

**SEVENTH AMENDMENT TO AGREEMENT
FOR OPERATION AND MAINTENANCE OF THE REDWAY TRANSFER STATION**

This Seventh Amendment to the Agreement for Operation and Maintenance of the Redway Transfer Station dated June 22, 2010, 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 22, 2010, COUNTY and CONTRACTOR entered into an agreement to operate and maintain the Redway Transfer Station ("Operation and Maintenance Agreement") for the purpose of hauling and disposing of solid waste, and collecting and processing source separated recyclable materials from May 1, 2010 to June 30, 2029; and

Whereas, the parties desire to amend the Operation and Maintenance Agreement to adjust the compensation payable to CONTRACTOR for the handling of solid waste pursuant to said Operation and Maintenance Agreement; and

WHEREAS, the parties desire to amend the Operation and Maintenance Agreement in order to incorporate Quarterly and Annual Site Report Forms to include data required of all California jurisdictions by CalRecycle.

NOW THEREFORE, the parties mutually agree as follows:

1. Section 16(A) of the Operation and Maintenance Agreement is hereby deleted in its entirety and replaced with the following:

16. PAYMENT TO CONTRACTOR

- A. Payment Amount. COUNTY shall pay CONTRACTOR a fixed annual payment as specified in the Site Price Form in Exhibit 1-A for the period of July 1, 2016 to June 30, 2017. The Payment amount shall be calculated as specified in Exhibit 1-B.

The total annual amount payable to CONTRACTOR, as may be modified pursuant to the provisions of this Section or Sections 17, 18, or 19, shall be known as the "Payment Amount." Payment shall be made in twelve (12) equal monthly installments, according to the procedure set forth in Section 16(B). If any alternate disposal site or sites are designated, the Payment Amount shall be adjusted as provided for in Section 18(C) of this Agreement.

If Gate Fees or Disposal Rates are changed, the Payment Amount shall be adjusted as provided for in Sections 17(B) or 18(B) of this Agreement.

2. The Maintenance and Operation Agreement is hereby amended to delete Exhibit 1-A – Redway Transfer Station and Recycling Center Site Price Form and replace it in its entirety with the revised Redway Transfer Station and Recycling Center Site Price Form, which is attached hereto and incorporated herein by reference. The modified version of Exhibit 1-A – Redway Transfer Station and Recycling Center Site Price Form attached hereto shall supersede any and all prior versions thereof as of the effective date of this Seventh Amendment.

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3. The Maintenance and Operation Agreement is hereby amended to delete Exhibit 1-B – Formula to Calculate Payment Amount and replace it in its entirety with the revised Formula to Calculate Payment Amount, which is attached hereto and incorporated herein by reference. The modified version of Exhibit 1-B – Formula to calculate Payment Amount attached hereto shall supersede any and all prior versions thereof as of the effective date of this Seventh Amendment.
4. The Maintenance and Operation Agreement is hereby amended to delete Exhibit 2 – Standard of Fee Collection and replace it in its entirety with the revised Standard of Fee Collection, which is attached hereto and incorporated herein by reference. The modified version of Exhibit 2 – Standard of Fee Collection attached hereto shall supersede any and all prior versions thereof as of the effective date of this Seventh Amendment.
5. The Maintenance and Operation Agreement is hereby amended to delete Exhibit 3 – List of Fees and Charges for Recyclable Materials Accepted at Site and replace it in its entirety with the revised List of Fees and Charges for Recyclable Materials Accepted at Site, which is attached hereto and incorporated herein by reference. The modified version of Exhibit 3 – List of Fees and Charges for Recyclable Materials Accepted at Site attached hereto shall supersede any and all prior versions thereof as of the effective date of this Seventh Amendment.
6. Section 20 of the Maintenance and Operation Agreement is hereby deleted in its entirety and replaced with the following:

20. REPORTING AND RECORDKEEPING

- A. Books and Records. CONTRACTOR shall keep daily records of all waste and recyclable materials transported, fees collected and recyclable materials sold, in a form acceptable to COUNTY, and COUNTY shall have the right to inspect the same at any time during regular business hours. The records will also show the weight of all waste and recyclable materials transported, the name of the container site from which the waste and recyclable materials were collected and the number of labor and equipment hours and materials utilized in operating the container site collection system. Such records shall also include a log of all maintenance and repair work performed at the site and on the containers, as well as a record of all non-ordinary occurrences, complaints and responses thereto.
- B. Recycling Revenues. Any future requests made by CONTRACTOR to increase the Payment Amount due to decreased revenues from the sale of recyclable materials must be accompanied by documentation of the revenue received for such sale, both initially and during the period upon which the request is based.
- C. Monthly Fee Summaries. CONTRACTOR shall, within fifteen (15) days of the end of each month, present to COUNTY a Monthly Summary of the fees collected, recyclable materials sold, tons of waste and tons and types of recyclable materials hauled, number of trips and number of containers hauled and all ordinary labor and equipment hours, not including maintenance and repairs, for each container site to accompany invoices submitted to COUNTY.
- D. Quarterly and Annual Site Reports. CONTRACTOR shall provide COUNTY with Quarterly Site Reports (Exhibit 4) and Annual Site Reports (Exhibit 5) following the schedule below:

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<u>Reporting Period</u>	<u>Due</u>
Quarter: July to September	November 15 of the same calendar year
Quarter: October to December	February 15 of the following calendar year
Quarter: January to March	May 15 of the same calendar year
Quarter: April to June	August 15 of the same calendar year
Annual: January to December	April 1 of the following calendar year

CONTRACTOR shall supply additional information, when requested by the Contract Administrator, as specified by the California Department of Resources Recycling and Recovery (CalRecycle) and other State or local laws.

CONTRACTOR agrees that COUNTY shall provide copies of the above-referenced reports to the agency or entity that COUNTY has contracted with to transmit periodic reports to CalRecycle.

Failure to comply with reporting requirements as required by law shall be subject to the following penalties and may be considered grounds for termination of this Agreement:

1. \$50.00 for the first occurrence;
2. \$100.00 for the second occurrence;
3. \$200.00 for the third occurrence;
4. Termination of Agreement.

E. Audits. CONTRACTOR shall keep records of the gate fees collected in the exercise of this Agreement, and shall submit a declaration under penalty of perjury as to the amount of the gate fees received. In the event that CONTRACTOR requests an increase to the Payment Amount in excess of the CPI, COUNTY shall have the right to audit and examine records of the gate fees of CONTRACTOR, at its own expense, or CONTRACTOR may elect to hire an independent certified public accountant approved by the Humboldt County Auditor-Controller to perform an audit, if required. In the event that such audit concludes that under-reporting by CONTRACTOR to COUNTY of two percent (2%) or more has occurred, CONTRACTOR shall reimburse COUNTY for any costs incurred in performing the audit. In the event that such audit finds no evidence of gate fees not recorded as received, COUNTY shall reimburse CONTRACTOR in the amount equal to COUNTY'S cost to have performed the audit itself. In the event that such audit finds evidence of gate fees not recorded as received, but less than 2% away from the correct amount, CONTRACTOR and COUNTY shall share equally the cost incurred by COUNTY to perform the audit.

7. Except as modified herein, the Maintenance and Operation Agreement dated June 22, 2010, as previously amended, shall remain in full force and effect. In the event of a conflict between the provisions of this Seventh Amendment and the original Operation and Maintenance Agreement, or any prior amendments thereto, the provisions of this Seventh Amendment shall govern.

[Signatures on Following Page]


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

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

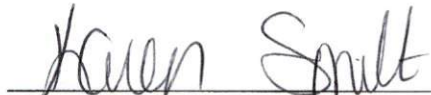
(1) CHAIRPERSON OF THE BOARD, PRESIDENT, OR VICE PRESIDENT; AND

(2) SECRETARY, ASSISTANT SECRETARY, CHIEF FINANCIAL OFFICER OR TREASURER.

EEL RIVER DISPOSAL COMPANY, INC.:

By: 
Harry A. Hardin, President

Date: 5-25-16

By: 
Karen Smith, Secretary

Date: 5-25-16

COUNTY OF HUMBOLDT:

By: 
Mark Lovelace
Chair, Board of Supervisors

Date: 6/21/16

INSURANCE CERTIFICATES APPROVED:

By: 
Risk Management

Date: 6/9/16

Exhibit 1-A
 REDWAY TRANSFER STATION AND RECYCLING CENTER
 Effective July 1, 2016

A	B	C	D	E	F	G	H	I	J
Site	Tons*	Site Costs**	Environmental Liability Insurance Cost	Haul Costs	Disposal Costs	Overhead & Profit 25% C+E	Total Operating Cost	Contract Revenue	Net County Cost
Redway Transfer Station Total:	4,262.91 from ERD	\$ 257,738 from ERD	\$ 10,010 Annual Fee	\$ 59,226.34 tons x haul cost per ton	\$ 521,311.26 tons x tipping fee	\$ 79,241.08	\$ 927,526.66 C+D+E+F+G	\$ 767,323.80 tons x fee per ton	\$ 160,202.86 Oper Cost less Revenue
CPI Adjustment Factor	Prior Yr	Current Yr	Proposed FY 16/17						
ERD Tipping Fee**	122.23	\$ 122.29	\$ 122.29						
Hourly Haul Rate**	92.00	\$ 92.62							
Haul Cost Per Ton	13.80	\$ 13.89							
Fee per ton (County Fee Schedule)	180.00	\$ 180.00							
<u>Site Cost per Hour:</u>									
Site Cost		\$ 257,738							
divided # weeks/yr		52							
divided # hrs/week		41							
		<u>\$ 120.89</u>							
<u>Total Six Month Payment from County:</u>									
Net County Cost		\$ 160,202.86							
Environmental Liability Insurance		\$ 10,010.00							
		\$ 150,192.86							
divided by mos./yr.		12							
Monthly Payment from County		<u>\$ 12,516.07</u>							

*Tons used are from January to December 2015

**Subject to annual CPI adjustment

Exhibit 1-B

Formula to Calculate Payment Amount:

Contract Revenue Less Total Operating Cost = Net County Cost or Payment Amount

Where:

Contract Revenue = Tonnage X Fee Per Ton
(Column I of Site Price Form)

Less

Total Operating Cost = Site Cost + Environmental Liability Insurance Premium + Haul Cost +
Disposal Cost + Overhead Profit as described below:

Site Cost Provided By CONTRACTOR at the beginning of this Agreement
(Column C of the Site Price Form)

Add

Environmental Liability Insurance Premium, if coverage is provided by
COUNTY
(Column D of the Site Price Form)

Add

Haul Cost equals the Tonnage X Haul Cost after CPI adjustment
(Column E of the Site Price Form)

Add

Disposal Cost equals the Tonnage X Disposal Cost per ton
(Column F of the Site Price Form)

Add

Overhead Profit which is 25% of Site Cost plus Haul Cost
(Column G of Site Price Form)

Exhibit 2

Standard of Fee Collection

A. Based on current fees:

\$12.00 minimum
\$180.00 per ton

B. And the following assumptions:

average weight of a 30-gallon can = 40#
average weight of a cubic yard = 267#

C. All fees will be charged and collected by weight, rather than volume, which may be charged at \$12.00. Initial per ton disposal rate shall be \$180.00 per ton. Minimum fee for all loads paid by weight shall be \$12.00, based on 100#.

