-		PERFORMANCE BOND (See instructions on reverse)	DATE BOND EXEC contract) August 281		same or later t	han date of	OMB N Expires		<b>0-0045</b> 80/2012		
sou	rces, galhering ar	en for this collection of information is estimated to averand maintaining the data needed, and completing and reconding information, including suggestions for reducing this	viewing the collection	n of information	n. Send commi	ents regardi	ng this burden es	timate or ar	ny other		
		me and business address)		TY	PE OF ORGAN	ZATION ("X	one)				
		uild & Design, Inc.		-	l						
		l Avenue, Suite D-2		<u> </u>	INDIVIDUAL		PARTNE	KSHIP			
V	ista, CA 92	2081			DOINT VENT	IRE	CORPOR	NOITAS			
				ST/ Ca	ATE OF INCOR lifornia	PORATION			7/303341 T		
		(s) and business address(es)					UM OF BOND				
		ty Insurance Company		MIL	LION(S)	\$563	DS HUNDRI 791	Tel-200001 1 10 10 10	CENTS OO		
	The state of the s	y Drive South, Suite 130		CO	NTRACT DATE	Ψ303	CONTRACT NO.		<del></del>		
O	range, CA	92868									
				Αι	igust 21st	, 2012	W91SMC-	12-F-0	062		
ОВІ	LIGATION					***************************************			***************************************		
Sui pur Prir	reties are corp	enal sum, we bind ourselves, our heirs, execu- porations acting as co-sureties, bind ourse ing a joint action against any or all of us. for ayment of the sum shown opposite the name of	elves in such so or all other purp	um "jointly a oses, each	and several Surety bind	ly" as we ls itself, jo	II as "several pintly and sev	ly" only for	or the		
CO	NDITIONS										
The	Principal has en	lered into the contract identified above.									
THE	REFORE										
The	above obligation	is void if the Principal-									
requauth	tract and any expression tract and any expression track the contract of the co	rforms and fulfills all the undertaking, covenants xtensions thereof that are granted by the Gover e contract, and (2) performs and fulfills all the ions of the contract that hereafter are made. Notice is to the Government the full amount of the taxes in are collected, deducted, or withheld from wag	mment, with or w undertakings, co of those modificati mposed by the Go	ithout notice ovenants, ter ons to the Sur overnment, if t	of the Surety ms condition ety(les) are we he sald contr	(ies) and ns, and ag aived. acts is sub	during the life of a greements of a greet to the Miller	of any gua any and a	aranty Ill duly		
	this bond is fu		jeo pala by the r	Timo par in oc	,g oot a	0 0011000		ти гооро	201 10		
WIT	NESS										
The	Principal and Su	rety(ies) executed this performance bond and affixed	ed their seals on th	e above date.							
			PRINCIPAL			100					
SIGN	NATURE(S)	2.			3.		W.				
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	rped)	Curtis Nelson/Pres, Sect, Treas					9				
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NAM (Type		1.		2.							
(1)	30)	△ CORP	ORATE SURET	Y(IES)							
	NAME &	U. S. Specialty Insurance Company	U	STATE OF INC		LITY LIMIT (					
٨	ADDRESS	625 The City Drive South, Suite 130 Orange	, CA 92868	Texas \$50,730,000.00			.00				
SURETY	SIGNATURE(S)	1.	- N N N N N N N N N N N N N N N -	2.			3.3	Corpoi Sea			
SUR	NAME(S) &	1. D. I.S. Dila Attaurant in Frank		2.	active.			, J.	×. Ç		
	TITLE(S	Paul S. Dito, Attorney-in-Fact									

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STANDARD FORM 25 (REV. 5-96) Prescribed by GSA-FAR (48 CFR) 53.228 (b)

-					CORPORA	ATE SURETY(I	ES) (Continued)					
В	NAME & ADDRESS					(1) ************************************	STATE OF INC.		LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.			8 3,483	2.			Corporate Seal			
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Ç	NAME & ADDRESS		33.				STATE OF INC.		LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.					2.			Corporate Seal		
SUR	NAME(S) & TITLE(S) (Typed)	1.					2.			Seal		
۵	NAME & ADDRESS						STATE OF INC.		LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.					2.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Corporate Seal			
SU	NAME(S) & TITLE(S) (Typed)	1.					2.			0 9900000		
ш	NAME & ADDRESS	à					STATE OF INC.		LIABILITY LIMIT (\$)			
SURETY E	SIGNATURE(S)	1.		11112 28000			2.			Corporate Seal		
SUF	NAME(S) & TITLE(S) (Typed)	1.					2.					
L	NAME & ADDRESS						STATE OF INC.		LIABILITY LIMIT (\$)			
SUREITE	SIGNATURE(S)	1.		89.5			2.			Corporate Seal		
SU	NAME(S) & TITLE(S) (Typed)	1.					2.					
5	NAME & ADDRESS			***			STATE OF INC.		LIABILITY LIMIT (\$)	37 200 7		
>-1	SIGNATURE(S)	1.	NAME .				2.		Corporate Seal			
SUR	NAME(S) & TITLE(S) (Typed)	1.				-	2.			Geal		

#### INSTRUCTIONS

- This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., and attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the department of the Treasury's list of approved sureties and must act within the limitation listen therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE"
- SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.
- (b) Where individual sureties are involved, a completed Affidavit of Individual Surety (standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.
- 4. Corporation executing the bond shall affix their corporate seals. Individual shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

STANDARD FORM 25 (REV. 5-96) BACK

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of \_ Orange On AUGUST 28TH, 2012 before me, \_\_\_\_\_ Chris Theveny, Notary Public Here Insert Name and Title of the Officer Paul S. Dito personally appeared \_\_\_\_ 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 CHRIS THEVENY Commission # 1974174 which the person(s) acted, executed the instrument. Notary Public - California Orange County I certify under PENALTY OF PERJURY under the laws My Comm. Expires May 2, 2016 of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal Signature\_ Place Notary Seal Above Signature of Notary Public - 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 this form to another document. **Description of Attached Document** Title or Type of Document: Bond No. 1000907465 Number of Pages: \_\_\_\_ Document Date: \_ Signer(s) Other Than Named Above: \_\_ Capacity(ies) Claimed by Signer(s) Signer's Name: \_\_\_\_ Paul S. Dito 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 Top of thumb here ☐ Trustee ☐ Trustee ☐ Guardian or Conservator ☐ Guardian or Conservator ☐ Other: ☐ Other: \_ Signer Is Representing: \_ Signer Is Representing: U. S. Specialty Insurance Company

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# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of San Diego	
On August 29, 2012 before me,	Jennifer Austin, Notary Public
	(Here insert name and title of the officer)
personally appeared Curtis D. Nelson	·
the within instrument and acknowledged to me the	idence to be the person(x) whose name (x) is a subscribed to hat he ske/they executed the same in his her/they authorized on the instrument the person(x), or the entity upon behalf of int.
I certify under PENALTY OF PERJURY under t is true and correct.	he laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.  Signature of Notary Public	JENNIFER AUSTIN Commission # 1847009 Notary Public - California San Diego County My Comm. Expires Apr 30, 2013
ADDITIONAL CONTROL OF THE ATTACHED DOCUMENT	OPTIONAL INFORMATION  INSTRUCTIONS FOR COMPLETING THIS FORM  Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative
(Title or description of attached document)	acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegui for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
(Title or description of attached document continued)  Number of Pages Document Date	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>
(Additional information)	<ul> <li>must also be the same date the acknowledgment is completed.</li> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> </ul>
	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.</li> </ul>
☐ Individual (s)	he/she/they- is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	<ul> <li>The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.  • Signature of the notary public must match the signature on file with the office of
☐ Partner(s)	the county clerk.
Attorney-in-Fact	<ul> <li>Additional information is not required but could help to ensure this archive identification in the interest of attrached to a different document.</li> </ul>
☐ Trustee(s) ☐ Other	<ul> <li>acknowledgment is not misused or attached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> </ul>
- Out	<ul> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>

#### POWER OF ATTORNEY

AMERICAN CONTRACTORS INDEMNITY COMPANY
UNITED STATES SURETY COMPANY
U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Paul S. Dito, Arial T. Heredia, Denise Lopez, Chris Theveny, Khoi Tran, Freddy Anvari, Carmina Johansson, or Maricela Lares of Orange, California

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed

\*\*\*\*\*Three Million\*\*\*\*\*

Dollars (\$\_\*\*3,000,000.00\*\*).

This Power of Attorney shall expire without further action on March 18, 2015. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 3<sup>rd</sup> day of October, 2011.

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

Corporate Seals



SS:







Daniel P. Aguilar, Vice President

State of California

County of Los Angeles

On this 3<sup>rd</sup> day of October, 2011, before me, Deborah Reese, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature 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

deburgh reese

(Seal)

I, Jeannie Lee, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this **28TH** day of **AUGUST 2012**.

Corporate Seals

Bond No. 1000907465 Agency No. 9007







Jeannie Lee Assistant Secretary

mmission # 192604

Notary Public - California Los Angeles County Comm. Expires Mar 18, 2015

CONTRACT DATE

August 21st, 2012

CONTRACT NO.

W91SMC-12-F-0062

DATE BOND EXECUTED (Must be same or later than date of OMB No.:9000-0045 PAYMENT BOND contract) August 28th, 2012 Expires: 11/30/2012 (See instructions on reverse) Public reporting burden for this collection of Information is estimate to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405. TYPE OF ORGANIZATION ("X" one) PRINCIPAL (Legal name and business address) American Build & Design, Inc. NDIVIDUAL PARTNERSHIP 2420 Grand Avenue, Suite D-2 JOINT VENTURE CORPORATION Vista, CA 92081 STATE OF INCORPORATION California SURETY(IES) (Name(s) and business address(es) PENAL SUM OF BOND U. S. Specialty Insurance Company THOUSAND(S) MILLION(S) CENTS HUNDRED(S) 625 The City Drive South, Suite 130 \$563 791 00

#### **OBLIGATION:**

Orange, CA 92868

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum, for payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

#### WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

-		PRINCIP	AL	11 - 50 - 20	91 0 TANDON STOLE STATE OF STA		
SIGNATURE(S)  NAME(S) & TITLE(S) (Typed)		1. (Seal) 2.	(Seal) (Seal (Seal		(Seal)	Corporate	
		Curtis Nelson Pres/Sect/Ptreas				Seal	
		INDIVIDUAL SUI	RETY(IES	)		Name of the Park	
SIGNATURE(S)		1. (Seal)	2. (Seal)				
NAME(S) (Typed)		1.	2.				
-	THE STATE OF THE S	CORPORATE SU	RETY(IE	S)			
4	NAME & ADDRESS	U. S. Specialty Insurance Company 625 The City Drive South, Suite 130 Orange, CA 92868	STATE OF Texas		\$\$50,730,000.00		
SURETY	SIGNATURE(S)	1. 100	2.	2		Corporate Seal	
	NAME(S) & TITLE(S) (Typed)	Paul S. Dito, Attorney-in-Fact	2.		=		
AUT	HORIZED FOR L	OCAL REPRODUCTION			STANDARD	FORM 25A (REV. 10-98)	

AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable STANDARD FORM 25A (REV. 10-98) Prescribed by GSA-FAR (48 CFR) 53.2228(c)

			CORPORATE SURETY(IES) (Continue			
ш	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT		
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal	
S	NAME(S) & TITLE(S) (Typed)	1.	2.			
5	NAME & ADDRESS		STATE OF INC. LIABILITY LIMIT			
SUKELY	SIGNATURE(S)	1.	2.		Corporate Seal	
200	NAME(S) & TITLE(S) (Typed)	1.	2.			
2	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT		
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ш	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT		
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200	NAME(S) & TITLE(S) (Typed)	1.	2.			
_	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT		
SONELLE	SIGNATURE(S)	1.	2.		Corporate Seal	
200	NAME(S) & TITLE(S) (Typed)	1.	2.			
,	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT		
	SIGNATURE(S)	1.	2.		Corporate Seal	
3	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal	

#### INSTRUCTIONS

- This form, for the protection of persons supplying labor and material, is used when a payment bond is required under the Act of August 24, 1935, 49 Stat. 793 (40 U.S.C. 270a-270e). Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as suretles must appear on the Department of the Treasury's list of approved suretles and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)."

- In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.
- (b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

STANDARD FORM 25A (REV. 10-98) BACK

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of \_\_ On AIIGUST 28TH, 2012 before me, \_\_\_\_ Chris Theveny, Notary Public Here Insert Name and Title of the Officer Paul S. Dito personally appeared \_\_\_\_\_ 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. CHRIS THEVENY Commission # 1974174 Notary Public - California I certify under PENALTY OF PERJURY under the laws Orange County of the State of California that the foregoing paragraph is My Comm. Expires May 2, 2016 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 this form to another document. **Description of Attached Document** Title or Type of Document: Bond No. 1000907465 Number of Pages: \_\_\_\_\_ Document Date: \_\_ Signer(s) Other Than Named Above: \_\_\_ Capacity(ies) Claimed by Signer(s) Paul S. Dito 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 Top of thumb here Top of thumb here ☐ Trustee □ Trustee ☐ Guardian or Conservator ☐ Guardian or Conservator □ Other: \_ Other: \_\_\_ Signer Is Representing: Signer Is Representing:\_ U. S. Specialty Insurance Company

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# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of San Diego	
On August 29, 2012 before me,	Jennifer Austin, Notary Public
personally appeared Curtis D. Nelson	(Here insert name and title of the officer)
the within instrument and acknowledged to me that	ence to be the person whose name in his/her/their authorized on the instrument the person of the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.  Signature of Notary Public	JENNIFER AUSTIN Commission # 1847009 Notary Public - California San Diego County My Comm. Expires Apr 30, 2013
ADDITIONAL OF	PTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT  (Title or description of attached document)	Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the
(Title or description of attached document continued)  Number of Pages Document Date	State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.  Date of notarization must be the date that the signer(s) personally appeared which
(Additional information)	<ul> <li>must also be the same date the acknowledgment is completed.</li> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of</li> </ul>
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s)	notarization.  Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/hey, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.  The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.  Signature of the notary public must match the signature on file with the office of

☐ Attorney-in-Fact

☐ Trustee(s)
☐ Other \_\_\_\_

the county clerk.

Additional information is not required but could help to ensure this

· Securely attach this document to the signed document

acknowledgment is not inisused or attached to a different document.

Indicate title or type of attached document, number of pages and date

Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CFO, CFO, Secretary).

# POWER OF ATTORNEY

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Paul S. Dito, Arial T. Heredia, Denise Lopez, Chris Theveny, Khoi Tran, Freddy Anvari, Carmina Johansson, or Maricela Lares of Orange, California

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond \*\*\*\*\*Three Million\*\*\*\*\* Dollars (\$ \*\*3,000,000.00\*\* ). penalty does not exceed

This Power of Attorney shall expire without further action on March 18, 2015. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate scals to be hereto affixed, this 3rd day of October, 2011.

> AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

Corporate Seals









State of California

County of Los Angeles SS:

On this 3<sup>rd</sup> day of October, 2011, before me, Deborah Reese, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature 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. DEBORAH REESE

deburgh reese

(Seal)

I, Jeannie Lee, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 28TH day AUGUST

Corporate Seals

Bond No. 1000907465 Agency No.







Los Angeles County m. Expires Mar 18, 2015

		ORDE	ER FOR SUP	PLIES OR S	SERVICE	S			P A	GE 1 OF 7	
I. CONTRACT/PURC AGREEMENT NO. GS-07F-0213V	H. ORDER/		RY ORDER/CALL 1 C-12-F-0062	3. DATE OF OR (YYYYMMMD) 2012 Aug 21	(D)	REQ./P	URCH. REQUES	rno.	5. PRI	ORITY	
USPFO-IL - 182AW/BASE CONTRACTING OFFICE					OMINISTERED BY (if other than 6) CODE SEE ITEM 6					LIVERY FOB DESTINATION OTHER Schedule if oth	
9. CONTRACTOR CODE 4MNT6  AMERICAN BUILD & DESIGN, INC  NAME CURTIS NELSON  AND 2420 GRAND AVE STE D2  ADDRESS VISTA CA 92081-7827				FACILITY  10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD) SEE SCHEDULE 12. DISCOUNT TERMS 10 Days - 1%					ARK IF BUSINESS SMALL SMALL DISADVANTA WOMEN-OWN	GED	
<u> </u>							fAIL INVOICE Item 15	STOTH	E ADDRESS	IN BLOCK	
14. SHIP TO 182 AIRLIFT WING (b) (6) 2416 S. FALCON B PEORIA IL 61607-50	_VD	CODE F8P3S	D D D P	PAYMENT WI FAS-LIMESTONE FAS-LI - WAWF F6' FAS-BASSD/CC O BOX 369020 OLUMBUS OH 4323	7100		CODE   F6710	0	PAC PA IDE N	MARK ALL C KAGES AND APERS WITH CNTIFICATION UMBERS IN C CKS 1 AND 2	ī
16. DELIVE TYPE CALL	RY/ X This d	elivery order/call	is issued on another (	Sovernment agency or	in accordance w	ith and s	ubject to terms an	d conditions	ofabove numbe	red contract.	
OF PURCHA	SEI	nce your quote da	ated on terms specified here	. per	·						
	ORD AND DITRACTOR marked, supplies	ER AS IT MA CONDITION must sign Acc	eptance and retur	HAVE BEEN OR I ND AGREES TO I TURE	PERFORM T	DIFIED HE SAN T	, SUBJECT TO	IN Pa	THE TERMS	8/21/12 DATE SIGNE (FYYYMMMD)	
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18. II EM NO.	19	SCHEDULE	OF SUPPLIES/ SE			RED/	21. UNIT	22. UNIT	PRICE	23. AMOUN1	r
	<u> </u>		SCHEDULE	0.000		<u>—</u>		L			
* If quantity accepted quantity ordered, indi- quantity ordered, indi- quantity accepted belo	cate by X. If differe	is same as nt, enter actual	TEL:	OF AMERICA	CONTRAC	TING /	ORDERING OFFI	1	25, TOTAL 26. DIFFERENCES	\$563,791.00	
27a. QUANTITY INSPECTED	RECEIVED	ACCE	PTED, AND CON RACT EXCEPT A								
b. SIGNATURE O	F AUT HORIZE	D GOVERNM	ENT REPRESENT	FATIVE	c. DATE	'DD)	d. PRINTED GOVERNME			F AUTHORIZE E	D
e. MAILING ADD	RESS OF AUTI	HORIZED GO	VERNMENT REP	RESENTATIVE	28. SHIP NO	).	29. DO VOUC		30. INITIALS		
f. TELEPHONE NUMBER g. E-MAIL ADDRESS				1		33. AMOUN CORRECT F					
36. I certify this					31. PAYME				34. CHECK I	NUMBER	
a. DATE b. (	MGNAI UKE A	ND IIILE UR	CERTIFYING O	rriudk	PART				35. BILL OF	LADING NO.	
37. RECEIVED AT	38. REC	EIVED BY		E RECEIVED	40.TOTAL CONTAL		41. S/R ACCO	ON TNU	42. S/R VOU	CHER NO.	
DD 5 4455 5	70.2024	<del></del>		Posted to NGB F	Reading Roor	n	_FOIA Reque				
DD Form 1155, Di	50 ZVUT			PU CHICLEART	EUITION R	, ∨o3H	Le Feat By the		Page 11 of 1		

# Section B - Supplies or Services and Prices

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001 1 Lump Sum \$563,791.00 \$563,791.00

Construct CERFP Facility

**FFP** 

Construct CERFP Facility in accordance with the Statement of Work titled Construct CERFP Med Storage dated 20 Jul 12; Schedule of Material Submittals; Contractor's Construction Handbook; Contractor's Security Performance Guidelines; and Wage Determination IL20100003 dated 06 Jul 2012.

FOB: Destination

PURCHASE REQUEST NUMBER: F8P3SR2177A001

SIGNAL CODE: A

NET AMT \$563,791.00

ACRN AA \$563,791.00

CIN: F8P3SR2177A0010001

# Section F - Deliveries or Performance

# **DELIVERIES AND PERFORMANCE**

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	120 dys. ADC	1	182 AIRLIFT WING CES (F8P3SR) MINDY LEACH 2416 S. FALCON BLVD PEORIA IL 61607-5023 309-633-5269 FOB: Destination	F8P3SR

## Section G - Contract Administration Data

# ACCOUNTING AND APPROPRIATION DATA

AA: 5723840 582 41C6 374449 010000 52900 52276F 667100 F67100

AMOUNT: \$563,791.00

CIN F8P3SR2177A0010001: \$563,791.00

#### Section I - Contract Clauses

#### CLAUSES INCORPORATED BY REFERENCE

52.236-2	Differing Site Conditions	APR 1984
52.236-5	Material and Workmanship	APR 1984
52.236-6	Superintendence by the Contractor	APR 1984
52.236-7	Permits and Responsibilities	NOV 1991
52.236-9	Protection of Existing Vegetation, Structures, Equipment,	APR 1984
	Utilities, and Improvements	
52.236-10	Operations and Storage Areas	APR 1984
52.236-11	Use and Possession Prior to Completion	APR 1984
52.236-12	Cleaning Up	APR 1984
52.236-14	Availability and Use of Utility Services	APR 1984
52.236-17	Layout of Work	APR 1984
52.236-21	Specifications and Drawings for Construction	FEB 1997
52.236-26	Preconstruction Conference	FEB 1995
252.232-7003	Electronic Submission of Payment Requests and Receiving	JUN 2012
	Reports	
252.236-7001	Contract Drawings, and Specifications	AUG 2000

#### CLAUSES INCORPORATED BY FULL TEXT

# 52.4228-4305 INSURANCE - KINDS AND MINIMUM AMOUNTS (SEP 1993)

As specified in contract clause 52.228-5, INSURANCE –WORK ON A GOVERNMENT INSTALLATION, the Contractor shall, at its own expense, provide and maintain during the entire performance period of this contract at least the kinds and minimum amounts of insurance as listed below.

KIND	AMOUNTS (FAR 28.307)
Workmen's Compensation	\$100,000 (1)
Comprehensive General Liability	\$500,000 per occurrence for bodily injury
Comprehensive Automobile Liability	\$200,000 per person & \$500,000  Per occurrence for bodily injury, and \$20,000 per occurrence for property damage

(1) Except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

(End of Clause)

## **INVOICE INFORMATION**

Payments are being made through the Wide Area Work Flow (WAWF). For information on WAWF, go to <a href="https://wawf.eb.mil">https://wawf.eb.mil</a>. Follow the prompts to self-register. If you are not familiar with this process and need additional assistance, please call the HelpDesk at 1-866-618-5988 for further instructions.

#### WIDE AREA WORKFLOW INFO

Invoice

Invoice as Combo Construction Payment

Select Document to Create (Circle One):

# WIDE AREA WORK FLOW DODAAC AND EMAIL DISTRIBUTION TABLE

CHOOSE THIS ONE

THE FOLLOWING CODES WILL BE REQUIRED TO ROUTE YOUR INVOICES AND ADDITIONAL EMAILS CORRECTLY THROUGH WAWF.

Invoice			
Receiving Report			
Invoice & Receiv	ing Report (Combo)		
Cost Voucher			
Contract Number*	Order Number	Issue Date	Cage Code*
W91SMC-12-F-0062		21-Aug-12	4MNT6
Issue DODAAC	Admin DODAAC*	Inspected By DODAAC/Ext.	
W91SMC	FA6122	F8P3SR	
Service Acceptor/Ext.* (Ship to Code)	Ship from Code	LPO DODAAC/Ext.	Pay DODAAC*
F8P3SR			F67100
Inspection: Destinatio	n / Source	Acceptance: Destination /	Source
Additional E-Mail Noti 1	fications:		,
(b) (6) @ang.af.m	il		
2 (b) (6) @a	ng.af.mil		
3 (b) (6) @ar	ng.af.mil		
Contract Number - Found is	Block 2 of SF1449 Form		
Delivery Order - Found in B	lock 4 (Order Number) of SF1	449 Form	

Issue DODAAC - Found in Block 9 (Issued by) of SF1449 Form. Contracting office that issued your contract - WAWF uses the

Issue Date - Found in Block 6 Solicitation Issue Date) of SF1449 Form

Code to route the document to the base

Admin DODAAC - Found in Block 16 (Administered by) of SF1449 Form. Contract office that issued your contract.

Inspected by DODAAC/Ext. - Found in Block 15 (Delivered to unless otherwise stated in the contract) of SF1449 Form. Combination of the Administered by code from block 16 and delivered to code block 15. It is used to route documents to receiving (service inspector in WAWF).

Service Acceptor/Ext. - Found in Block 15 (Deliver to) of SF1449 Form. Administered by code from block 16 and delivered to code block 15. It is used to route documents to receiving (service acceptor in WAWF).

Ship from Code - Found within the contract if needed (not mandatory).

LPO DODAAC/Ext. - Not a required field for Air Force Contracts.

Pay DODAAC - Found in block 18a (Payment will be made by) of SF1449 Form. Pay office code is used to route documents to the Defense Finance Accounting office responsible for payment to offered

The accounts payable mailing address can be located in Block 18a of your order. You can easily access payment information using the DFAS web site at <a href="http://www.dfas.mil">http://www.dfas.mil</a>. Your purchase order/contract number or invoice will be required to inquire status of your payment. Go to DFAS on the web at <a href="http://www.dfas.mil/money/vendor">www.dfas.mil/money/vendor</a>.

Payments may be expedited electronically via internet through the Wide Area Work Flow (WAWF) system. For information on WAWF, go to <a href="https://www.eb.mil/">https://www.eb.mil/</a>

NTQAT8

SITE-ID: AH DATA ENTRY DATE: 27/FEB/14

TECH: 1TG LINKED INVOICES & DOV'S VIEW TIME: 11:26

CONTR-#: W91SMC12F0062\_\_\_\_\_\_ VEND-NM: AMERICAN BUILD & DESIGN, INC

LNE# INV-ID SUPP INV-DT DUE/PAID DOV-# PAID/TO BE PAID

0 CNF006207RR 130918 DM30017252 P 1 CNF006206R 130913 DM30012601 P 74093.65 130910 DM30008583 V 2 CNF006206 74848.11 130719 DL30043803 P 3 CNF006205R 52331.03 130530 DK30091905 P 4 CNF006204 44939.15 104908.22 5 CNF006203R 130429 DK30055395 P 130322 DK30010853 P 6 CNF006201R 86972.74

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(M)ORE (#) LNE# FOR INV TOTALS (Y) PREV MENU (Z) LOGOFF

ENTER OPTION: \_ XMIT< \* >

034 FURTHER RECORDS DO NOT EXIST.