THIRD AMENDMENT SOLID WASTE COLLECTION FRANCHISE AGREEMENT FOR THE WILLOW CREEK AREA OF HUMBOLDT COUNTY

This Third Amendment to the Solid Waste Collection Franchise Agreement dated June 13, 2014, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Eel River Disposal Company, Inc., a California corporation, hereinafter referred to as "CONTRACTOR," shall be effective as of July 1, 2016.

RECITALS

WHEREAS, on June 13, 2014, COUNTY and CONTRACTOR entered into a Solid Waste Collection Franchise Agreement ("Franchise Agreement") for the handling and disposal of solid waste and recyclables in the Willow Creek area of Humboldt County for the period of May 27, 2014 to June 30, 2024; and

WHEREAS, on October 14, 2014, COUNTY and CONTRACTOR agreed to amend the Franchise Agreement to allow for the provision of additional services within the Franchise Area and change the processing facility to which all targeted recyclables collected by CONTRACTOR will be delivered; and

WHEREAS, on October 14, 2014, CONTRACTOR assigned to Tom's Trash Company all of CONTRACTOR's rights and interest in the Franchise Agreement, and any and all amendments thereto, other than the rights, obligations and duties associated with the collection and disposal of debris box franchise solid waste within the Willow Creek franchise area; and

WHEREAS, the Franchise Agreement and State law allow for the adjustment of rates charged by CONTRACTOR for the handling of solid waste and provision of curbside recycling services pursuant to said Franchise Agreement, as well as annual index-based adjustments, changes in the franchise fee and/or the recycling percentage and changes in disposal and/or processing costs; and

WHEREAS, the parties desire to amend the Franchise Agreement in order to adjust the rates charged by CONTRACTOR and modify the Quarterly and Annual Franchise Report Forms, which are currently attached to the Franchise Agreement as Exhibit A, to include data required of all California jurisdictions by CalRecycle.

NOW THEREFORE, the parties mutually agree as follows:

- The Maximum Service Rates which may be charged by CONTRACTOR pursuant to Section 14 of
 the Franchise Agreement shall be as shown in the modified versions of Exhibit B Willow Creek
 Area Franchise Collection Rates and Exhibit C Disposal Rates, which are attached hereto and
 incorporated herein by reference. Such Maximum Service Rates shall supersede and replace all
 prior Maximum Service Rates set forth in the Franchise Agreement, and all previous amendments
 thereto, as of the effective date of this Third Amendment.
- 2. The Franchise Agreement is hereby amended to delete Exhibit A Solid Waste Collection Quarterly and Annual Franchise Reports referenced in Section 4(B)(ii) and replace it in its entirety with the revised Solid Waste Collection Quarterly and Annual Franchise Reports that are attached hereto as Exhibits A-1 and A-2 and incorporated herein by reference. The modified versions of the Solid Waste Collection Quarterly and Annual Franchise Reports attached hereto shall supersede any and all prior versions thereof as of the effective date of this Third Amendment.

Except as modified herein, the Franchise Agreement dated June 13, 2014, as previously amended, shall remain in full force and effect. In the event of a conflict between the provisions of this Third Amendment and the original Franchise Agreement, or any prior amendments thereto, the provisions of this Third Amendment shall govern.

IN WITNESS WHEREOF, the parties hereto have entered into this Third Amendment as of the dates indicated below.

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

- (1) CHAIRPERSON OF THE BOARD, PRESIDENT, OR VICE PRESIDENT: AND
- (2) SECRETARY, ASSISTANT SECRETARY, CHIEF FINANCIAL OFFICER OR TREASURER.

EEL RIVER DISPOSAL O	COMPANY, INC.
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EEL RIVER DISPOSAL COMPANY, INC.:	
By: Harry A. Hardin, President	Date: 5-25-16
By: Maren Smith, Secretary	Date: 5-25-16
COUNTY OF HUMBOL DT.	
COUNTY OF HUMBOLDT:	
By: Mark Lovelace Chair, Board of Supervisors	Date: 6/21/6
INSURANCE CERTIFICATES APPROVED:	**
By: Khanagement	Date: 0/9/10

COUNTY OF HUMBOLDT					Exhibit A
SOLID WASTE COLLECTIO	N ANNUAL FR	ANCHISE RE	PORT		
Calendar Year (YYYY)					
(Due April 1 following Calendar Year)		-			
CONTRACTOR INFORMATION	ON				
Franchise Area	41 44				
Company Name					N
Address					
City, State, Zip Code					
Contact Name					
Phone Number					
Fax Number		7-76			
E-mail Address					
FRANCHISE TONNAGE					
	Residential	Commercial	Total		Destination Facilities
Solid Waste					
Recycling & OCC					
C&D Recycling					
Green Waste					
E-waste					
White Goods	The same of the sa				
Foodwaste					
Sludge		TV.		\neg	
Ash					
SELF-HAULED TONNAGE T	O CONTRACT	OR'S SEPAR	ATE FACILITY		
	Total	Destination		How	is it processed?
Solid Waste		1			
CRV					
C&D Recycling				Switz	
Green Waste					
e-waste					
used oil					
oil filters					
Non-CRV mixed recyclables					
OCC					
White Goods					
Other Metals					
Carpet					
Mattresses					
Add additional diverted mat	erials and ton	nages on se	narate sheets		
rad additional diverted mat	onalo ana ton		purate enlegte.		
NUMBER OF FRANCHISE A	CCOUNTS SE	RVED - SOLI	D WASTE		
Can: Residential/Comm: Mont		OOLI	Large Container:	1/4	onthly Service
20 Gallon	City Cervice		1 CY	Γ	onany dervice
30 Gallon			1.5 CY		
oo oallon	L	li .		_	

