

SURETY RIDER

To be attached to a	and form a part of			
Bond No. 0	24059030			
Cross Ref:				
Type of Bond: F	Performance and Payment			
dated effective	07 / 17 / 2015 (MONTH-DAY-YEAR)			
executed by	Pueblo Construction, Inc. (PRINCIPAL)	, as Principal,		
and by Ti	by The Ohio Casualty Insurance Company , as Surety,			
in favor of (County of Monterey (OBLIGEE)			
	The mutual agreements herein contained the Principal and the Surety hereby consent to the mutual agreements herein contained the Principal and the Surety hereby consent to the mutual agreements herein contains the mutual agreements agreement to the mutual agreements herein contains agreement to the mutual agreements agreement the mutual agreements agreement to the mutual agreement agreement to the mutual agreement agreement to the mutual agreement agreement to the mutual agreement to the mutual agreement agreement to the mutual agreement agreement to the mutual agreement agr			
Nothing herein con This rider is effective	ntained shall vary, alter or extend any provision or condition of this bond except as he 07 / 17 /2015 (MONTH-DAY-YEAR)	rein expressly stated.		
Signed and Sealed	07 / 17 / 2015 (MONTH-DAY-YEAR) Pueblo Construction, Inc.	i.		
Ву:	(PRINCIPAL)	SEAL 8		
The Ohi	o Casualty insurance Company (SURETY)	COMO STATE		
-,	(ATTOKNEY-IN-FACT) Flisabete Salazar	_		

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

County of Los Angeles)				
·				
On Silve In 2015 hefore me Tring	Los Vogo, Notary Dublic			
On Suly 17, 2015 before me, Trina Date	Here Insert Name and Title of the Officer			
personally appearedElisabete Salazar	The most Name and The Of the Officer			
personally appeared <u>Linsabete Galazaii</u>	Name(s) of Signer(s)			
subscribed to the within instrument and acknowled	evidence to be the person(\$) whose name(\$) is/al/edged to me that We/she/they executed the same in the her/their signature(\$) on the instrument the person(\$), and, executed the instrument.			
TRINA LEE VEGA is Commission # 2056669 Notary Public - California Z Los Angeles County My Comm. Expires Feb 1, 2018	certify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct. ITNESS my hand and official seal. Ignature Signature of Notary Public			
Place Notary Seal Above OPTIC Though this section is optional, completing this in fraudulent reattachment of this fo	ONAL formation can deter alteration of the document or orm to an unintended document.			
Description of Attached Document				
Title or Type of Document:	Document Date:			
Number of Pages: Signer(s) Other Than	Named Above:			
Capacity(les) Claimed by Signer(s)	PH 1 1 1 1			
Signer's Name:	Signer's Name:			
☐ Partner — ☐ Limited ☐ General	☐ Corporate Officer — Title(s):☐ Partner — ☐ Limited ☐ General			
☐ Individual ☑ Attorney in Fact	☐ Individual ☐ Attorney in Fact			
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator			
Other:	Other:			
Signer Is Representing:	Signer Is Representing:			

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated,

Certificate No. 6997583

American Fire and Casualty Company The Ohio Casualty Insurance Company

Liberty Mutual Insurance Company West American Insurance Company

POWER OF ATTORNEY

the State of New H is a corporation du	ampshire, that Liberty ly organized under the	Mutual Insurance Cor laws of the State of In	npany is a corperation diana (herein collective	duly organized under the	e laws of the State o s"), pursuant to and	f Massachusetts, and W	s duly organized under the est American Insurance (orth, does hereby name, o	Company
					<u> </u>			
and deliver, for and	d on its behalf as suret	y and as its act and d	eed, any and all unde		ances and other su	irety obligations, in pursi	nake, execute, seal, acki uance of these presents persons.	
IN WITNESS WHE		Attorney has been su 2015		ized officer or official of	the Companies and	the corporate seals of	the Companies have bee	en affixed
10.00 tillo 2000	out the	1	11101			American Fire and	Casualty Company	

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

rate, interest rate or residual value guarantees.

Not valid for mortgage, note, loan, letter of credit,

Liberty Mutual Insurance Company 1991 West American Insurance Company

David M. Carey, Assistant Secretary

The Ohio Casualty Insurance Company

On this 27th day of May 2015, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Chio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do. execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written. PASE

COMMONWEALTH OF PENNSYLVANIA Notarial Seal Teresa Pastella, Notary Public

Plymouth Twp., Montgomery County My Commission Expires March 28, 2017

Member, Pennsylvania Association of Notartes

Teresa Pastella, Notary Public

APY PU This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation, When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary,

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this

Gregory W. Davenport, Assistant Secretary

TY CA

YING





CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of California County of SANTA BANDARA On SULY 30, JUS before me, SOIHA & NEW MAN PULL Date Here Insert Name and Title of the Officer personally appeared PURO WAS 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.
JOSHUA 2. DIMAANO Commission # 2092979 Notary Public - California Santa Barbara County My Comm. Expires Jan 7, 2019 WITNESS my hand and official seal. Signature Signature Signature of Notary Public
Place Notary Seal Above
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
Description of Attached Document Title or Type of Document:
Capacity(ies) Claimed by Signer(s) Signer's Name: