EIGHTH AMENDMENT SOLID WASTE COLLECTION FRANCHISE AGREEMENT FOR FORTUNA AND FERNDALE AREAS OF THE COUNTY OF HUMBOLDT

This Eighth Amendment to the Solid Waste Collection Franchise Agreement dated October 14, 2008, 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 October 14, 2008, COUNTY and CONTRACTOR entered into a Solid Waste Collection Franchise Agreement ("Franchise Agreement") for the handling and disposal of solid waste in the Fortuna and Ferndale areas of Humboldt County for the period of October 16, 2008 to June 30, 2018; and

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

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

NOW THEREFORE, the parties mutually agree as follows:

- 1. The rates which may be charged by CONTRACTOR pursuant to Section 15(A) of the Franchise Agreement shall be as shown in the modified version of Exhibit A Ferndale & Fortuna Area Franchise Rates, which is attached hereto and incorporated herein by reference. Such rates shall supersede and replace all prior rates set forth in the Franchise Agreement, and all previous amendments thereto, as of the effective date of this Eighth Amendment.
- 2. The Franchise Agreement is hereby amended to delete Exhibit B Solid Waste Collection Quarterly and Annual Franchise Reports referenced in Section 4(B)(ii) and replace it in its entirety with the revised Solid Waste Collection Quarterly and Annual Franchise Reports that are attached hereto as Exhibits B-1 and B-2 and incorporated herein by reference. The modified versions of the Solid Waste Collection Quarterly and Annual Franchise Reports attached hereto shall supersede any and all prior versions thereof as of the effective date of this Eighth Amendment.
- 3. Except as modified herein, the Franchise Agreement dated October 14, 2008, as previously amended, shall remain in full force and effect. In the event of a conflict between the provisions of this Eighth Amendment and the original Franchise Agreement, or any prior amendments thereto, the provisions of this Eighth Amendment shall govern.

[Signatures on Following Page]

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

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

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

EEL RIVER	DISPOSAL	COMPANY.	INC.:
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Risk Management

By Harry A. Hardin, President	Date: 525-16
By: Karen Smith, Secretary	Date: 5-25-16
COUNTY OF HUMBOLDT:	
By: Mark Lovelace Chair, Board of Supervisors	Date: 6/2//16
INSURANCE CERTIFICATES APPROVED:	
By: Klymanudi	Date: 1.19/11.5

EXHIBIT A: FORTUNA/FERNDALE AREA FRANCHISE RATES

EFFECTIVE JULY 1, 2016

Α		В		С		D		E		F		G		н		1		J	K
	1	ast Yea	r Ba	ase Rate	C	Current Ye	ear E	Base Rate							Office of				
Type of Service		Base Rate		Base Fuel		PI Adj.* 0.020364		Fuel Adj. (0.207466)		Sub- Total		Disposal 122.29		Sub- Total	Fr	anchise Fee 9%		Total Rate	Frequency of Service
TABLE 1											X								
20 Gallon Can	\$	8.21	\$	1.72	\$	8.38	\$	1.36	Ф	0.74	ď	F 20	e.	45.04	6	4 40	•	40.50	
32 Gallon Can	\$	12.38	\$	2.59	\$	12.63	\$	2.05	\$	9.74 14.68	\$	5.30 7.95	\$	15.04	\$	1.49	\$		Weekly
45 Gallon Can	\$	14.44		3.48	\$	14.73	\$	2.76	\$	17.49		11.92		22.63 29.42	\$	2.24 2.91	\$		Weekly
is sailer sail	Ψ.	1 1. 1 1	Ψ	0.40	Ψ	14.70	Ψ	2.10	Ψ	17.43	Ψ	11.52	Φ	29.42	Φ	2.91	Ф	32.32	Weekly
OCCASIONAL 30 Gal.	\$	3.80	\$	0.80	\$	3.88	\$	0.63	\$	4.51	\$	1.83	\$	6.35	\$	0.63	\$	6.97	Per pick-up
Single-Stream Recycling	\$	4.38	\$	2.59	\$	4.47	\$	2.05	\$	6.52							\$	6.52	Bi-weekly pick-up
TABLE 2	LA	RGE CO	NTA	INERS - Mor	nthly S	Service													
1.0 CY	\$	29.28	\$	6.15	\$	29.88	\$	4.87	\$	34.75	\$	53.52	\$	88.27	\$	8.73	\$	97.00	Once per week
1.0 CY	\$	58.43	\$	12.27	. \$	59.62	\$	9.72	\$	69.34	\$	107.04		176.39	\$	17.45	\$		Twice per week
1.5 CY	\$	43.82	\$	9.20	\$	44.71	\$	7.29	\$	52.00	\$	80.28	\$	132.29	\$	13.08	\$		Once per week
1.5 CY	\$	87.55	\$	18.38	\$	89.33	\$	14.57	\$	103.90	\$	160.57	\$	264.47	\$	26.16	\$		Twice per week
2.0 CY	\$	53.33	\$	11.19	\$	54.42	\$	8.87	\$	63.28	\$	107.04	\$	170.33	\$	16.85	\$		Once per week
2.0 CY	\$	106.44	\$	22.34	\$	108.61	\$	17.71	\$	126.31	\$	214.09	\$	340.40	\$	33.67	\$		Twice per week
3.0 CY	. \$	72.18	\$	15.15	\$	73.65	\$	12.01	\$	85.66	\$	160.57	\$	246.22	\$	24.35	\$	270.58	Once per week
3.0 CY	27	144.32	\$	30.28	\$	147.26	\$	24.00	\$	171.26	\$	321.13	\$	492.39	\$	48.70	\$	541.09	Twice per week
4.0 CY	\$	91.13	\$	19.13	\$	92.99	\$	15.16	\$	108.15	\$	214.09	\$	322.24	\$	31.87	\$	354.11	Once per week
4.0 CY		182.15	\$	38.22	\$	185.86	\$	30.29	\$	216.15	\$	428.18	\$	644.33	\$	63.72	\$	708.05	Twice per week
6.0 CY	\$	91.21	\$	19.14	\$	93.07	\$	15.17	\$	108.24	\$	321.13	\$	429.37	\$	42.47			Once per week
6.0 CY		182.15	\$	38.22	\$	185.86	\$	30.29	\$	216.15	\$	642.27	\$	858.42	\$	84.90	\$		Twice per week
8.0 CY	\$	91.21	\$	19.14	\$	93.07		15.17	\$	108.24	\$	428.18	\$	536.41	\$	53.05	\$		Once per week
8.0 CY	Þ	182.15	\$	38.22	\$	185.86	\$	30.29	\$	216.15	\$	856.36	\$	1,072.51	\$	106.07	\$	1,178.58	Twice per week
	LA	RGE CO	NTA	INERS - Per	Pick-u	up rates fo	r one	container fo	r 7-da	y rental									
20 YD	\$	269.09	\$	57.33	\$	274.57	\$	45.44	\$	320.01	\$	247.03	\$	567.03	\$	56.08	\$	623.11	
40 YD	\$	384.47	\$	81.90	\$	392.30	\$	64.91	\$	457.21	\$	494.05	\$	951.26	\$	94.08	\$	1,045.34	
TABLE 3	со	NTAINER	RE	NTAL RATE	S							v Fr	20						
		Prior Yea	ar Ba					Pl Adj.**		Current	Year								
1 VADI		Monthly 39.65	_	Daily			((0.0067605)	_	Monthly	_	Daily]						
1 YARI 1.5 YARI		39.65	\$	19.25					\$	39.38		19.12							
2 YARI	33 676	47.43	\$	20.62 22.06					\$	39.38	\$	20.48							
3 YARI		52.92	\$						\$	47.11	\$	21.91							
4 YARI		52.92	\$	23.13 24.50					\$	52.56	\$	22.97							
6 YARI		66.02	\$	25.97					\$	52.56	\$	24.33							
		66.02							\$	65.57	\$	25.79							
o TARI	φ .	00.02	Φ	25.97					\$	65.57	\$	25.79							

^{*}CPI less energy

^{**}CP

COUNTY OF HUMBOLDT				Exhibit B
SOLID WASTE COLLECTIO	N ANNUAL FR	ANCHISE RE	PORT	
Calendar Year (YYYY)				
(Due April 1 following Calendar Year)		-		
CONTRACTOR INFORMATI	ON			
Franchise Area	The state of the s			
Company Name				
Address				
City, State, Zip Code				
Contact Name				
Phone Number				
Fax Number				
E-mail Address				
FRANCHISE TONNAGE				
	Residential	Commercial	Total	Destination Facilities
Solid Waste				
Recycling & OCC				
C&D Recycling				
Green Waste				
E-waste				
White Goods				
Foodwaste				
Sludge				
Ash				
SELF-HAULED TONNAGE T	O CONTRACT	OR'S SEPAR	ATE FACILITY	
	Total	Destination	н	low is it processed?
Solid Waste				
CRV				
C&D Recycling				
Green Waste				
e-waste				
used oil				
oil filters				
Non-CRV mixed recyclables				
occ				
White Goods				
Other Metals				
Carpet				
Mattresses				
Add additional diverted mat	erials and ton	nages on se	parate sheets.	
NUMBER OF FRANCHISE A	CCOUNTS SEI	RVED - SOLII	WASTE	
Can: Residential/Comm: Mon	thly Service		Large Container:	Monthly Service
20 Gallon			1 CY	
30 Gallon			1.5 CY	

32 Gallon		2 CY		
40 Gallon		2.5 CY		
45 Gallon		3 CY		
48 Gallon		4 CY		
55 Gallon		5 CY		
60 Gallon		6 CY		
64 Gallon		7 CY		
90 Gallon		8 CY		
93 Gallon		10 CY		
96 Gallon		14 CY		
Occasional 30-Gallon		15 CY		
Prepaid bags		18 CY		
"Blue-Bag"		20 CY		
		Large Container:	Monthly Service	
		30 CY	Montally Octivide	
		40 CY		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Large Container: On-	call Pick Up	Large Container:	On-call Pick-Up	
1 CY		5 YD	The same of the sa	
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				
7 CY				
8 CY				
10 CY				
14 CY				
15 CY				
18 CY				
20 CY				
30 CY				
40 CY				
NUMBER OF FRANCHIS	SE ACCOUNTS SERVED -	RECYCLING		
TO MOLING	Residential Comm			
Mixed Recycling	The side intal	Crotar		
Cardboard Only				
	# Commercial Solid V	Vaste Accounts (4+ cu yds/	/wk)	
			4+ cu yds/wk) with Curbside Red	cycling Service
	The substance and the substance of	Vaste Accounts (5+ units)		
	# of above Multi-Fam	ily Solid Waste Accounts (5	5+ units) with Curbside Recycling	Service

NUMBER OF FRANCHISE ACCOUNTS SERVED - *Organics

Residential Commercial

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

Food waste w/soiled paper			7	food soiled paper mixe	d with foodwa	ste
Green/yard/prune waste			1	To a series paper than the		
Non-haz wood waste			1			
Total						
	_					
	# Commercia	al Solid Waste	e Accounts (generating	8+ cu yds/wk of organ	nics) in effect	(April 1 2016)
	# Commercia	al Solid Waste	e Accounts (generating	4+ cu yds/wk of organ	nics) in effect	(January 1 2017)
	# of above C	Commercial S	olid Waste Accounts (8	8+ cu yds/wk) with Org	anics Recyc	ling Service
	# Multi-Famil	y Solid Waste	e Accounts (5+ units)			
	# of above M	lulti-Family So	olid Waste Accounts (5	+ units) with Organics	Recycling S	ervice
How many times have you prov	ided info about	AB 341 to appl	icable customers?			
If applicable, please describe, o	r attach copy of	info provided.			_	
r approache, prease describe, o	, attach copy of	mo provided.				
	HONOR STREET					
The state of the s			p			
How many times have you prov	ided info about /	AB 1826 to app	licable customers?			
						-
If applicable, please describe, o	r attach copy of	info provided.				
	to the second se			voice/www.		
NUMBER OF FRANCHISE A	CCOUNTS SE	RVED - GRE	EN WASTE			
NOMBER OF FRANCISCE		Commercial				
Green Waste	Residential	Commercial	ר			
Rate?			1			
rate?			1			
DIVERSION PROGRAMS						
Describe any new waste dive	rsion programs	begun in the	past year:			
* ************************************	, , , , , , , , , , , , , , , , , , ,	3			æ	
Describe any waste diversion	programs disc	ontinued in th	ne past year:		1	
Describe any economic incen	tives for divers	ion programs	:			
Large=over 2,000 people		Ι		T		
Large Events Served:				_		
Materials Collected	Tons	Tons	Tons	Tons	Tons	
CRV						
Non-CRV						
OCC						
Compostables						

Total

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

GROSS FRANCHISE RECEIPTS - SOLID WASTE

Can: Res & Comm.	Monthly	Large Container:	Monthly
20 Gallon		1 CY	
30 Gallon		1.5 CY	
32 Gallon		2 CY	
40 Gallon		2.5 CY	
45 Gallon		3 CY	
48 Gallon		4 CY	
55 Gallon		5 CY	
60 Gallon		6 CY	
64 Gallon		7 CY	
90 Gallon		8 CY	
93 Gallon	13/ 7	10 CY	
96 Gallon		14 CY	
Occasional 30-Gallon		15 CY	
Prepaid bags		18 CY	
"Blue-Bag"		20 CY	
	Total	30 CY	
	Access to the second se	40 CY	
		40 C f	
		Total	
Large Container	Pick-up	Total	Pick-up
Large Container:	Pick-up	Total Large Container:	Pick-up
1 CY	Pick-up	Total Large Container: 5 YD	Pick-up
1 CY 1.5 CY	Pick-up	Large Container: 5 YD 14 YD Covered	Pick-up
1 CY 1.5 CY 2 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY 10 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY 10 CY 14 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY 10 CY 14 CY 15 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY 10 CY 14 CY 15 CY 18 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY 10 CY 14 CY 15 CY 18 CY 20 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up
1 CY 1.5 CY 2 CY 2.5 CY 3 CY 4 CY 5 CY 6 CY 7 CY 8 CY 10 CY 14 CY 15 CY 18 CY	Pick-up	Large Container: 5 YD 14 YD Covered 14 YD Uncovered 18 YD Covered 18 YD Uncovered 20 YD 40 YD Uncovered	Pick-up

Type of Complaint: Total	
Missed Pick-up	
Excessive Noise	
Spilled Garbage	
Other (describe):	
IARRATIVE SUMMARY OF PROBLEMS	
Describe problems encountered and actions taken with	recommendations for County, as
ppropriate)	
UMMARY OF HAZARDOUS WASTE TRAINING Course Title	Number of Employees Trained Date
UMBER OF NON-COLLECTION TAGS ISSUED	
Provide number of tags issued by reason for each quar	rter)
Total	
azardous Waste	
nproper Location	
ther (describe):	
OLLECTION VEHICLE LOCATION	
	r vehicles serving the County
rovide address of each terminal that houses collection	n vehicles serving the County
Provide address of each terminal that houses collection	n vehicles serving the County
COLLECTION VEHICLE LOCATION Provide address of each terminal that houses collection anchise area)	r vehicles serving the County

SUMMARY OF SERVICE COMPLAINTS

Franchise Report Form 4/2/14
F:\PUBLIC\NATURRES\Solid waste\Business\REPORT REQ & FORMS\FRANCHISE REPORTS\Report Forms 7-1-16\ALL EXCEPT RECOLOGY\FRANCHISE Annual Report form 7-1-16\ODD 6

Address		
City, State, Zip Code		_
	1	
Address		_ ,
City, State, Zip Code		_
Address		_
City, State, Zip Code		- 0
ADDITIONAL INFORMATION:		
ADDITIONAL INFORMATION.		
		-
		-
		_
	ty of perjury, states that the information listed on t	the above
Annual Franchise Report are tr	rue and correct.	
reported here, that they are rep	ty of perjury, also states that all tonnages collecte corted to receiving landfills, by jurisdiciton of origi isposal reporting on behalf of Humboldt County	ed and accepted are n, and that they are
Name of Preparer and Date		
Tame of Freparish and Date		
Signature		:11
form Revised/Effective 7/1/16		

COUNTY OF HUMBOLDT SOLID WASTE COLLECTION QUARTERLY FRANCHISE REPORT

Exhibit B

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

(Due by the 15th day of the second r	nonth following the end of each	n calendar quarter.)				
COUNTY OF HUMBOLDT	QUARTERLY FRANCHISE REPORT					
Franchise Area						
Company Name						
Address						
City, State, Zip Code						
Contact Name						
Phone Number	198 1					
Fax Number						
E-mail Address						
FRANCHISE TONS COLLI	ECTED					
Franchise Area (Location)			T T	Г —		
Solid Waste						
Ash						
E-waste						
Food Waste						
Greenwaste						
Mixed Recyclables						
occ						
Sludge						
Wood Waste						
Total						
Add additional pages as necess	sary to report all collected	materials that are not land	filled			
PUBLIC SELF-HAUL TON	S ACCEPTED AT CON	TRACTOR'S FACILIT	Y OR SEPARATE FAC	CILITY		
Location/s >>>>>>>						
Solid Waste						

Location/s >>>>>>>		
Solid Waste		
Facility		
SWIS		
Ash		120
CRV		
E-waste	 31	
Food Waste		
Greenwaste		
Mixed Recyclables		
OCC		
Sludge		
Wood Waste	1	

Total			
			<u> </u>
Add additional pages as necessary to report all accepted	d materials that are not land	filled.	
Do you provide info about AB 341 to applicable custor	mers?		
If applicable, please describe, or attach copy of info pr	ovided.		
	The second secon		

Do you provide info about AB 1826 to applicable custo	omers?		
If applicable, please describe, or attach copy of info pro	ovided.		
	0		
ADDITIONAL INFORMATION:			
ADDITIONAL INFORMATION.			

		ė.	
The undersigned, under penalty of perjury, states	that the information liste	ed on the above	
Quarterly Franchise Report and gross receipts rep	orted on a monthly bas	is are true and correct.	
	19 ma(Quadri este de de 1910 - Major de 1910 - 1940 e 1940 e Para de 1940 e 1940		
The undersigned, under penalty of perjury, also sta	ates that all tonnages co	ollected and accepted	are reported here, that
they are reported to receiving landfills, by jurisdicti	ion of origin, and that the	ey are reported to HWI	MA for use in disposal
reporting on behalf of Humboldt County.			
Name of Preparer and Date			
0:			
Signature			

Form Revised/Effective 7/1/16

CERTIFICATE OF LIABILITY INSURANCE

02/16/2016

DATE (MM/DD/YYYY)

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 [Petaluma - Branch ID 15381]	(EPIC)	PHONE (A/C, No, Ext): E-MAIL	707-794-7410	100000000000000000000000000000000000000	707-794-7401
5350 Old Redwood Highway		ADDRESS:	EPICrequests@epicbroker	e.com	
Suite 600		1	INSURER(S) AFFORDING COVER	AGE	NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO		23841
INSURED		INSURER B	NATIONAL UNION FIRE INS	CO OF LA	32298
Kel River Disposal Co., Inc.		INSURER C :			
PO Box 266		INSURER D :			
		INSURER E :			
Fortuna, CA 95540	Land de la company de la compa	INSURER F :			

INSR		ADDL INSD	SUBF		POLICY EFF (MM/DD/YYYY)	PAID CLAIMS POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	X	01LX0117399963001	02/14/16		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 10,000
				E.			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
-213	OTHER							\$
A	AUTOMOBILE LIABILITY	x	X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	5
	ALLOWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	5
								\$
В	UMBRELLA LIAB X OCCUR	x	x	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE	\$ 3,000,000
	X EXCESS LIAB CLAIMS MADE						AGGREGATE	\$ 3,000,000
	DED RETENTION \$				3			\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	411					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below				1		E.L. DISEASE - POLICY LIMIT	\$
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Paper Contract	ES (A	CORE	1911, Additional Remarks Schedule, may	be attached if mor	e space is requir	ed)	
	itional Insured(s): County of eral Liability as per written			워크() (BANK) - BANKSK - BAN - BANKSKA (B	ors, office	ers, agent	s and employees as	respects

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 USA	AUTHORIZED REPRESENTATIVE

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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 show	n 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.

Page 1 of 1

01CA0190489583

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following.

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

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

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

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

This provision does not apply:

- 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.

Center . -

Edgewood Partners Insurance Center (EPIC)

5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

2016/02/174704

Electronic Service Requested

EBIX BPO

MIXED AADC 940

5244 1.0129 FP 0.471

թիրվիկիսիկիովը,կիրություններ

County of Humboldt Clerk of Humboldt County Board of Supervisors 110b 2nd Street Eureka, CA 95501

19

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

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

FREQUENTLY ASKED QUESTIONS: -

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

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

cc:

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

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

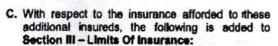
COVERAGES CERTIFICATE NUMBER: 460794	36 DEVISION NUMBER	
Fortuna, CA 95540	INSURER F :	
	INSURER E :	
PO Box 266	INSURER D:	
Lei River Disposal Co., Inc.	INSURER C:	
Eel River Disposal Co., Inc.	INSURER B: NATIONAL UNION FIRE INS CO OF LA	32298
INSURED		
Petaluma, CA 94954	INSURER A NEW HAMPSHIRE INS CO	23841
Suite 600	INSURER(S) AFFORDING COVERAGE	NAIC #
5350 Old Redwood Highway	ADDRESS: EPICrequests@epicbrokers.com	
[Petaluma - Branch ID 15381]		07-794-7401
Edgewood Partners Insurance Center (EPIC)	PHONE 707-794-7410 FAX (AIC No. 7	07-794-7401
PRODUCER CA LIC 0B29370 1-707-794-7400	CONTACT NAME: Lori Perry	

3	TYPE OF INSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	X COMMERCIAL GENERAL CLAIMS-MADE		х	Х	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 AI	PPLIES PER						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
1	OTHER.								\$
	AUTOMOBILE LIABILITY		X	X	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO							BODILY INJURY (Per person)	3
	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
1								(3, 33, 34, 34, 34, 34, 34, 34, 34, 34,	\$
T	UMBRELLA LIAB	X OCCUR	х	х	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE	\$ 3,000,000
ħ	X EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$ 3,000,000
	DED RETENTION	N S							\$
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	
1	ANY PROPRIETOR/PARTNER/		NIA					E.L. EACH ACCIDENT	s
	OFFICER/MEMBER EXCLUDED Mandatory in NH))?	N/A					E L DISEASE - EA EMPLOYEE	S
	f yes, describe under DESCRIPTION OF OPERATIO	NS below						EL DISEASE POLICY LIMIT	5
T									
	RIPTION OF OPERATIONS / L	OCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule,	may be attached if mor	e space is requir	ed)	

CERTIFICATE HOLDER		CANCELLATION
County of Humboldt		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 2nd Street		AUTHORIZED REPRESENTATIVE
Eureka, CA 95501	USA	Kon Harry
		© 1000 2014 ACORD CORROBATION AND SELECTION

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As Per Written Contract.



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	edule,	f 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 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.

201602173316

Electronic Service Requested

EBIX BPO

ALL FOR AADC 940

16028 1.0129 AB 0.413

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

65

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

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

FREQUENTLY ASKED QUESTIONS: -

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

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

cc:

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



ENV 16027

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER CA LIC 0B29370 1-707-794-7400 Edgewood Partners Insurance Center (EPIC) [Petaluma - Branch ID 15381] 5350 Old Redwood Highway	CONTACT Lori Perry PHONE (A/C, No, Ext): 707-794-7410 FAX (A/C, No): 70 E-MAIL ADDRESS: EPICrequests@epicbrokers.com	7-794-7401
Suite 600	INSURER(S) AFFORDING COVERAGE	NAIC #
Petaluma, CA 94954	INSURER A: NEW HAMPSHIRE INS CO	23841
INSURED	INSURER B: NATIONAL UNION FIRE INS CO OF LA	32298
Bel River Disposal Co., Inc.	INSURER C :	
PO Box 266	INSURER D :	-
	INSURER E :	1
Fortuna, CA 95540	INSURER F ;	

COVERAGES	CERTIFICATE NUMBER: 46079462	REVISION NUMBER:			
THIS IS TO CERTIEV THAT THE DO	OLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE	INCLIDED MANED ABOVE FOR			

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,

SR TR	R TYPE OF INSURANCE				SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X	CLAIMS-MADE X OCCUR ENL AGGREGATE LIMIT APPLIES PER:	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		
X	ANY AUTO ALL OWNED AUTOS HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS	х	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 \$ \$ \$ \$		
ANY OFF (Ma	UNBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION S RKERS COMPENSATION D EMPLOYERS 'LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICCER/MEMBER EXCLUDED? Indatory in NH) Is, dissorbe under SCRIPTION OF OPERATIONS below	X N/A	x	29UD0012157850000	02/14/16	02/14/17	PER OTH-STATUTE ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT			

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

RE: 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	Kon Henry

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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.

ENV 16027

: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	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

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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)

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This provision does not apply:

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

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

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

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

201602173316

Electronic Service Requested

EBIX BPO

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

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

FREQUENTLY ASKED QUESTIONS: -

- Q: What is a Certificate of Insurance?-
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- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document.-

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

cc:

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

DATE (MM/DD/YYYY)

02/16/2016



REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

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

PRODUCER CA LIC 0B29370 1-707-794-7400	CONTACT NAME: Lori Perry	
Edgewood Partners Insurance Center (EPIC)	PHONE TOT TO TAKE	707-794-7401
[Petaluma - Branch ID 15381]	EMAIL	707 734 7401
5350 Old Redwood Highway	ADDRESS: EPICrequests@epicbrokers.com	
Suite 600	INSURER(S) AFFORDING COVERAGE	NAIC #
Petaluma, CA 94954	INSURER A: NEW HAMPSHIRE INS CO	23841
INSURED	INSURER B: NATIONAL UNION FIRE INS CO OF LA	32298
Eel River Disposal Co., Inc.	INSURER C:	
PO Box 266	INSURER D :	
	INSURER E :	
Fortuna, CA 95540	INSURER F:	

COVERAGES CER	TIEIC	ATI	E NUMBER: 46079482	SUNER F :		REVISION NUMBER:	
				BEEN ISSUED TO	THE INCUID	ED NAMED ABOVE FOR THE POLICY PERIOD	
INDICATED. NOTWITHSTANDING ANY RE	PERT POLIC	AIN, CIES	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BEI	ANY CONTRACT BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPECT TO WHICH THIS D HEREIN IS SUBJECT TO ALL THE TERMS,	
INSR LTR TYPE OF INSURANCE	ADDL			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	х	х	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 300,000 MED EXP (Any one person) \$ 10,000	
						PERSONAL & ADV INJURY 5 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
X POLICY PRO- OTHER.						PRODUCTS - COMP/OP AGG \$ 2,000,000	
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED SCHEDULED	Х	х	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$	
X HIRED AUTOS X AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
B UMBRELLA LIAB X OCCUR	х	х	29000012157850000	02/14/16	02/14/17	EACH OCCURRENCE \$ 3,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 3,000,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MAEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER OTH- STATUTE ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE, \$ EL DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL RE: Weott/Myers Flat Exclusive Fr Additional Insured: The Weott/Mye As Per Written Contract.	ranch	nise	for the collection and	d disposal of	f garbage	or solid waste.	
		**********		NCELLATION			
CERTIFICATE HOLDER			CA	NCELLATION			
County of Humboldt			1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

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1106 2nd Street

Eureka, CA 95501

USA

AUTHORIZED REPRESENTATIVE

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

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

- 1. Required by the contract or agreement; or
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: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	edule,	if not shown a	bove, will be shown in the Declarations.

© Insurance Services Office, Inc., 2008

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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 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

diulia, CA 94934

201602173316

Electronic Service Requested

EBIX BPO

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

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

FREQUENTLY ASKED QUESTIONS: -

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

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

cc:

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

ENV 16025

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER CA LTC 0B29370 Edgewood Partners Insurance Center [Petaluma - Branch ID 15381] 5350 Old Redwood Highway	1-707-794-7400 (BPIC)	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Lori Perry 707-794-7410 EPICrequests@epicbrok		7-794-7401
Suite 600			INSURER(S) AFFORDING CO	VERAGE	NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO		23841
INSURED		INSURER B :	NATIONAL UNION FIRE IN	S CO OF LA	32298
Bel River Disposal Co., Inc.		INSURER C :			
PO Box 266		INSURER D :			
		INSURER E :			
Fortuna, CA 95540		INSURER F :			
COVERAGES CERTIF	ICATE NUMBER: 46079448		REVISI	ON NUMBER	

				****				THE PROPERTY INCHES	
C	ERT	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PER	REME TAIN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY CONTRACT BY THE POLICIE	OR OTHER	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO WHICH THE
NSR		TYPE OF INSURANCE	1.1-1-1	SUBF		POLICY EFF (MM/DOMYYY)	POLICY EXP	LIM	ITS
A	x	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X : OCCUR	x	х	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV IN HIPY	\$ 1,000,000 \$ 300,000 \$ 10,000

	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER:			VIIIA01173333001	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
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	x	х	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
В	X EXCESS LIAB X OCCUR CLAIMS-MADE	х	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) If yes, describe under	N/A			Miles and the second se		PER STATUTE OTH- STATUTE ER E L EACH ACCIDENT E L DISEASE - EA EMPLOYEE E L DISEASE - POLICY LIMIT	porto.

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	USA	Fon Henry

© 1988-2014 ACORD CORPORATION. All rights reserved.

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

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

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

whichever is less.

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

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.

10 5

51-90-50

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

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

Endorsement Effec	tive: 2/	14/16	CHE MATERIA		Countersigned By:
Named Insured: Ee1	River	Disposal	Co.	Inc	· (Authorized Representative)

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

This provision does not apply:

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

201002:71316

Electronic Service Requested

EBIX BPO

ALL FOR AADC 940

16025 1.0129 AB 0.413

<u> Վիլի թարկիկի դինի ակարի դինի գկիկի կինի իրիան</u>

County of Humboldt 1105 2ND ST CONTRACT ADMINISTRATOR EUREKA, CA 95501-0531

65

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

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

FREQUENTLY ASKED QUESTIONS: -

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

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

cc:

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

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 , 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 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. # 1988855 acted, executed the instrument. MOTARY PUBLIC - CATHORRIA SOMORA COLUMN I certify under PENALTY OF PERJURY under the laws of ZIAY COMM, EXPIRES AUG. 28, 2016 the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal, Signature Que Tle 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 ☐ 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

Aut

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

oro ma

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon

LUCILLE RAYMOND
Commission # 2061945
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 ____

Lucille Baymond, Notary Public

CERTIFICATE

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

XCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	COLORS CO
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 10, 2016	
	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 seath
	Signature of Notary Public
Place Notary Seal Above	770444
Though this section is optional, completing this	PTIONAL s information can deter alteration of the document or s form to an unintended document.
Description of Attached Document	
Fitle or Type of Document:	Document Date:
Number of Pages: Signer(s) Other That	an 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	☐ Partner — ☐ Limited ☐ General
☐ Individual	☐ Individual ☐ Attorney in Fact
Other:	☐ Irustee ☐ Guardian or Conservator
Signer Is Representing:	☐ Other:Signer Is Representing:
(V) V V V V V V V V V V V V V V V V V V	

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

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

Dale Here Insert Name and Title of the Officer

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.

! 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 Baymond Notary Public

CERTIFICATE

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

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

Premium Amount: \$875.00

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

M. Clinton, Notary Public Here Insert Name and Title of the Officer rder lame(s) of Signer(s) dence to be the person(s) whose name(s) is/a/ ed to me that be/she/they executed the same in
Here Insert Name and Title of the Officer rder lame(s) of Signer(s)
Here Insert Name and Title of the Officer rder lame(s) of Signer(s)
Here Insert Name and Title of the Officer rder lame(s) of Signer(s)
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dence to be the person(s) whose name(s) is/ay
ature Signature of Notary Public
MAL mation can deter alteration of the document or n to an unintended document.
Document Date:
med Above;
Signer's Name:
☐ Corporate Officer — Title(s):
Individual
☐ Trustee ☐ Guardian or Conservator
Other:
e, rhu n

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



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



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,

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

Premium Amount: \$1,050.00

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

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

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

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

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

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

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

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

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

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

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

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

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

By: Daniel Young, Senior Vice-President Young

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

Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

Signature Lucille Baymond, Notary Publ

CERT

CERTIFICATE

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

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

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

Orange County

y Comm. Expires Oct 13, 2018

19th

May, 2015.

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

Place Notary Seal Above

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>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

By: ////

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) 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/he/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 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: 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.

Daniel Young, Senior Vice-President

Mark Lansdon Vice-President

10 1936



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

State of California County of Orange

January 29, 2015

before me.

Lucille Raymond, Notary Public

Here Insert Name and Title of the Office

personally appeared

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

Notary Public - California **Orange County** My Comm. Expires Oct 13, 2018

LUCILLE RAYMOND

Commission # 2081945

Place Notary Seal Above

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

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

WITNESS my hand and official seal.

Signature

CERTIFICATE

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

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

19th day of May, 2015.

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/he/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 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 heture of Notary Public Nancy L. Wallis - OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: 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 Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Altorney 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 Young

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 Public

Place Notary Seal Above

CERTIFICATE

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

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

By Cassie J. Berrisford

Cassie J. Berrisford, Assistant Secretary

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

Orange County

ly Comm. Expires Oct 13, 201

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>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 § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
State of California)
County of Sonoma	1
May 10 2016	
	Stacy M. Clinton, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedNatali	e Ann Horder
	Name(s) of Signer(s)
subscribed to the within instrument and ackr	
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	Signature Signature of Notary Public
Though this section is optional, completing t	OPTIONAL this information can deter alteration of the document or this form to an unintended document.
	una form to an animenoed document,
Description of Attached Document Fitle or Type of Document:	Document Date:
	Document Date;
	Than Named Above:
Capacity(ies) Claimed by Signer(s)	C:
Signer's Name: ☐ Corporate Officer — Title(s):	Signer's Name: Corporate Officer - Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
Individual Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Individual☐ Attorney in Fact☐ Guardian or Conservator
Other:	Other:
Other:Signer Is Representing:	☐ Other: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 authorty 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, bunds, undertakings and contracts of suretyship; and that one Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

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

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

By: Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President





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

State of California County of Orange

On January 29, 2015

hofore me

Lucille Raymond, Notary Public

Here Insert Name and Title of the Officer

personally appeared

Daniel Young and Mark Lansdon

LUCILLE RAYMOND
Commission # 2081945
Notary Public - California
Orange County
Ay 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 .

MA Disposed Notacy 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

Oth

Max

2016

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