32 Gallott		201			
40 Gallon		2.5 CY			
45 Gallon		3 CY			
48 Gallon		4 CY			
55 Gallon		5 CY			
60 Gallon		6 CY			
64 Gallon		7 CY			
90 Gallon		8 CY			
93 Gallon		10 CY			
96 Gallon		14 CY			
Occasional 30-Gallon		15 CY			
Prepaid bags		18 CY			
"Blue-Bag"		20 CY			
Dido Dag		2001			
		Large Container:	Monthly Service		
		30 CY	Worldly Service		
		40 CY			
		40 01			
Large Container: On-call F	Dick I In	Large Container:	On call Biok Lin		
1 CY	-ick op	5 YD	On-call Pick-Up		
1.5 CY		14 YD Covered			
2 CY					
2.5 CY	—	14 YD Uncovered			
3 CY		18 YD Covered			
	-	18 YD Uncovered			
4 CY		20 YD			
5 CY		40 YD Uncovered			
6 CY					
7 CY					
8 CY					
10 CY					
14 CY					
15 CY					
18 CY					
20 CY					
30 CY					
40 CY					
NUMBER OF FRANCHISE A	CCOUNTS SERVE	D - RECYCLING			
	Residential Cor	nmercial			
Mixed Recycling		<u> </u>			
Cardboard Only					
	# Commercial Soli	d Waste Accounts (4+ cu yds/	/wk)		
	# of above Comm	ercial Solid Waste Accounts (4+ cu yds/wk) with Curbsi	de Recycling Service	е
	# Multi-Family Soli	d Waste Accounts (5+ units)			
	# of above Multi-F	amily Solid Waste Accounts (5	5+ units) with Curbside Re	ecycling Service	

NUMBER OF FRANCHISE ACCOUNTS SERVED - *Organics

Residential Commercial

*AB1826 organic waste types: foodwaste, greenwaste, landscape & pruning waste, non-hazardous wood waste &

Food waste w/soiled paper			7	food soiled paper mixe	ed with foodwa	ste
Green/yard/prune waste				1		
Non-haz wood waste			1			
Total			1			
			-			
	# Commercia	al Solid Waste	Accounts (generating	8+ cu yds/wk of orga	nics) in effect	(April 1 2016)
	# Commercia	al Solid Waste	Accounts (generating	4+ cu yds/wk of orga	nics) in effect	(January 1 2017)
	# of above C	Commercial So	olid Waste Accounts (8+ cu yds/wk) with Org	ganics Recyc	ing Service
4 9	# Multi-Famil	y Solid Waste	Accounts (5+ units)			Standard Teacher (1995) and the control of the cont
	TT		olid Waste Accounts (5	5+ units) with Organics	Recycling S	ervice
How many times have you prov	ided info about	AB 341 to appli	icable customers?			
					_	
If applicable, please describe, o	r attach copy of	info provided.				
O ctober 1980 Alexandra 1980 Alexand						
How many times have you prov	vided info about	AB 1826 to app	licable customers?	***************************************		
now many times have you prov	idea iiiio docae i	1020 to app	medale editorners.			
If applicable, please describe, o	r attach copy of	info provided.	,			
тррот, р.сооб осооноо, с		promosa.				

NUMBER OF FRANCHISE A	ACCOUNTS SE	RVED - GRE	EN WASTE			
	Residential	Commercial	L			
Green Waste						
Rate?]			
	3010		 -			
DIVERSION PROGRAMS						
Describe any new waste dive	rsion programs	begun in the	past year:			
Describe any waste diversion	programs disc	ontinued in th	ne past year:			
	4		N=078.33	3.00		
Describe any economic incer	ntives for divers	ion programs	:			
ATTENDED TO THE PARTY OF THE PA						
Large=over 2,000 people		Γ	T			
Large Events Served:	_					
Materials Collected	Tons	Tons	Tons	Tons	Tons	Í
CRV					-	
Non-CRV						
OCC						
Compostables						

Total

Add	additional	sheets	as	necessary	1

Y/N: Recycling Bundled with Solid Waste Fee?
Y/N: Recycling Fee Separate from Solid Waste Fee?
Y/N: Bulky Item Pick Up Service?

GROSS FRANCHISE RECEIPTS - SOLID WASTE

Can: Res & Comm.	Monthly	Large Container:	Monthly
20 Gallon	15.7	1 CY	
30 Gallon		1.5 CY	
32 Gallon		2 CY	
40 Gallon		2.5 CY	
45 Gallon		3 CY	
48 Gallon		4 CY	
55 Gallon		5 CY	
60 Gallon		6 CY	
64 Gallon		7 CY	
90 Gallon		8 CY	
93 Gallon		10 CY	
96 Gallon		14 CY	
Occasional 30-Gallon		15 CY	
Prepaid bags		18 CY	
"Blue-Bag"		20 CY)
Tot	al	30 CY	
		40 CY	
		Total	

Large Container:	Pick-up	
1 CY		
1.5 CY		
2 CY		
2.5 CY		
3 CY		
4 CY		
5 CY		
6 CY		
7 CY		
8 CY		
10 CY		
14 CY		
15 CY		
18 CY		
20 CY		
30 CY		
40 CY		
	Total	

Large Container:	Pick-up
5 YD	
14 YD Covered	
14 YD Uncovered	
18 YD Covered	
18 YD Uncovered	
20 YD	
40 YD Uncovered	
Total	

