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.

- 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. <u>Books and Records</u>. 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:

Reporting Period

Quarter: July to September Quarter: October to December Ouarter: January to March

Quarter: April to June

Annual: January to December

Due

November 15 of the same calendar year February 15 of the following calendar year

May 15 of the same calendar year August 15 of the same calendar year 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 F	UVER	DISP	OSAL	COMPA	NY,	INC.:

Risk Management

By: Harry A. Hardin, President	Date: 5-25-16
By: Karen Smith, Secretary	Date: 525-16
COUNTY OF HUMBOLDT:	
By: Mark Lovelace Chair, Board of Supervisors	Date: 6/21/16
INSURANCE CERTIFICATES APPROVED:	,
By: Allmandi	Date: Le/9/10

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

A	В	С	D	E	F	G	н	L	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	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 ERD Tipping Fee** Hourly Haul Rate** Haul Cost Per Ton Fee per ton (County Fee Schedule) Site Cost per Hour: Site Cost divided # weeks/yr divided # hrs/week	Prior Yr 122.23 92.00 13.80 180.00	Current Yr 0.006760497 \$ 122.29 \$ 92.62 \$ 13.89 \$ 180.00 \$ 257,738 52 4* \$ 120.89	\$ 122.29						
Total Six Month Payment from County Net County Cost Environmental Liability Insurance divided by mos./yr. Monthly Payment from County	8	\$ 160,202.86 \$ 10,010.00 \$ 150,192.86 12 \$ 12,516.07	-						

^{*}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	
		V.S. 17	
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.)

		QUARTERLY SITE REPO	ORT	
Site				
Company Name				
Address				
City, State, Zip Code				
Contact Name				
Phone Number				
Fax Number				
E-mail Address				
Add additional pages as necessary to re	eport all collected mate	erials that are not landfilled		
DUDI IC SELE HALL TONE ACCO	EDTED AT CONTR	ACTORIS FACILITY OF	CEDADATE EA	OII ITV
PUBLIC SELF-HAUL TONS ACCI	Residential	Commercial	Total	Destination Facilities
Site >>>>>>		Commercial	rotar	Dodination r domino
Solid Waste				
Recycling & OCC				
Green Waste				
Ash			¥	
C&D Recycling				
Carpet				
Carpet				
Carpet CRV	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Carpet CRV E-waste			p.	
Carpet CRV E-waste Foodwaste Mattresses				
Carpet CRV E-waste Foodwaste			<i>y</i>	
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC Oil filters				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC Oil filters Other Metals				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC Oil filters Other Metals Sludge				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC Oil filters Other Metals Sludge Used oil				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC Oil filters Other Metals Sludge Used oil White Goods Total				
Carpet CRV E-waste Foodwaste Mattresses Non-CRV mixed recyclables OCC Oil filters Other Metals Sludge Used oil White Goods	G			

number times have an arrayided info about AR 1026 to a selection	H
w many times have you provided info about AB 1826 to applical	DIE CUSTOMERS?
applicable, please describe, or attach copy of info provided.	
DDITIONAL INFORMATION:	
ne undersigned, under penalty of perjury, states that the info uarterly Site Report and gross receipts reported on a month	
	Il tonnages collected and accepted are reported here, that they d that they are reported to HWMA for use in disposal reporting
me of Preparer and Date	
ınature	
gnature m Revised/Effective 7/1/16	

SOLID WASTE COLLECTION	N ANNUAL SIT	F REPORT			Attachment 5
Calendar Year (YYYY)	TAITIOAL OIL	LE KEI OKT			
(Due April 1 following Calendar Year)					
,					
CONTRACTOR INFORMATIO	ON				
Site					
Company Name					
Address					192-
City, State, Zip Code					
Contact Name	100				
Phone Number					
Fax Number					
E-mail Address					
TONNAGE					
	Residential	Commercial	Total	Destination Facilities	
Solid Waste				1 1 1 1 1 1 1 1 1 1	
Recycling & OCC					
Green Waste	Lot. H				
Ash					
C&D Recycling					
Carpet					100
CRV					
E-waste					
Foodwaste					
Mattresses					
Non-CRV mixed recyclables					
occ					
Oil filters					
Other Metals					
Sludge					
Used oil					
White Goods					
Add additional discount of the state of the			3 1 2		
Add additional diverted mate	erials and ton	nages on sep	parate sheets.		
NUMBER OF ACCOUNTS SE		D WASTE			
Large Container: Monthly S	ervice	i			
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				
40 01				
Large Container: On-call	l Pick Up La	rao Containor:	On call Bigk Lin	
1 CY		rge Container: YD	On-call Pick-Up	
1.5 CY				
		4 YD Covered		
2 CY		4 YD Uncovered		
2.5 CY		8 YD Covered		
3 CY		8 YD Uncovered		
4 CY		0 YD		
5 CY	4	0 YD Uncovered		
6 CY				
7 CY				
8 CY				
10 CY				
14 CY				
15 CY				
18 CY				
20 CY	1			
30 CY				
40 CY				
NUMBER OF ACCOUNTS	SERVED - RECYCLING			
	Residential Commercial			
Mixed Recycling				
Cardboard Only				
entraces and an expension of the second of t				
	# Commercial Solid Waste Acc	counts (4+ cu vds/	wk)	
	# of above Commercial Solid			Recycling Service
	# Multi-Family Solid Waste Ac		, , , , , , , , , , , , , , , , , , , ,	. tooyoming control
	# of above Multi-Family Solid V		i+ units) with Curhside Recvi	cling Service
		ruoto rioccanto (c	warme, mar carbolae recey.	Sining Convice
NUMBER OF ACCOUNTS	SERVED - *Organics		*AB1826 organic waste types	foodwaste greenwaste
	Residential Commercial			non-hazardous wood waste &
Food waste w/soiled paper	Tresidential Commercial		food soiled paper mixed with	
Green/yard/prune waste			flood solled paper mixed with	loodwaste
Non-haz wood waste				
Total				
	# Commercial Called Marchan	to (a!'	Ot accordance of control of	offeet/April 4 0040)
	# Commercial Solid Waste Acc			
	# Commercial Solid Waste Acc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	# of above Commercial Solid		s+ cu yds/wk) with Organics	Recycling Service
	# Multi-Family Solid Waste Ac			
	# of above Multi-Family Solid V	Naste Accounts (5	+ units) with Organics Recy	cling Service

How many times have you pro	vided info abo	out AB 341 to ap	oplicable customers	?			
If applicable, please describe, o	or attach copy	of info provide	d.) to one			
		1.					
					-		
How many times have you pro	vided info abo	out AB 1826 to a	applicable customer	s?			
If applicable, please describe, o	or attach copy	of info provide	d.				
					(4) -(1)		
NUMBER OF ACCOUNTS	SERVED - G	DEEN WAST	F				
NOMBER OF ACCOUNTS		tial Commer					
Green Waste	residen	dai Commer	Ciai				
Rate?							
tato.							
DIVERSION PROGRAMS							
Describe any new waste div	ersion progra	ams begun in t	the past year:				
	order progre		are past year.				
Describe any waste diversion	n programs	discontinued in	n the past year:				
ar dia managana and a salah					- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1 1/2	
Describe any economic ince	entives for div	version program	ms:				
Large=over 2,000 people					7.00		
Large Events Served:				T	·		
Materials Collected	Tons	Tons	Tons	Tone	-	Tono	
CRV	Tons	Tons	Tons	Tons		Tons	
Non-CRV							
OCC							
Compostables	-					4	
Total							
Total							
Add additional sheets as ne	cessary						
	,						
	Y/N: Bulk	y Item Pick Up	Service?				
GROSS RECEIPTS - SOLII	WASTE						
Large Container:	Monthl	v					
1 CY	, violitin						
1.5 CY							
2 CY							

2.5 CY			
3 CY			
4 CY			
5 CY			
6 CY			
7 CY			
8 CY			
10 CY			
14 CY			
15 CY			
18 CY			
20 CY			
30 CY			
40 CY			
		Total	
Large Container:	Pick-up	Large Container:	Pick-up
1 CY	r ick-up	5 YD	Pick-up
1.5 CY		14 YD Covered	
2 CY			
		14 YD Uncovered	
2.5 CY		18 YD Covered	
3 CY		18 YD Uncovered	
4 CY		20 YD	
5 CY		40 YD Uncovered	
6 CY		Total	
7 CY			
8 CY			
10 CY			
14 CY			
15 CY			
18 CY			
20 CY			
30 CY			
40 CY			
	Total		
	70101		
SUMMARY OF SERVI	CE COMPLAINTS		
Type of Complaint:	Total		
Missed Pick-up	e Trial a		
Excessive Noise			
Spilled Garbage			
,			
Other (describe):			

NARRATIVE SUMMARY OF PROBLEMS

(Describe problems encountered and actions taken with recommendations for County, as

	· · · · · · · · · · · · · · · · · · ·	
1 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
SUMMARY OF HAZARDOUS WASTE TRAINING		
	Number of	
Course Title	Employees Trained	Date
IUMBER OF NON-COLLECTION TAGS ISSUED		
Provide number of tags issued by reason)		
Total		
Hazardous Waste mproper Location		
Other (describe):		
COLLECTION VEHICLE LOCATION Provide address of each terminal that houses collection vehicles	conting the County	
Provide address of each terminal that houses collection vehicles ranchise area)	serving the County	
Address		
City, State, Zip Code		
Address		
City, State, Zip Code		
Address		
City, State, Zip Code		
Address		
Address City, State, Zip Code		
City, State, Zip Code		
·		
City, State, Zip Code		

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 according to the undersigned.

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 jurisdiciton 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

DATE (MM/DD/YYYY)

02/16/2016

CERTIFICATE OF LIABILITY INSURANCE

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).

PO Box 266	INSURER D:
her kiver bisposar co., inc.	INSURER C:
INSURED Eel River Disposal Co., Inc.	INSURER 8: NATIONAL UNION FIRE INS CO OF LA 32298
Petaluma, CA 94954	INSURER A: NEW HAMPSHIRE INS CO 23841
Suite 600	INSURER(S) AFFORDING COVERAGE NAIC #
5350 Old Redwood Highway	ADDRESS EPICrequests@epicbrokers.com
[Petaluma - Branch ID 15381]	(A/C, No, Ext): 707-794-7410 (A/C, No): 707-794-7401
Edgewood Partners Insurance Center (EPI	17-794-7400 CONTACT Lori Perry 2) PHONE TORREST FAX

R	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	х	X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- OTHER LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
	AUTOMOBILE LIABILITY	x	X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	5
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS						(Las accusais)	5
	UMBRELLA LIAB X OCCUR	х	x	29UD0012157850000	02/14/16	02/14/17		\$ 3,000,000
	X EXCESS LIAB CLAIMS MADE							\$ 3,000,000
	DED RETENTION'S							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		2				PER OTH-	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA					E.L. EACH ACCIDENT	3
1	Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	-					E.L. DISEASE - POLICY LIMIT	\$
1	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	181, Additional Remarks Schedule, m.	ay be attached if mor	e space is requir	ed)	
	Paper Contract							
	tional Insured(s): County of				isors, office	ers, agent	s and employees as r	espects
8	ral Liability as per written	cont	rac	t.		9		

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

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

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

1. Required by the contract or agreement; or

Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

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	Sch	edule,	if not shown a	bove, 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.

10

ENV 5244

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:

- 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
 - 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

201602174704

Electronic Service Requested

EBIX BPO

MIXED AADC 940

5244 1.0129 FP 0.471

լիչիլ հուկիլիի իշկվիչ գիհերի իրականին հուկիկի ախանարկնու

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

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

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

FREQUENTLY ASKED QUESTIONS:-

- 0: What is a Certificate of Insurance?-
- A written document verifying insurance coverage of the Named Insured listed in the top left corner . -
- 0: Why am I receiving this?-
- The Named Insured listed in the top left corner is performing or has performed operations for A: you where they have been required to show you evidence of their insurance .-
- What is this costing me?-0:
- 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.

DATE (MM/DD/YYYY)

ENV 16028

CERTIFICATE OF LIABILITY INSURANCE

02/16/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

PRODUCER CA LIC 0B29370 1-707-794-7400	CONTACT NAME: Lori Perry	
Edgewood Partners Insurance Center (EPIC) [Petaluma - Branch ID 15381] 5350 Old Redwood Highway		707-794-7401
Suite 600	INSURER(S) AFFORDING COVERAGE	NAIC #
Petaluma, CA 94954	INSURER A: NEW HAMPSHIRE INS CO	23841
NSURED Bel River Disposal Co., Inc.	INSURER B: NATIONAL UNION FIRE INS CO OF LA	32298
PO Box 266	INSURER D :	
Fortuna, CA 95540	INSURER E :	

COVERAGES CER	RTIFICAT	E NUMBER: 46079436			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS
NSR LTR TYPE OF INSURANCE	ADDL SUB INSD WVI		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	хх	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000 \$
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS	хх	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
B UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V.N.		29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE PER OTH- STATUTE ER	\$ 3,000,000 \$ 3,000,000 \$
ANY PROPRIETORIPART INEREXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	The state of the s			EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE POLICY LIMIT	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE: The Southern Container Sites Exclusive Franchise for the colladditional Insured: The Ferndale Redway Transfer Station, and The Ref Written Contract.	/Fernda ection Franch	ie Franchise/Fortuna and disposal of garba ise/Compacted Haul,Th of Humboldt as per w	Area Franchise ge or solid wa e Southern Contract	and Redwar ste. tainer Site	ed) y Transfer Station.	Exclusive
EKTIFICATE HOLDEK			CANCELLATION			
County of Humboldt		1 4			ESCRIBED POLICIES BE CA	

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

1106 2nd Street

Eureka, CA 95501

USA

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

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

- 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.

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	Sch	edule,	if not shown a	bove, 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.

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 Fonn 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:

- 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.

P32808280832

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

201602173316

Electronic Service Requested

EBIX BPO

ALL FOR AADC 940

County of Humboldt 1106 2ND 2T EUREKA, CA 95501-0531 4

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

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PRODUCER CA LIC 0B29370 1-707-794-740 Bdgewood Partners Insurance Center (EPIC) [Petaluma - Branch ID 15381] 5350 Old Redwood Highway	CONTACT Lori Perry AAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: EPICrequests@epicbrokers.com
Suite 600 Petaluma, CA 94954 INSURED Bel River Disposal Co., Inc.	INSURER(S) AFFORDING COVERAGE . NAME INSURER A: NEW HAMPSHIRE INS CO 23841 INSURER B: NATIONAL UNION FIRE INS CO OF LA 32298 INSURER C:
PO Box 266 Fortuna, CA 95540	INSURER D: INSURER E: INSURER F:

OUTLINGES	CERTIFICATE NUMBER. 40073482	REVISION NUMBER:
THIS IS TO CERTIFY THA	IT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN	I ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHST	ANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE IS	SUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY T	HE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS
EXCLUSIONS AND CONDI	TIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN DE	EDUCED BY BAID CLAIMS

TR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER:		X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS · COMPIOP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
A	X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS	x	X	01CA01904B9583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
В	WIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS MADE DED RETENTION \$	x	x	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER OTH- STATUTE 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	CANCELLATION
County of Humboldt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 Second Street	AUTHORIZED REPRESENTATIVE
Bureka, CA 95501	Non Rever

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

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

1. Required by the contract or agreement; or

Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

:POLICY NUMBER: 01LX0117399963001

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.
Information required to complete this	Sch	odulo	if not shown a	bove, 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 "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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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.

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

ALL FOR AADC 940

16027 1.0129 AB 0.413

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County of Humboldt 1106 2ND ST EUREKA, CA 95501-0531

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

FREQUENTLY ASKED QUESTIONS: -

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PRODUCER CA LIC 0B29370	1-707-794-7400	NAME: Lori Perry	
Edgewood Partners Insurance Cer	ter (EPIC)		No): 707-794-7401
[Petaluma - Branch ID 15381]		I E MAII	No): 101-194-1401
5350 Old Redwood Highway		ADDRESS: EPICrequests@epicbrokers.com	
Suite 600		INSURER(S) AFFORDING COVERAGE	NAIC #
Petaluma, CA 94954		INSURER A: NEW HAMPSHIRE INS CO	23841
INSURED		INSURER B: NATIONAL UNION FIRE INS CO OF LA	A 32298
Eel River Disposal Co., Inc.		INSURER C :	
PO Box 266		INSURER D :	
		INSURER E :	
Fortuna, CA 95540		INSURER F :	

For	tur	na, CA 95540				INSURER E :			
-	-		TIFI	CATI	E NUMBER: 46079482	I INSURER F		REVISION NUMBER:	
C	ERT XCL	ATED. NOTWITHSTANDING ANY R	PERT POLI	REME FAIN, CIES	NT. TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	THE INSURE OR OTHER I S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE POLICY PERIO DOCUMENT WITH RESPECT TO WHICH THI D HEREIN IS SUBJECT TO ALL THE TERM:	S
LTR		TYPE OF INSURANCE		SUBF		POLICY EFF [MM/DD/YYYY]	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	х	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	х	X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000	7.
		NLAGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC						PERSONAL & ADV INJURY 5 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	X X	ANY AUTO ALL OWNED AUTOS HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS	х	х	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
В	x	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS	x	х	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000	
Ş	ANY OFF (Mar	RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? datury in NH) s, describe under CRIPTION OF OPERATIONS below	N/A	Compatible on the ability of the property of the ability of the ab				PER OTH- STATUTE ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$	
								7	
RE:	We iti	TION OF OPERATIONS/LOCATIONS/VEHIC out/Myers Flat Exclusive F onal Insured: The Weott/My Written Contract.	ranc	hise	for the collection	and disposal of	f garbage		
CEI	RTIF	FICATE HOLDER				CANCELLATION			
Cou	nty	of Humboldt			7 2# 5		DATE THE	ESCRIBED POLICIES BE CANCELLED BEFORI REOF, NOTICE WILL BE DELIVERED II Y PROVISIONS.	
110	5 21	nd Street				AUTHORIZED REPRESE	NTATIVE	-C W	

Eureka, CA 95501 Chan Harry USA

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P5260028000

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90812 (10/06)

Edgewood Partners Insurance Center (EPIC)

5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602173316

Electronic Service Requested

EBIX BPO

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

COI	/EK	ΑG	ES

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.

ISR TR			SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S
A	CLAIMS MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- DECT LOC	х	X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
λ	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X AUTOS	x	x	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE. (Per accident)	\$ 1,000,000 \$ \$ \$ \$
В	WHERELLA LIAB X OCCUR CLAIMS-MADE DED RETENTION \$	x	х	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I yes, describe under DESCRIPTION OF OPERATIONS below	N/A			Transfer and Albanian and Alban	plane (44) mendenan mayarangan	PER STATUTE OTH- STATUTE ER EL EACH ACCIDENT EL 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	CANCELLATION
County of Humboldt Contract Administrator	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 Second Street	AUTHORIZED REPRESENTATIVE
Bureka, CA 95501	Hon Henry
Bureka, CA 95501 USA	Son Henry

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CERTIFICATE HOLDER

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.

bage 5 of 6

51-90-50

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:

- 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 lunits 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

201002:71316

Electronic Service Requested

EBIX BPO

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

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

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

FREQUENTLY ASKED QUESTIONS: -

- What is a Certificate of Insurance?-
- A written document verifying insurance coverage of the Named Insured listed in the top left A: 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 .-
- What is this costing me?-0:
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-

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

cc:

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

Premium Amount: \$1,050.00

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

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

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

Indemnity Company of California Surety

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

Insert Name of Notary exactly as it appears on the official seal , Notary Public, personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that be she/they executed the same in his/he//their authorized capacity(ies), and that by his/he//their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. NANCY L. WALLIS
COMM. # 1988555
#BHARY PUBLIC - CATHORNIA
SONOMA COUNTY
MY COMM. EXPIRES AUG. 28, 2016 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Signature of Notan Public Nancy L. Wallis Place Notary Seal Above — OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact ☐ Attorney in Fact RIGHT THUMBPRINT RIGHT THUMBPRINT ☐ Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

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

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

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

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

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

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

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

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

By: Daniel Young, Senior Vice-President

Authority

Mark Lansdon, Vice-President





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

State of California County of Orange

On _______ January 29, 2015

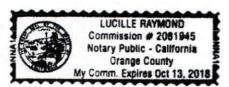
_ before me.

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

Name(s) of Signer(s)



Place Notary Seal Above

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

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

WITNESS my hand and official seal.

Signature

Lucille Raymond, Notary Public

CERTIFICATE

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

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

14th

day of

January

2016.

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

Premium Amount: \$1,050.00

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

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

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

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

CIVIL CODE § 1189

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CHECCHOCHOCHOCHOCHOCHOCHOCHOCHOCHOCHOCHOCHO
A notary public or other officer completing this certific document to which this certificate is attached, and not	cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California)
County of Sonoma	
OnMay 10, 2016 before me,	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedNatalie A	nn Horder
	Name(s) of Signer(s)
who proved to me on the basis of satisfactor subscribed to the within instrument and acknowns/her/their authorized capacity(ies), and that by or the entity upon behalf of which the person(a) a	
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	WITNESS my hand and official seak
Place Notary Seal Above	Signature of Notary Public
Though this postion is entired association the	TIONAL
fraudulent reattachment of this	information can deter alteration of the document or s form to an unintended document.
Description of Attached Document	tom to an animended document.
Title or Type of Document:	Document Date:
	n Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Corporate Officer — Title(s):	Signer's Name:
Corporate Officer — Title(s):	Signer's Name: Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact	□ Fartier — □ Limited □ General
Trustee Guardian or Conservator	☐ Individual ☐ Attorney in Fact
Other:	☐ Trustee ☐ Guardian or Conservator ☐ Other:
Signer Is Representing:	Signer Is Representing:
V/VV/VV/VV/VV/VV/VV/VV/VV/VV/VV/VV/VV/V	

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

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

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

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

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

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

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

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

By: Daniel Young, Senior Vice-President

By: Mark Lansdon, Vice-President

OCT. 10 COWA 40



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)

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

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 ___

ucille Paymond, Notary Public

CERTIFICATE

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

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

10th

May

2016

Cassie J. Berrisford

Cassie J. Berrisford, Assistant Secretary

ID-1380(Rev.01/15)

Premium Amount: \$875.00

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

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

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

INDEMNITY COMPANY of California

Surety

CIVIL CODE § 1189

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	andrenandranenenenenenenenenenenenenenenenenenene
A notary public or other officer completing this certific document to which this certificate is attached, and not	cate verifles only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California	
County of Sonoma)
On May 10, 2016 before me,	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedNatalie A	nn Horder
	Name(s) of Signer(s)
subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) is/a/e viedged to me that be/she/the? executed the same in s/her/their signature(s) on the instrument the person(s), acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws
STACY M. CLINTON Commission # 2129252 Notary Public - California	of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal
Sonoma County My Comm. Expires Nov 3, 2019	Signature Signature of Notary Public
Place Notary Seal Above	
OP.	PTIONAL
fraudulent reattachment of this	s information can deter alteration of the document or s form to an unintended document.
Description of Attached Document	Daywood Data
Title or Type of Document: Number of Pages: Signer(s) Other The	Document Date:an Named Above:
	ar Named Above,
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
Signer's Name:	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator ☐ Other:	☐ Trustee ☐ Guardian or Conservator ☐ Other:
Signer Is Representing:	Signer Is Representing:

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

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

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

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

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

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

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

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

Mark Lansdon, Vice-President

AND

OCT. 5 1967

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

State of California County of Orange

January 29, 2015

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

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

Place Notary Seal Above

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

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

WITNESS my hand and official seal.

Signature

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the 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.

day of

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

May

2016

Premium Amount: \$1,050.00

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

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

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

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

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

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

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

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

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

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

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

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

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

Mark Lansdon, Vice-President





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

State of California County of Orange

January 29, 2015 before me, Lucille Raymond, Notary Public personally appeared Daniel Young and Mark Lansdon

LUCILLE RAYMOND Commission # 2081945 Notary Public - California Orange County My Comm. Expires Oct 13, 201

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.

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 Baymond, Notary Public

CERTIFICATE

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

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

19th day of May, 2015.

errisford, Assistant Sedie

Premium Amount: \$875.00

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

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

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

INDEMNITY COMPANY of California

Surety

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

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

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

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

Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President





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

State of California County of Orange

January 29, 2015

before me

LUCILLE RAYMOND

Commission # 2081945

Notary Public - California

Orange County My Comm. Expires Oct 13, 2011

said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

Place Notary Seal Above

Lucille Raymond, Notary Public

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.

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 Ray

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

19th day of May, 2015. This Certificate is executed in the City of Irvine, California, this

ID-1380(Rev.01/15)

Premium Amount: \$875.00

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

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

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

INDEMNITY COMPANY of California

Surety

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 May 19, 2015 before me, Nancy L. Wallis , Notary Public. Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) stare subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) NANCY L. WALLIS COMM. # 1986855 acted, executed the instrument. NOTARY PUBLIC CALIFORNIA SOMOMA COUNTY SONOMA COUNTY I certify under PENALTY OF PERJURY under the laws of MY COMM. EXPIRES AUG. 28, 2016 the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Place Notary Seal Above Signature of Notacy Fublic 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: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): _ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

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

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

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

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

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

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

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

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

By: Daniel Young, Senior Vice-President

Aut

By: Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President





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

State of California County of Orange

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

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

personally appeared

Daniel Young and Mark Lansdon

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

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

WITNESS my hand and official seal.

Signature

Lucille Raymond, Notary Publi

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 $19 \, \text{th}$ day of May, 2015.

By Cassie J. Berrisford

Cassie J. Berrisford, Assistant Secretary

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

Orange County

Comm. Expires Oct 13, 201

Premium Amount: \$875.00

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

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

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

INDEMNITY COMPANY of California

Surety

***************************************	CIVIL CODE § 118
A notary public or other officer completing this certificate is attached, and no	ficate verifies only the identity of the individual who signed the of the truthfulness, accuracy, or validity of that document.
State of California)
County of Sonoma	
	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedNatalie	Ann Horder
	Name(s) of Signer(s)
his/her/their authorized capacity(ies), and that by or the entity upon behalf of which the person(s)	I certify under PENALTY OF PERJURY under the laws
	of the State of California that the foregoing paragraph is true and correct.
Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	Signature of Notary Public
Place Notary Seal Above	
Though this section is optional, completing this	PTIONAL is information can deter alteration of the document or is form to an unintended document.
Description of Attached Document Fitle or Type of Document:	Document Date:
Number of Pages: Signer(s) Other The	an Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Corporate Officer — Title(s):	Signer's Name: Corporate Officer — Title(s):
Partner — 🗆 Limited 🗆 General	☐ Partner — ☐ Limited ☐ General
Individual Attorney in Fact	☐ Individual ☐ Attorney in Fact
Trustee Guardian or Conservator	
Other: Signer Is Representing:	Other:
ignor is hepresenting.	Signer Is Representing:

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

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

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

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full 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. affective as of January 1st, 2008.

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

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

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

Mark Lansdon, Vice-President



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

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

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.

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY OF 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 $$10\mbox{th}$$

LUCILLE RAYMOND

Commission # 2081945

Notary Public - California Orange County

Comm. Expires Oct 13

Place Notary Seal Above

2016