Exhibit 3

List of Fees and Charges for Recyclable Materials Accepted at Sites

Material Type	Cost per Unit	Conditions of Acceptance
Debris (per ton)	\$ 180.00	\$12 minimum
Metal (per ton)	\$ 35.00	\$12 minimum
Brush & Wood (per ton)	\$ 140.00	\$12 minimum
TVs or Monitors (each)	\$ 25.00	
Appliance with freon (each)	\$ 35.00	
Other appliances (each)	\$ 20.00	
Car Batteries (each)	\$ 2.00	
Oil (each)	\$ 0.25	
Oil Filters (small, each)	\$ 0.50	
Oil Filters (large, each)	\$ 0.75	

**COUNTY OF HUMBOLDT
SOLID WASTE COLLECTION QUARTERLY SITE REPORT**

Attachment 4

Quarter _____
(Due by the 15th day of the second month following the end of each calendar quarter.)

COUNTY OF HUMBOLDT QUARTERLY SITE REPORT

Site _____
 Company Name _____
 Address _____
 City, State, Zip Code _____
 Contact Name _____
 Phone Number _____
 Fax Number _____
 E-mail Address _____

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

	Residential	Commercial	Total	Destination Facilities
Site >>>>>>>>>>				
Solid Waste				
Recycling & OCC				
Green Waste				
Ash				
C&D Recycling				
Carpet				
CRV				
E-waste				
Foodwaste				
Mattresses				
Non-CRV mixed recyclables				
OCC				
Oil filters				
Other Metals				
Sludge				
Used oil				
White Goods				
Total				

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

How many times have you provided info about AB 341 to applicable customers?

If applicable, please describe, or attach copy of info provided.

How many times have you provided info about AB 1826 to applicable customers?

If applicable, please describe, or attach copy of info provided.

ADDITIONAL INFORMATION:

The undersigned, under penalty of perjury, states that the information listed on the above Quarterly Site Report and gross receipts reported on a monthly basis are true and correct.

The undersigned, under penalty of perjury, also states that all tonnages collected and accepted are reported here, that they are reported to receiving landfills, by jurisdiction of origin, and that they are reported to HWMA for use in disposal reporting on behalf of Humboldt County

Name of Preparer and Date

Signature

Form Revised/Effective 7/1/16

**COUNTY OF HUMBOLDT
SOLID WASTE COLLECTION ANNUAL SITE REPORT**

Attachment 5

Calendar Year (YYYY) _____

(Due April 1 following Calendar Year)

CONTRACTOR INFORMATION

Site _____
 Company Name _____
 Address _____
 City, State, Zip Code _____
 Contact Name _____
 Phone Number _____
 Fax Number _____
 E-mail Address _____

TONNAGE

	Residential	Commercial	Total	Destination Facilities
Solid Waste				
Recycling & OCC				
Green Waste				
Ash				
C&D Recycling				
Carpet				
CRV				
E-waste				
Foodwaste				
Mattresses				
Non-CRV mixed recyclables				
OCC				
Oil filters				
Other Metals				
Sludge				
Used oil				
White Goods				

Add additional diverted materials and tonnages on separate sheets.

NUMBER OF ACCOUNTS SERVED - SOLID WASTE

Large Container: Monthly Service

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

Large Container:

On-call 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

Large Container:

On-call Pick-Up

- 5 YD
- 14 YD Covered
- 14 YD Uncovered
- 18 YD Covered
- 18 YD Uncovered
- 20 YD
- 40 YD Uncovered

NUMBER OF ACCOUNTS SERVED - RECYCLING

	Residential	Commercial
--	-------------	------------

Mixed Recycling
 Cardboard Only

	# Commercial Solid Waste Accounts (4+ cu yds/wk)
	# of above Commercial Solid Waste Accounts (4+ cu yds/wk) with Curbside Recycling Service
	# Multi-Family Solid Waste Accounts (5+ units)
	# of above Multi-Family Solid Waste Accounts (5+ units) with Curbside Recycling Service

NUMBER OF ACCOUNTS SERVED - *Organics

	Residential	Commercial
--	-------------	------------

Food waste w/soiled paper
 Green/yard/prune waste
 Non-haz wood waste
 Total

*AB1826 organic waste types: foodwaste, greenwaste, landscape & pruning waste, non-hazardous wood waste & food soiled paper mixed with foodwaste

	# Commercial Solid Waste Accounts (generating 8+ cu yds/wk of organics) in effect(April 1 2016)
	# Commercial Solid Waste Accounts (generating 4+ cu yds/wk of organics) in effect (January 1 2017)
	# of above Commercial Solid Waste Accounts (8+ cu yds/wk) with Organics Recycling Service
	# Multi-Family Solid Waste Accounts (5+ units)
	# of above Multi-Family Solid Waste Accounts (5+ units) with Organics Recycling Service

How many times have you provided info about AB 341 to applicable customers?