Type of Complaint: Total		
Missed Pick-up		
Excessive Noise		
Spilled Garbage		
Other (describe):		
NARRATIVE SUMMARY OF PROBLEMS		
(Describe problems encountered and actions taken with recommendations for	County, as	
appropriate)	,	
	_	
	_	
	_	
SUMMARY OF HAZARDOUS WASTE TRAINING		
SUMMARY OF HAZARDOUS WASTE TRAINING	Number of	
SUMMARY OF HAZARDOUS WASTE TRAINING Course Title	Number of Employees Trained	Date
	Number of Employees Trained	Date
		Date
Course Title		Date
NUMBER OF NON-COLLECTION TAGS ISSUED		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter)		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location		Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location Other (describe):	Employees Trained	Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location Other (describe): COLLECTION VEHICLE LOCATION	Employees Trained	Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location Other (describe): COLLECTION VEHICLE LOCATION (Provide address of each terminal that houses collection vehicles serving the C franchise area)	Employees Trained	Date
NUMBER OF NON-COLLECTION TAGS ISSUED (Provide number of tags issued by reason for each quarter) Total Hazardous Waste Improper Location Other (describe): COLLECTION VEHICLE LOCATION (Provide address of each terminal that houses collection vehicles serving the C	Employees Trained	Date

SUMMARY OF SERVICE COMPLAINTS

Address		
City, State, Zip Code		
Address		
City, State, Zip Code		
Address		
City, State, Zip Code		
ADDITIONAL INFORMATION		
The undersigned, under penal	ty of perjury, states that the information listed on the	above
Annual Franchise Report are to		
reported here, that they are rep	ty of perjury, also states that all tonnages collected a ported to receiving landfills, by jurisdiciton of origin, disposal reporting on behalf of Humboldt County	
Name of Preparer and Date		
**Securios (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966)		
Signature		
form Revised/Effective 7/1/16		

COUNTY OF HUMBOLDT SOLID WASTE COLLECTION QUARTERLY FRANCHISE REPORT

Exhibit A

Quarter	I discussion		
(Due by the 15th day of the second month fo	lowing the end of each calendar quarter.)		
COUNTY OF HUMBOLDT	QUARTERLY FRANC	HISE REPORT	
	20.00.20.20.000	THOSE REPORT	
Franchise Area			
Company Name			
Address			
City, State, Zip Code			
Contact Name			
Phone Number			
Fax Number			
E-mail Address			
			3
FRANCHISE TONS COLLECTE			
Franchise Area (Location)			

Solid Waste
Ash
E-waste
Food Waste
Greenwaste
Mixed Recyclables
OCC
Sludge
Wood Waste

	7,17,400

Add additional pages as necessary to report all collected materials that are not landfilled

PUBLIC SELF-HAUL TONS ACCEPTED AT CONTRACTOR'S FACILITY OR SEPARATE FACILITY

	<u> </u>			
Total				A
Add additional pages as accessed to the state of the stat				
Add additional pages as necessary to report all Do you provide info about AB 341 to applicab		hat are not landf	illed.	
bo you provide into about AB 541 to applicab	ie customers?			
If applicable, please describe, or attach copy of	of info provided.			
		-		
Do you provide info about AB 1826 to applical	ble customers?			
If applicable, please describe, or attach copy of	of info provided.			
	, and provided.			
	-81			
· · · · · · · · · · · · · · · · · · ·				
ADDITIONAL INFORMATION:				
	, L			
The undersigned under populty of periuny	states that the inf	farmation linta	d and the laborate	
The undersigned, under penalty of perjury, Quarterly Franchise Report and gross rece				
additions in a report and gross rece	sipto reported on a	i monthly basis	s are true and correct	
The undersigned, under penalty of perjury,	, also states that a	Il tonnages col	llected and accepted	are reported here, that
they are reported to receiving landfills, by j reporting on behalf of Humboldt County.	urisdiction of origin	n, and that the	y are reported to HW	MA for use in disposal
Name of Preparer and Date				
	Tr.			
Signature		10.00		

Form Revised/Effective 7/1/16

Exhibit B: Eel River Disposal & Resource Recovery, Inc. (Willow Creek) Effective July 1, 2016

TYPE OF SERVICE		OR YEAR SE RATE				RR YEAR SE RATE			DIS	SPOSAL	\$	190.00	SL	JB-TL			FF	9% RANCHIS		EE	cor	MBINED NEW	RATE		Frequency
	One	cont.	Add	Cont.	On	e cont.	Add	d cont.	On	e cont.	Add	d cont.	Or	ne cont.	Ad	dd cont.	0	ne cont.	Ad	d cont		cont.	Add		Service
RESIDENTIAL/SENIOR/COM	IMERCIAL																								
30 Gallon can	\$	11.80	\$	5.31	\$	11.88	\$	5.35	\$	12.35	\$	12.35	\$	24.23	\$	17.70	\$	2.40	\$	1.75	\$	26.63	\$	19.46	1x per week
	\$	23.60	\$	10.62	\$	23.76	\$	10.69	\$	24.70	\$	24.70	\$	48.46	\$	35.39	\$	4.79	\$	3.50	\$	53.25	\$	38.91	2x per week
40 Gallon can	\$	11.38	\$	4.91	\$	11.46	\$	4.94	\$	16.47	\$	16.47	\$	27.92	\$	21.41	\$	2.76	\$	2.12		30.69	\$	23.53	1x per week
	\$	22.77	\$	9.82	\$	22.92	\$	9.89	\$	32.93	\$	32.93	\$	55.86	\$	42.82	\$	5.52	\$	4.23	\$	61.39	\$	47.05	2x per week
LARGE CONTAINERS	Mor	nthly servic	e, incl	uding bin re	ental																				
1.5 Yard	\$	91.74	\$	77.24	\$	92.36	\$	77.76	\$	124.74	\$	124.74	\$	217.10	\$	202.50	\$	21.47	\$	20.03	s	238.57	\$	222.53	1x per week
1.5 Yard	\$	127.71	\$	107.51	\$	128.57		108.24	\$	249.47	\$	249.47	\$	378.04	\$		\$	37.39	4	35.38	\$	415.44		393.09	2x per week
1.5 Yard	\$	163.12	\$	137.27	\$	164.22	\$	138.20	\$	374.21	\$	374.21	\$	538.43	\$	512.40	\$	53.25		50.68	\$	591.68	\$	563.09	3x per week
2 Yard	\$	87.73	\$	73.85	\$	88.32	\$	74.35	\$	166.31	\$	166.31	\$	254.64	\$	240.66	\$	25.18	33	23.80	\$	279.82	\$	264.47	1x per week
2 Yard	\$	119.68	\$	100.72	\$	120.49	\$	101.40	\$	332.63	\$	332.63	\$	453.12	\$		\$	44.81		42.93	\$	497.93	\$	476.96	2x per week
2 yard	\$	151.07	\$	127.14	\$	152.09	\$	128.00	\$	498.94	\$	498.94	\$	651.03	\$	626.94	\$	64.39	1200	62.01	\$	715.41	- T	688.95	3x per week
3 yard	\$	79.70	\$	67.06	\$	80.24	\$	67.51	\$	249.47	\$	249.47	\$	329.71	\$	316.98	\$	32.61		31.35	\$	362.32		348.34	1x per week
3 yard	\$	103.62	\$	87.20	\$	104.32	\$	87.79	\$	498.94	\$	498.94	\$	603.26	\$	586.73	\$	59.66		58.03	\$	662.91	8	644.77	2x per week
3 yard	\$	126.96	\$	106.82	\$	127.82	\$	107.54	\$	748.41	\$	748.41	\$	876.23	\$	855.95	\$	86.66	7	84.65		962.89		940.62	3x per week
Blue Bag Rate	\$	4.92			\$	4.95			\$	2.85			\$	7.80			ď	0.77	ø		œ.	0.50			2
	Ψ	4.02			Ψ	4.33			Ψ	2.00			Φ	7.00			\$	0.77	\$	-	\$	8.58			Per pick-up
Curbside Recycling	\$	9.60			\$	9.66							\$	9.66							\$	9.66			
Side yard service	\$	9.60			\$	9.66							\$	9.66			\$	0.96			\$	10.62			

EXHIBIT C: Eel River Disposal & Resource Recovery (Willow Creek) Effective July 1, 2016

Disposal at Samoa Facility--Rate assumes approximately 30% of material can be recyled instead of going to the landfill

2016-2017		006760497	28																		
	PRIC	OR YEAR			CU	IRR YEAR										9%					
	BAS	E RATE			BA	SE RATE			DIS	SPOSAL	\$	150.00	SUB-TL			FRANCHI	SE FEE	CO	MBINED NE	WR	ATE
TYPE OF SERVICE	One	cont.	Add	Cont.	On	e cont.	Ad	d cont.	On	ne cont.	Ad	d cont.	One cont.	Ad	dd cont.	One cont.			e cont.		d cont.
LARGE CONTAINERS																				, , , ,	
15 Yard	\$	715.34	\$	357.67	\$	720.18	\$	360.09	\$	309.89	\$	309.89	\$ 1,030.07	\$	669.98	\$ 101.87	\$ 66.26	\$	1,131.94	\$	736.24
20 Yard	\$	715.34	\$	357.67	\$	720.18	\$	360.09	\$	412.09	\$	412.09	\$ 1,132.26						1,244.25		848.54
30 Yard	\$	715.34	\$	357.67	\$	720.18	\$	360.09	\$	618.13	\$	618.13	\$ 1,338.31	\$	978.22	\$ 132.36	\$ 96.75	\$	1,470.67	\$	1,074.97

CERTIFICATE OF LIABILITY INSURANCE

02/16/2016

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).

PRODUCER CA LIC 0B29370	1-707-794-7400	CONTACT NAME:	Lori Perry		AND DESCRIPTION OF THE PERSON
Edgewood Partners Insurance Center	(EPIC)	PHONE		FAX	
[Petaluma - Branch ID 15381]		(A/C, No, Ext)	707-794-7410	(A/C, No): 707	-794-7401
5350 Old Redwood Highway		ADORESS:	EPICrequests@epicbrokers.c	on	
Suite 600			INSURER(S) AFFORDING COVERAGE		NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO		23841
INSURED		INSURER B :	NATIONAL UNION FIRE INS CO	OF LA	32298
Rel River Disposal Co., Inc.		INSURER C :			
PO Box 266		INSURER D :			
		INSURER E :			
Fortuna, CA 95540		INSURER F ;			
001/2010/20					

_	VERAGES CER	TIFICA	ATE NUMBER: 46079430	INSURER F :		REVISION NUMBER:	
0	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSE	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs .
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC		X 01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
	OTHER			k		PRODUCTS - COMPJOP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY X AND ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X AUTOS	x	X 01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000
В	WMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$		x 29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORI/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
Re: Add Gen	EMPTION OF OPERATIONS/LOCATIONS/VEHICLE Paper Contract itional Insured(s): County of eral Liability as per written Per Written Contract.	Humbo	oldt, its Board of Supe		500 OL • GLASSIC ST. C. SENO. • SEC.	•	respects
CE	RTIFICATE HOLDER			CANCELLATION	***************************************		
				CAROLLLATION			***************************************
				SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES RECO	ANCELLED REFORE

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Clerk of Humboldt County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Board of Supervisors 1106 2nd Street Eureka, CA 95501 USA	AUTHORIZED REPRESENTATIVE
USA	© 1999 2014 ACORD CORPORATION All sights record

1988-2014 ACORD CORPORATION. All rights reserved.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

:POLICY NUMBER: 01LX0117399963001

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.	Ī
Programme and the state of the					
Information required to complete this	Sch	edule,	if not shown a	bove, will be shown in the Declarations.	\pm

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:
Named Insured: Eel River Disposal Co. In	. (Authorized Representative)

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- Unless the written contract or agreement has been executed or the permit has been issued prior to the "accident" which caused the "bodily injury" or "property damage" to which this coverage applies;
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
 - (1) After the lease expires; or
 - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of:

- a. The coverage and/or limits of this policy, or
- b. The coverage and/or limits required by said contract or agreement.

90812 (10/06)

Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway

Suite 600 Petaluma, CA 94954

2016/02/174704

EBIX BPO

Electronic Service Requested

MIXED AADC 940

5244 1.0129 FP 0.471

ուկիների իրել արդագրարի անագրիների անդականության

County of Humboldt Clerk of Humboldt County Board of Supervisors 1106 2nd Street Eureka, CA 95501

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center . -

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED OUESTIONS: -

- What is a Certificate of Insurance?-
- A: A written document verifying insurance coverage of the Named Insured listed in the top left corner. -
- Q: Why am I receiving this?-
- The Named Insured listed in the top left corner is performing or has performed operations for A: you where they have been required to show you evidence of their insurance.-
- What is this costing me?-
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400 .-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.

CERTIFICATE OF LIABILITY INSURANCE

02/16/2016

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).

COVERAGES CERTIFICATE NUMBER, 46079436	DEMOION MINDER	
Fortuna, CA 95540	INSURER F :	
	INSURER E :	
PO Box 266	INSURER D:	
The stage of the s	INSURER C:	
Eel River Disposal Co., Inc.	INSURER B: MATTOWALL ONTON FIRE INS CO OF LA	32298
INSURED	INSURER B: NATIONAL UNION FIRE INS CO OF LA	Total terrorie
Petaluma, CA 94954	INSURER A NEW HAMPSHIRE INS CO	23841
Suite 600	INSURER(S) AFFORDING COVERAGE	NAIC #
5350 Old Redwood Highway	ADDRESS: EPICrequests@epicbrokers.com	
[Petaluma - Branch ID 15381]	E-MAIL	-/94-/401
Edgewood Partners Insurance Center (EPIC)	PHONE 707-794-7410	704 7404
PRODUCER CA LIC 0B29370 1-707-794-7400	CONTACT NAME: Lori Perry	
PROPERTY CA LTC 0700370	CONTACT	

COVERAGES	CERTIFICAT	E NUMBER: 46079436	INSURER F :		REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLI INDICATED NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR N	CIES OF INSU Y REQUIREM MAY PERTAIN	URANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	ED NAMED ABOVE FOR THE POLICY PERIO DOCUMENT WITH RESPECT TO WHICH THE D HEREIN IS SUBJECT TO ALL THE TERM
EXCLUSIONS AND CONDITIONS OF SI	ADDL SUB INSD WV	S, LIMITS SHOWN MAY HAVE IR	POLICY EFF	PAID CLAIMS POLICY EXP (MM/DD/YYYY)	5.
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER:	X days and a second of the sec	011.0117399963001		02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 300,000 PREMISES (Ea occurrence) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X ANY AUTO AUTOS AUTOS AUTOS AUTOS AUTOS	xx	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$
X EXCESS LIAB X OCCUR CLAIMS-N	X X	29UD0012157850000	02/14/16	02/14/17	AGGREGATE \$ 3,000,000 \$ 3,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N] N/A				PER OTH- STATUTE ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE POLICY LIMIT \$
cclusive Franchise for the conditional Insured: The Ferndandway Transfer Station, and the Per Written Contract.	tes/Fernda ollection ale Franch	le Franchise/Fortuna and disposal of garba ise/Compacted Haul,Th	Area Franchise age or solid was ae Southern Cont	and R <mark>edwa</mark> ste. tainer Sit	red) Transfer Station. Exclusive es, Fortuna Area Franchise and
ERTIFICATE HOLDER			CANCELLATION		
			SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCELLED BEFOR

County of Humboldt THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1106 2nd Street AUTHORIZED REPRESENTATIVE Eureka, CA 95501 USA

© 1988-2014 ACORD CORPORATION. All rights reserved.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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WAIVER OF TRANSFER OF RIGHTS OF RECOVERY **AGAINST OTHERS TO US**

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SCHEDULE

Name Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.	
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- c. To any lessor of "autos":
 - (1) After the lease expires; or
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Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602173316

Electronic Service Requested

EBIX BPO



ALL FOR AADC 940 16028 1.0129 AB 0.413 լՈւգինելիկեցըգրանիցիկիութեինեններներիկերննիցի County of Humboldt EUREKA CA 95501-0531

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center . -

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

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- The Named Insured listed in the top left corner is performing or has performed operations for A: you where they have been required to show you evidence of their insurance .-
- What is this costing me?-
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-
- If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400.-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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PRODUCER CA LIC 0B29370 1-707-794-7400 Edgewood Partners Insurance Center (EPIC) [Petaluma - Branch ID 15381] 5350 Old Redwood Highway	CONTACT LOTI Perry PHONE (A/C, No, Ext): 707-794-7410 FAX (A/C, No): 7 E-MAIL ADDRESS: EPICrequests@epicbrokers.com	07-794-7401
Suite 600	INSURER(S) AFFORDING COVERAGE	NAIC #
Petaluma, CA 94954	INSURER A: NEW HAMPSHIRE INS CO	23841
INSURED	INSURER B: NATIONAL UNION FIRE INS CO OF LA	32298
Bel River Disposal Co., Inc.	INSURER C:	1
PO Box 266	INSURER D :	
	INSURER E :	
Fortuna, CA 95540	INSURER F :	· ·

Po	rtur	na, CA 95540			ne tage 12	INSURER E :		
-			TIFI	CATI	E NUMBER: 46079462	INSURER F :		REVISION NUMBER:
1 (HIS NDIC ERT	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE	OF EQUIPERT PERT POLI	INSUI REME FAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE POLICY PERIOD DOCUMENT WITH RESPECT TO WHICH THIS D HEREIN IS SUBJECT TO ALL THE TERMS.
LTR		TYPE OF INSURANCE		WYD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
λ	GE X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DOTHER:			01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ 10,000 \$ 2,000,000 \$ 2,000,000 \$ 2,000,000
A	X X	TOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS	X	X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$
В	AND OFF (Mai if ve	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE DED RETENTION \$ RKKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? Indiatory in NH) s, dascribe under CRIPTION OF OPERATIONS below	X N/A	X	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ PER OTH- STATUTE ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
AB	Re liti .tte	written Contract.	ract			agents on a pr	**************************************	non-contributory basis as per
CE	RTIF	ICATE HOLDER				CANCELLATION		
Cou	nty	of Humboldt					DATE THE	ESCRIBED POLICIES BE CANCELLED BEFORE EREOF, NOTICE WILL BE DELIVERED IN CY PROVISIONS.
110	6 8	econd Street			1	AUTHORIZED REPRESE	NTATIVE	
Bur	eka	, CA 95501						-Ray Alask

© 1988-2014 ACORD CORPORATION. All rights reserved.

USA

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of Insurance:

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whichever is less.

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Page 2 of 2

:POLICY NUMBER: 01LX0117399963001

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

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SCHEDULE

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Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602171316

Electronic Service Requested

EBIX BPO

ALL FOR AADC 940 16027 1.0129 AB 0.413 իվթիինցունիչ Միկիլերդիինիկերորդինիկիս County of Humboldt 1106 2ND ST EUREKA, CA 95501-0531

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PRODUCER CA LIC 0B29370	1-707-794-7400	CONTACT NAME:	Lori Perry	
Edgewood Partners Insurance Center	(EPIC)	PHONE	507 704 7440	FAX BOD BOD BASE
[Petaluma - Branch ID 15381]		(A/C, No, Ext)		(A/C, No): 707-794-7401
5350 Old Redwood Highway		ADDRESS:	EPICrequests@epicbrokers.co	m
Suite 600			INSURER(S) AFFORDING COVERAGE	NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO	23841
INSURED		INSURER B :	NATIONAL UNION FIRE INS CO	OF LA 32298
Eel River Disposal Co., Inc.		INSURER C :		
PO Box 266		INSURER D :		
5		INSURER E :		
Fortuna, CA 95540		INSURER F :		
COVERACES	FIGATE MUMBER, 46070400			

COVERAGES	CERTIFICATE NUMBER: 46079482	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

NSR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	GE:	CLAIMS MADE X OCCUR NL AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIECT LOC OTHER:	x	X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
A	X X	ANY AUTO ALL OWNED AUTOS HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS	X	X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
В	x	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	x	x	29000012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000 \$
	ANY OFF (Mar If yes	RKERS COMPENSATION ! EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? datory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A					PER OTH- STATUTE ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT	

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

RE: Weott/Myers Flat Exclusive Franchise for the collection and disposal of garbage or solid waste. Additional Insured: The Weott/Myers Flat Area of Humboldt County and County of Humboldt as per written contract.

As Per Written Contract.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 2nd Street	AUTHORIZED REPRESENTATIVE
Bureka, CA 95501	Non Henry
	6 4000 0044 ACCED CODDODATION AND THE

© 1988-2014 ACORD CORPORATION. All rights reserved.

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- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
 - (1) After the lease expires; or
 - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of.

- a. The coverage and/or limits of this policy; or
- b. The coverage and/or limits required by said contract or agreement.

Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602173316

Electronic Service Requested

EBIX BPO



This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center . -

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

What is a Certificate of Insurance?-

A written document verifying insurance coverage of the Named Insured listed in the top left

Why am I receiving this?-Q:

The Named Insured listed in the top left corner is performing or has performed operations for A: you where they have been required to show you evidence of their insurance .-

What is this costing me?-

A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400 .-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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).

PRODUCER CA LIC 0B29370	1-707-794-7400	CONTACT NAME: Lori Perry		
Edgewood Partners Insurance Ce	nter (EPIC)	MANUE.	AD DAT DATA	
[Petaluma - Branch ID 15381]		(A/C, No, Ext): 707-794-7410 (A/C, No): 7	FAX (A/C, No): 707-794-7401	
5350 Old Redwood Highway		ADDRESS: EPICrequests@epicbrokers.com		
Suite 600		INSURER(S) AFFORDING COVERAGE	NAIC #	
Petaluma, CA 94954		INSURER A: NEW HAMPSHIRE INS CO	23841	
INSURED		INSURER B : NATIONAL UNION FIRE INS CO OF LA	32298	
Bel River Disposal Co., Inc.		INSURER C :	32230	
PO Box 266		INSURER D:		
		INSURER E :		
Fortuna, CA 95540		INSURER F :	-	
COVEDACES	ERTIFICATE NUMBER, 46070	440		

INSR		TYPE OF INSURA	NCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GEI X	CLAIMS-MADE X CLAIMS-MADE X NL AGGREGATE LIMIT API POLICY PRO- OTHER:	OCCUR	X	X	01Lx0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
λ	X X	AUTOS	SCHEDULED NUTOS NON-OWNED NUTOS	x	х	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
В	x	UMBRELLA LIAB X EXCESS LIAB DED RETENTION	CLAIMS-MADE	x	х	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000
	AND ANY OFFI (Mar If yes	RERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/E- ICER/MEMBER EXCLUDED? Idatory in NH) S, describe under CRIPTION OF OPERATION		N/A					PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	-
RE:	Soiti	lid Waste Collectional Insured(s):	tion for Wi	lllo	W Cr Hum	101. Additional Remarks Schedule, neek Area of Humboldt Coboldt, its officers, e	county amployees and	agents as	per written contra	

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Contract Administrator	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 Second Street	AUTHORIZED REPRESENTATIVE
Bureka, CA 95501	Fon Heavy

© 1988-2014 ACORD CORPORATION. All rights reserved.

