberg, Sr. (Donor) and Robert A. Sundberg, Jr., and the First National Bank of Boston (Trustees);
2. Robert A. Sundberg, Jr., 1990, Trust;
3. Last Will and Testament of Robert A. Sundberg, Jr.;
4. Last Will and Testament of Sandra A. Sundberg; and
5. Irrevocable Inter Vivos Trust Agreement of Robert A. Sundberg, Jr. (Donor) and Sandra A. Sundberg and the First National Bank of Boston (Trustees).

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Robert E. Dyson

RED:cc  
Enclosures

**COPY**

MASSACHUSETTS QUITCLAIM DEED

ROBERT A. SUNDBERG, JR., Trustee of Bolodrome Realty Trust u/d/t dated January 15, 1992, recorded with said Deeds in Book 21683, Page 462

for consideration paid, and in full consideration of Four Million Eight Hundred Thousand (\$4,800,000.00) Dollar

grants to

KELLY'S CORNER, LLC, a Massachusetts limited liability company with a principal place of business at 6 Littlefield Road, Acton, Massachusetts

WITH QUITCLAIM COVENANTS:

the land with the buildings thereon situated on the Easterly side of Main Street in Acton, Middlesex County, Massachusetts, being shown as Lot "B" on a plan entitled "Compiled Plan of Land in Acton, Mass." dated February 16, 1967, drawn by John W. Moore, Inc., Registered Land Surveyor, recorded with the Middlesex South District Registry of Deeds as Plan No. 318 of 1967, being bounded and described as follows:

- NORTHWESTERLY: by Main Street as shown on said plan, by two distances measuring respectively 131.56 feet and 73.22 feet;
- NORTHEASTERLY: by land of said Kelley and Frank Stefanelli, Trustee, as shown on said plan, 253.38 feet;
- SOUTHEASTERLY: by land of Kelley as shown on said plan as Lot "D", 186.05 feet;
- SOUTHWESTERLY: by land of Kelley as shown on said plan as Lot "D", 277.87 feet.

This conveyance is subject to a Taking by Middlesex County for the relocation of Main Street, Acton, recorded with said Deeds in Book 9138, Page 530.

This conveyance is also subject to a grant of easement to the Town of Acton for drainage purposes recorded with said Deeds in Book 9834, Page 345.

Subject to easements, restrictions and covenants of record if they affect the locus and are in full force and effect, expressly not intending nor meaning to extend the same in the event that they have expired by operation of law or otherwise.

For Grantor's title, see deed dated November 22, 2005, recorded with said Deeds in Book 46580, Page 447.

(COPY)

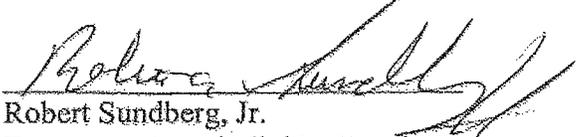
BOLODROME REALTY TRUST

TRUSTEE'S CERTIFICATE

The undersigned hereby certifies as follows:

1. The undersigned Robert Sundberg, Jr. is the sole Trustees of Bolodrome Realty Trust, established under a Declaration of Trust dated January 15, 1992 and recorded with the Middlesex South District Registry of Deeds in Book 21683, Page 462 ("Trust").
2. The Trust is in full force and effect and has not been amended or modified, except as provided above, and has not been terminated or revoked as of the date hereof.
3. The undersigned has not been removed by a vote of the beneficiaries and has not resigned as Trustee of the Trust as of the date hereof.
4. The beneficiaries of the Trust are all of legal age and are all competent.
5. The undersigned has full power and authority and has been directed and authorized by the beneficiaries of the Trust to enter into a sale transaction with respect to certain premises situated at 257 Main Street, Acton, Middlesex County, Massachusetts ("Premises"), and in connection therewith to execute and deliver, on behalf of the Trust, any and all documents with respect to said transaction, including, but not limited to, a deed by the undersigned conveying the Premises to Kelley's Corner, LLC in full consideration of the sum of \$4,800,000.00, together with any other agreement, assignments, certificates, affidavits, settlement statements, and documents as may be necessary or desirable in effectuating said transaction.

EXECUTED as a sealed instrument on this 29<sup>th</sup> day of October, 2008.