If applicable, please describe, or attach copy of info provided.

How many times have you provided info about AB 1826 to applicable customers?

If applicable, please describe, or attach copy of info provided.

NUMBER OF ACCOUNTS SERVED - GREEN WASTE

	Residential	Commercial
Green Waste		
Rate?		

DIVERSION PROGRAMS

Describe any new waste diversion programs begun in the past year:

Describe any waste diversion programs discontinued in the past year:

Describe any economic incentives for diversion programs:

Large=over 2,000 people

Large Events Served:

	Tons	Tons	Tons	Tons	Tons
Materials Collected					
CRV					
Non-CRV					
OCC					
Compostables					
Total					

Add additional sheets as necessary

Y/N: Bulky Item Pick Up Service?

GROSS RECEIPTS - SOLID WASTE

Large Container:	Monthly
1 CY	
1.5 CY	
2 CY	

appropriate)

SUMMARY OF HAZARDOUS WASTE TRAINING

Course Title	Number of Employees Trained	Date

NUMBER OF NON-COLLECTION TAGS ISSUED

(Provide number of tags issued by reason)

	Total
Hazardous Waste	<input type="text"/>
Improper Location	<input type="text"/>
Other (describe):	<input type="text"/>

COLLECTION VEHICLE LOCATION

(Provide address of each terminal that houses collection vehicles serving the County franchise area)

Address _____
City, State, Zip Code _____

Address _____
City, State, Zip Code _____

Address _____
City, State, Zip Code _____

Address _____
City, State, Zip Code _____

ADDITIONAL INFORMATION:

The undersigned, under penalty of perjury, states that the information listed on the above Annual Site Report are true and correct.

The undersigned, under penalty of perjury, also states that all tonnages collected and accepted are reported here, that they are reported to receiving landfills, by jurisdiction of origin, and that they are reported to HWMA for use in disposal reporting on behalf of Humboldt County

Name of Preparer and Date

Signature

Form Revised/Effective 7/1/16

FEB 22 2016



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
 Edgewood Partners Insurance Center (EPIC)
 [Petaluma - Branch ID 15381]
 5350 Old Redwood Highway
 Suite 600
 Petaluma, CA 94954

INSURED
Kel River Disposal Co., Inc.

PO Box 266
 Fortuna, CA 95540

CONTACT NAME: Lori Perry
 PHONE (A/C, No, Ext): 707-794-7410 FAX (A/C, No): 707-794-7401
 E-MAIL ADDRESS: EPICrequests@epicbrokers.com

INSURER(S) AFFORDING COVERAGE NAIC #
 INSURER A: NEW HAMPSHIRE INS CO 23841
 INSURER B: NATIONAL UNION FIRE INS CO OF LA 32298
 INSURER C:
 INSURER D:
 INSURER E:
 INSURER F:

COVERAGES

CERTIFICATE NUMBER: 46079430

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 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	<input type="checkbox"/>	<input type="checkbox"/>	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Re: Paper Contract
Additional Insured(s): County of Humboldt, its Board of Supervisors, officers, agents and employees as respects General Liability as per written contract.

As Per Written Contract.

CERTIFICATE HOLDER

County of Humboldt
 Clerk of Humboldt County

Board of Supervisors 1106
 2nd Street
 Eureka, CA 95501

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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.

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.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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.

01CA0190489583



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 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.

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

201602171704

Electronic Service Requested

EBIX BPO



ENV 5244 1 OF 5 F

5244 1.0129 FP 0.471 MIXED AADC 940



County of Humboldt 194
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 QUESTIONS:-

Q: 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?-

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.-

Q: 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.

FEB 22 2016



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
Edgewood Partners Insurance Center (EPIC)
[Petaluma - Branch ID 15381]
5350 Old Redwood Highway
Suite 600
Petaluma, CA 94954

INSURED
Bel River Disposal Co., Inc.

PO Box 266
Fortuna, CA 95540

CONTACT NAME: Lori Perry
PHONE (A/C, No, Ext): 707-794-7410 FAX (A/C, No): 707-794-7401
E-MAIL: EPICrequests@epicbrokers.com
ADDRESS: EPICrequests@epicbrokers.com

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: NEW HAMPSHIRE INS CO 23841
INSURER B: NATIONAL UNION FIRE INS CO OF LA 32298
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 46079436 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO-JECT LOC OTHER
A X	AUTOMOBILE 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) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	X X	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 DED RETENTION \$
	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 STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: The Southern Container Sites/Ferndale Franchise/Fortuna Area Franchise and Redway Transfer Station, Exclusive Exclusive Franchise for the collection and disposal of garbage or solid waste.
Additional Insured: The Ferndale Franchise/Compacted Haul, The Southern Container Sites, Fortuna Area Franchise and Redway Transfer Station, and The County of Humboldt as per written contract.

As Per Written Contract.

CERTIFICATE HOLDER County of Humboldt 1106 2nd Street Eureka, CA 95501 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Lori Perry</i>
---	---



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.

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.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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.

01CA0190489583



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 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.

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

201602173316

Electronic Service Requested

EBIX BPO



ENV 16028 1 OF 5 F

ALL FOR AADC 940

16028 1.0129 AB 0.413



County of Humboldt 65
1106 2ND ST
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:-

Q: 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?-

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.-

Q: 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

FEB 22 2016

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
 Edgewood Partners Insurance Center (EPIC)
 [Petaluma - Branch ID 15381]
 5350 Old Redwood Highway
 Suite 600
 Petaluma, CA 94954
 INSURED
 Bel River Disposal Co., Inc.
 PO Box 266
 Fortuna, CA 95540

CONTACT NAME: Lori Perry
 PHONE (A/C, No, Ext): 707-794-7410 FAX (A/C, No): 707-794-7401
 E-MAIL ADDRESS: EPICrequests@epicbrokers.com
 INSURER(S) AFFORDING COVERAGE NAIC #
 INSURER A: NEW HAMPSHIRE INS CO 23841
 INSURER B: NATIONAL UNION FIRE INS CO OF LA 32298
 INSURER C:
 INSURER D:
 INSURER E:
 INSURER F:

COVERAGES CERTIFICATE NUMBER: 46079462 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A X	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS	X X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B X	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X X	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 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 <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Redway Transfer Station Contract
 Additional Insured: The County, its officers, employees and agents on a primary and non-contributory basis as per written contract.
 As Per Written Contract.

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



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.

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.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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.

01CA0190489583



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 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.

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

201602173316

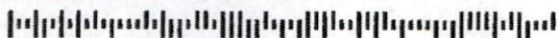
Electronic Service Requested

EBIX BPO



ENV 16027 1 OF 5 F

16027 1.0129 AB 0.413 ALL FOR AADC 940



County of Humboldt 65
1106 2ND ST
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:-

Q: 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?-

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.-

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	X X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER						
A	AUTOMOBILE LIABILITY	X X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
X	ANY AUTO ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				
X	HIRED AUTOS	X				
B	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	X X	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 DED RETENTION \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L 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

County of Humboldt
 1106 2nd Street
 Eureka, CA 95501
 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE



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.

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.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

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01CA0190489583



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ADDITIONAL INSURED – WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

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

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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.

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- 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



ENV 16026 1 OF 5 F

ALL FOR AADC 940
16026 1.0129 AB 0.413
County of Humboldt 65
1106 2ND ST
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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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.