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

:POLICY NUMBER: 01LX0117399963001

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY **AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization: AS PER WRITTEN CONTRACT.

51-90-50

10 5

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:	
Named Insured: Eel River Disposal Co. Inc	(Authorized Representative)	

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- a. Unless the written contract or agreement has been executed or the permit has been issued prior to the "accident" which caused the "bodily injury" or "property damage" to which this coverage
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
 - (1) After the lease expires; or
 - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of:

- a. The coverage and/or limits of this policy, or
- b. The coverage and/or limits required by said contract or agreement.

Edgewood Partners Insurance Center (EPIC)

5350 Old Redwood Highway Suite 600

Petaluma, CA 94954

201602:77316

Electronic Service Requested

EBIX BPO

ALL FOR AADC 940

16025 1.0129 AB 0.413

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County of Humboldt 1105 2ND ST CONTRACT ADMINISTRATOR EUREKA, CA 75501-0531

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center .-

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

- What is a Certificate of Insurance?-
- A written document verifying insurance coverage of the Named Insured listed in the top left corner . -
- Why am I receiving this?-
- A: The Named Insured listed in the top left corner is performing or has performed operations for you where they have been required to show you evidence of their insurance .-
- What is this costing me?-
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400.-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.



Premium Amount: \$1,050.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>866537P</u> dated January 1, 2001, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000.00) on behalf of <u>Eel River Disposal & Resource Recovery Inc.</u> as Principal, in favor of the <u>County of Humbolt</u> as Obligee for the period <u>January 1, 2016 and ending January 1, 2017</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 14th, Day of January, 2016.

Indemnity Company of California

Surety

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma On January 14, 2016 before me, Nancy L. Wallis, Attorney-in-Fact

Insert Name of Notary exactly as it appears on the official seal , Notary Public, personally appeared ______ Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that be(she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. And with the ship the NANCY L. WALLIS CONM. # 1986R55

#01ARY PUBLIC - CATIFORNIA

SONOMA COUNTY

MY COMM. EXPIRES AUG. 28, 2016 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Signature of Notary Public Nancy L. Wallis Place Notary Seal Above - OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s):___ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: Daniel Young, Senior Vice-President

Aut

Mark Lansdon, Vice-President





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On _____ January 29, 2015

before me.

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Lucille Raymond Notary Public

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

4th

January

2016.

By Cassie J. Burrisford

Cassie J. Berrisford, Assistant Secretary

Premium Amount: \$1,050.00

In consideration of the premium charged, <u>Developers Surety and Indemnity Company</u>, as surety, hereby continues in force Bond No. <u>430472P</u> dated June 30, 1997, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2016 and ending June 30, 2017</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Developers Surety and Indemnity Company</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 10th, Day of May, 2016.

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

CIVIL CODE § 1189

document to which this certificate is attached, and r	rtificate verifies only the identity of the individual who signed the not the truthfulness, accuracy, or validity of that document.
State of California County of Sonoma	
On May 10, 2016 before me,	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
reading appeared	Name(s) of Signer(s)
who proved to me on the basis of satisfactors subscribed to the within instrument and acknowledge in the satisfactors are subscribed to the within instrument and acknowledge in the satisfactors are subscribed in the person or the entity upon behalf of which the person or the entity upon behalf of which the person or the entity upon behalf of which the person or the entity upon behalf of which the person or the entity upon behalf of which the person or the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf of which the person of the entity upon behalf	ory evidence to be the person(s) whose name(s) is/a/c owledged to me that be/she/they executed the same in by bis/her/their signature(s) on the instrument the person(s) acted, executed the instrument.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.
My Comm. Expires Nov 3, 2019	Signature Signature of Notary Public
Place Notary Seal Above	
Though this section is optional, completing the	PPTIONAL his information can deter alteration of the document or his form to an unintended document.
Description of Attached Document Title or Type of Document:	Document Date:han Named Above:
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact	Signer's Name: Corporate Officer — Title(s): Partner — □ Limited □ General
☐ Trustee ☐ Guardian or Conservator ☐ Other:	
Signer Is Representing:	Signer Is Representing:

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PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President

OCT. 10 OCT. 1936



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On _____ January 29, 2015

before me, Lucille Raymond, Notary Public

Here Insert Name and Title of the Office

personally appeared

Daniel Young and Mark Lansdon Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature .

Julialle Paym

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

Orange County

My Comm. Expires Oct 13, 2018

10th

May

2016

By. Cassie J. Berrisford

Cassie J. Berrisford, Assistant Sequetary

Place Notary Seal Above

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515828P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2016</u> and ending <u>June 30, 2017</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 10th, Day of May, 2016.

INDEMNITY COMPANY of California

Surety

CIVIL CODE § 1189

XCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	civile cope à 118
A notary public or other officer completing this cer document to which this certificate is attached, and n	tificate verifies only the identity of the individual who signed the not the truthfulness, accuracy, or validity of that document.
State of California)
County of Sonoma	
On May 10, 2016 before me,	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedNatalie	e Ann Horder
	Name(s) of Signer(s)
or the entity upon behalf of which the person(s)	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	WITNESS my hand and official seal
Place Notary Seal Above	Signature of Notary Public
Though this section is optional, completing the	his information can deter alteration of the document or
Description of Attached Document	this form to an unintended document.
Fitle or Type of Document:	Designed But
	Document Date: Than Named Above:
	Half Named Above.
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
Signer's Name: Corporate Officer — Title(s):	Signer's Name: ☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Individual	☐ Trustee ☐ Guardian or Conservator
Other: Signer Is Representing:	Other: Signer Is Representing:
- Compression of the contract	