  
 Robert Sundberg, Jr.  
 Trustee, and not individually

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

October 29<sup>th</sup>, 2008

Then personally appeared before me, the undersigned notary public, Robert Sundberg, Trustee as aforesaid, proved to me through satisfactory evidence of identification, which was known to me, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

  
 Notary Public Walter C. Cassidy  
 My Commission Expires: 2/12/10

WITNESS my hand and seal this 29<sup>th</sup> day of October, 2008.

  
Robert Sundberg, Jr., Trustee of Bolodrome  
Realty Trust

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

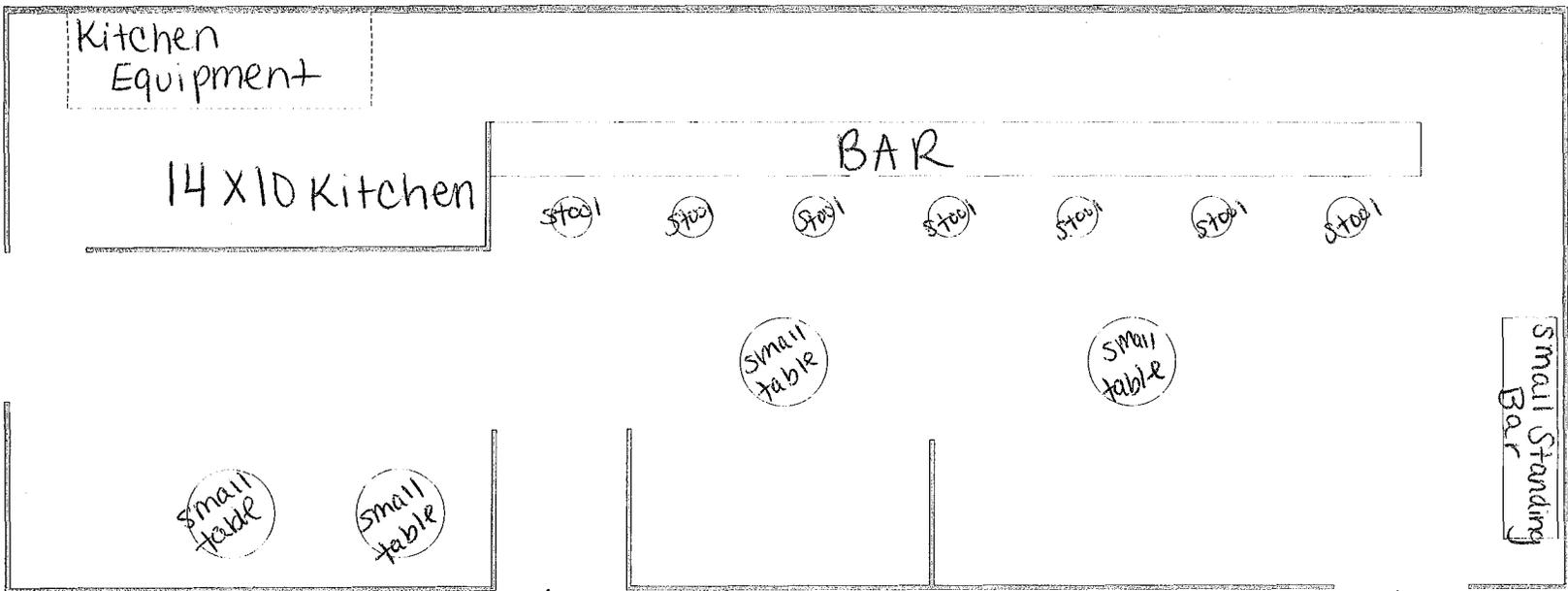
October 29, 2008

Then personally appeared before me, the undersigned notary public, Robert Sundberg, Trustee as aforesaid, proved to me through satisfactory evidence of identification, which was known to me, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

  
Notary Public MARY ANN CASSIDY  
My Commission Expires: 2/2/10

Re\Deeds\Sundberg-Bolodrome

Drag the side handle to change the width of the bar stool.



Entrance from parking lot (Front of building - running parallel to Drive 27)

Entrance to bowling alley function room Separated by a glass door

Entrance from bowling alley - Separated by a glass door