FEB 22 2016



CERTIFICATE OF LIABILITY INSURANCE

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



2 OF 5 F
ENV 16025

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

COVERAGES **CERTIFICATE NUMBER: 46079448** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A X	AUTOMOBILE 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) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X X	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 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 STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Solid Waste Collection for Willow Creek Area of Humboldt County
 Additional Insured(s): The County of Humboldt, its officers, employees and agents as per written contract.
 30 Days Written Notice of Cancellation for Non-Renewal and 10 Days Notice of Cancellation for Non-Payment of Premiums

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



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.

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.



01CA0190489583



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 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.

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

201602171316

Electronic Service Requested

EBIX BPO



16025 1.0129 AB 0.413 ALL FOR AADC 940



County of Humboldt 65
1106 2ND ST
CONTRACT ADMINISTRATOR
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:-

Q: 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?-

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.-

Q: 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.

CONTINUATION CERTIFICATE


Premium Amount: \$1,050.00

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

PROVIDED that the liability of Indemnity Company of California, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

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.

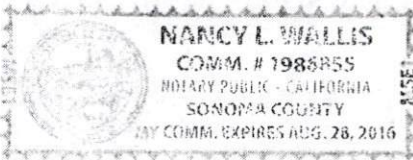
STATE OF CALIFORNIA

County of Sonoma }

On January 14, 2016 before me, Nancy L. Wallis, Attorney-in-Fact, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Natalie Ann Horder

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

Nancy L. Wallis
Signature of Notary Public Nancy L. Wallis

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: _____

- Individual
 Corporate Officer — Title(s): _____
 Partner Limited General
 Attorney in Fact
 Trustee
 Guardian or Conservator
 Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing:

Signer's Name: _____

- Individual
 Corporate Officer — Title(s): _____
 Partner Limited General
 Attorney in Fact
 Trustee
 Guardian or Conservator
 Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing:

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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

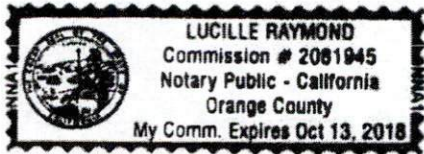
On January 29, 2015 before me, Lucille Raymond, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Daniel Young and Mark Lansdon
Name(s) of Signer(s)

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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 14th day of January, 2016.

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary

CONTINUATION CERTIFICATE

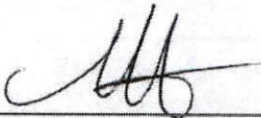
Premium Amount: \$1,050.00

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

PROVIDED that the liability of Developers Surety and Indemnity Company, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 10, 2016 before me, Stacy M. Clinton, Notary Public
Date Here Insert Name and Title of the Officer
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/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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA**
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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
Date Here Insert Name and Title of the Officer
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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 10th day of May, 2016

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary

CONTINUATION CERTIFICATE

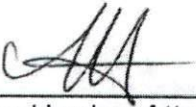
Premium Amount: \$875.00

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

PROVIDED that the liability of Indemnity Company of California, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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State of California)
County of Sonoma)

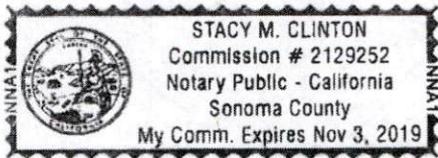
On May 10, 2016 before me, Stacy M. Clinton, Notary Public
Date Here Insert Name and Title of the Officer

personally 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/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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA**
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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
Date Here Insert Name and Title of the Officer

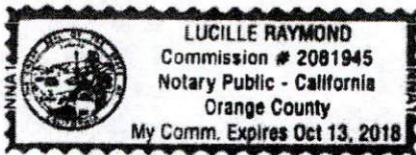
personally appeared Daniel Young and Mark Lansdon
Name(s) of Signer(s)

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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 10th day of May, 2016.