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: Daniel Young, Senior Vice-President

By: Fig. 1. Senior Vice-President

AND WORK AND



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On January 29, 2015

Mark Lansdon, Vice-President

before me Lucille Raymond Not

Lucille Raymond, Notary Public Here Insert Name and Title of the Officer

personally appeared

Daniel Young and Mark Lansdon Name(s) of Signer(s)

LUCILLE RAYMOND
Commission # 2081945
Notary Public - California
Orange County
My Comm. Expires Oct 13, 2018

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Baymond, Notary Public

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 10th day of May 2016

By: Cassie J. Burrisford
Cassie J. Berrisford, Assistant Sentetary

Place Notary Seal Above

Premium Amount: \$1,050.00

In consideration of the premium charged, <u>Developers Surety and Indemnity Company</u>, as surety, hereby continues in force Bond No. <u>430472P</u> dated June 30, 1997, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2015 and ending June 30, 2016</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Developers Surety and Indemnity Company</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 19th, Day of May, 2015.

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma May 19, 2015 ____ before me, __ Nancy L. Wallis , Notary Public. Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that her she/they executed the same in his her/their authorized capasity (ise); and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument. NANCY L. WALLIS COMM. # 1986855 acted, executed the instrument. NOTARY PUBLIC - CALIFORNIA SONOMA COUNTY I certify under PENALTY OF PERJURY under the laws of MY COMM. EXPIRES AUG. 28, 2016 the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Place Notary Seal Above OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: __ Number of Pages: Signer(s) Other Than Named Above: ___ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s); ☐ Corporate Officer — Title(s): ___ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT Trustee OF SIGNER Trustee OF SIGNER ☐ Guardian or Conservator Top of thumb here ☐ Guardian or Conservator Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s) in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

Mark Lansdon, Vice-President

10 1936



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

January 29, 2015 before me. Lucille Raymond, Notary Public

Daniel Young and Mark Lansdon

personally appeared



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

19th

day of May, 2015.

rrisford, Assistant Sed

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515827P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2015</u> and ending <u>June 30, 2016</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 19th, Day of May, 2015.

INDEMNITY COMPANY of California Surety

- 1

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma May 19, 2015 before me, Nancy L. Wallis , Notary Public. Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/sne/they executed the same in his/her/their authorized capacity (iee); and that by his/her/their signature(s) on the instrument the person(e), or the entity upon behalf of which the person(e) acted, executed the instrument. NANCY L. WALLIS COMM. # 1986855 NOTARY PUBLIC - CALIFORNIA SGNOMA COUNTY MY COMM. EXPIRES AUG. 28, 2016 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Place Notary Seal Above - OPTIONAL . Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ____ ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s):____ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator Top of thumb here ☐ Guardian or Conservator Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On ______ January 29, 2015 _____ before me, ____

Lucille Raymond, Notary Public Here Insert Name and Title of the Officer

personally appeared _____

Daniel Young and Mark Lansdon



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the enlity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ,

Lucille Paymond, Notary Public

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this $19 \, \text{th}$ day of May, 2015.

By: Cassie J. Berrisford

Cassie J. Berrisford, Assistant Secretary

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515828P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2015</u> and ending <u>June 30, 2016</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 19th, Day of May, 2015.

INDEMNITY COMPANY of California

Surety

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma On _____ May 19, 2015 ____ before me, __ Nancy L. Wallis , Notary Public, Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) stare subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) NANCY L. WALLIS COMM. # 1986855 NOTARY PUBLIC - CALIFORNIA acted, executed the instrument. SONOMA COUNTY I certify under PENALTY OF PERJURY under the laws of MY COMM. EXPIRES AUG. 28, 2016 the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Sighature of Notany Public Nancy L. Wallis Signature Place Notary Seal Above - OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator Top of thumb here Guardian or Conservator Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

***Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, jointly or severally'

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By Vice-President

Mark Lansdon, Vice-President





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document,

State of California County of Orange

January 29, 2015

before me.

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

LUCILLE RAYMOND Commission # 2081945 Notary Public - California **Orange County** Comm. Expires Oct 13, 2011

Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 19th day of

risford, Assistant Secretar

May, 2015.

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515827P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2016</u> and ending <u>June 30, 2017</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 10th, Day of May, 2016.

INDEMNITY COMPANY of California

Surety

CIVIL CODE § 1189

ACTION OF THE PROPERTY OF THE	
A notary public or other officer completing this ce document to which this certificate is attached, and	ertificate verifies only the identity of the individual who signed the not the truthfulness, accuracy, or validity of that document.
State of California)
County of Sonoma	.)
	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedNatali	e Ann Horder
	Name(s) of Signer(s)
who proved to me on the basis of satisfact subscribed to the within instrument and ackr his/her/their authorized capacity(iea), and that to or the entity upon behalf of which the person(e	
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	Signature Signature
Place Notary Seal Above	Signafure of Notary Public
	OPTIONAL
fraudulent reattachment of	this information can deter alteration of the document or this form to an unintended document.
Description of Attached Document	and form to all armiterioed document.
Title or Type of Document:	Document Date:
	Than Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name: ☐ Corporate Officer — Title(s):	Signer's Name:
Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General
☐ Trustee ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact
Other:	☐ Trustee ☐ Guardian or Conservator ☐ Other:
Signer Is Representing:	Other: Signer Is Representing:

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PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DE-VELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full pover of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, affective as of January 1st, 2008,

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them harphy is, authorize the Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that me Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

January 29, 2015

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

Name(s) of Signer(s)

LUCILLE RAYMOND Commission # 2081945 Notary Public - California Orange County y Comm. Expires Oct 13,

Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

10th

2016

mi J. Berrisford
Cassie J. Aprilsford, Assistant Sectionary

day of