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary

CONTINUATION CERTIFICATE

Premium Amount: \$1,050.00

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

PROVIDED that the liability of Developers Surety and Indemnity Company, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

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 May 19, 2015 before me, Nancy L. Wallis, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Natalie Ann Horder

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 Nancy L. Wallis
Signature of Notary Public Nancy L. Wallis

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: _____

- Individual
 Corporate Officer — Title(s): _____
 Partner Limited General
 Attorney in Fact
 Trustee
 Guardian or Conservator
 Other: _____

Signer is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer's Name: _____

- Individual
 Corporate Officer — Title(s): _____
 Partner Limited General
 Attorney in Fact
 Trustee
 Guardian or Conservator
 Other: _____

Signer is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA**
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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
Date Here Insert Name and Title of the Officer
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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 May, 2015.

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary

CONTINUATION CERTIFICATE


Premium Amount: \$875.00

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

PROVIDED that the liability of Indemnity Company of California, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

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.

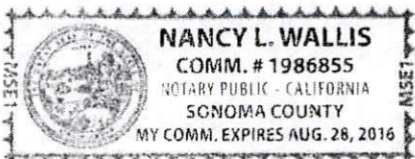
STATE OF CALIFORNIA

County of Sonoma }

On May 19, 2015 before me, Nancy L. Wallis, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Natalie Ann Horder

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

Nancy L. Wallis
Signature of Notary Public Nancy L. Wallis

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: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing:

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing:

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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
Date Here Insert Name and Title of the Officer
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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 May, 2015.

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary

CONTINUATION CERTIFICATE

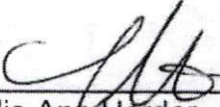
Premium Amount: \$875.00

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

PROVIDED that the liability of Indemnity Company of California, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

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.

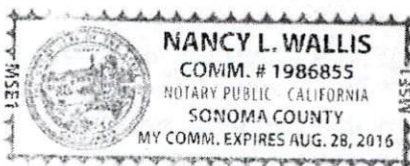
STATE OF CALIFORNIA

County of Sonoma }

On May 19, 2015 before me, Nancy L. Wallis, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Natalie Ann Horder

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 Nancy L. Wallis
Signature of Notary Public Nancy L. Wallis

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: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing: _____

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA**
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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
Date Here Insert Name and Title of the Officer

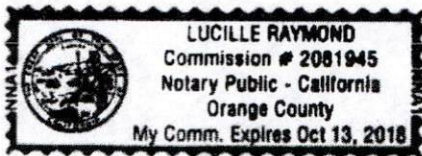
personally appeared Daniel Young and Mark Lansdon
Name(s) of Signer(s)

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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 May, 2015.

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary

CONTINUATION CERTIFICATE

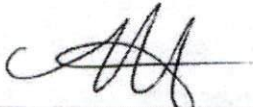
Premium Amount: \$875.00

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

PROVIDED that the liability of Indemnity Company of California, 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

By: 

Natalie Ann Horder, Attorney-in-Fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

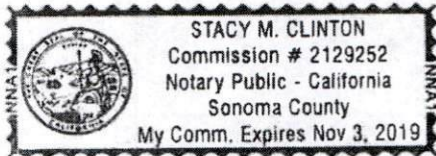
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Sonoma)
On May 10, 2016 before me, Stacy M. Clinton, Notary Public
Date Here Insert Name and Title of the Officer
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/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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

**POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA
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*
Daniel Young, Senior Vice-President

By: *Mark Lansdon*
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

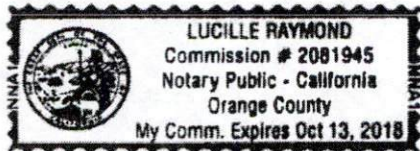
On January 29, 2015 before me, Lucille Raymond, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Daniel Young and Mark Lansdon
Name(s) of Signer(s)

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 *Lucille Raymond*
Lucille Raymond, Notary Public



Place Notary Seal Above

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 10th day of May 2016

By: *Cassie J. Berrisford*
Cassie J. Berrisford, Assistant Secretary