



Final Project Report

Project Name : CNG Site Replacement

Note: The same authority that signed the Allocation Request or is designated on the Authorized Agent form must sign here.

PTMISEA Program FY 2014-15 Funding

Expense line item: 75-8516-350

Date	Grant Budget	Expense Description	Expense Amt.	Interest Rate	Interest	Running Total
4/24/2015	336,864.00				-	336,864.00
4/30/2015					-	336,864.00
5/30/2015				0.0399%	134.53	336,998.53
6/30/2015				0.0378%	127.52	337,126.05
7/30/2015	536.00			0.1315%	444.01	338,106.06
8/30/2015				-0.0200%	(67.69)	338,038.37
9/30/2015				0.3701%	1,250.92	339,289.29
10/30/2015				0.1482%	502.82	339,792.11
11/30/2015				0.1297%	440.65	340,232.76
12/30/2015				-0.1982%	(674.33)	339,558.43
1/30/2016				0.3146%	1,068.24	340,626.67
2/29/2016				0.1636%	557.34	341,184.00
3/30/2016				0.1059%	361.41	341,545.41
4/30/2016				-0.3207%	(1,095.27)	340,450.14
5/30/2016				0.4729%	1,609.88	342,060.02
6/30/2016				0.3289%	1,125.13	343,185.15
7/30/2016				0.0315%	108.10	343,293.26
8/30/2016				-0.0026%	(9.09)	343,284.16
9/30/2016				0.0992%	340.63	343,624.79
10/30/2016				-0.0134%	(46.21)	343,578.58
11/30/2016			859.60	-0.9362%	(3,208.42)	339,510.55
12/30/2016			339,510.55	-0.1252%	(0.00)	0.00
4/30/2017						
5/30/2017						
			<u>340,370.15</u>			<u>2,970.15</u>

ADVERTISING INVOICE AND STATEMENT

PLEASE RETURN UPPER PORTION WITH YOUR REMITTANCE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15	SAU SIZE/LINES	17	TIMES RUN	19	GROSS AMOUNT	20	NET AMOUNT
								16	BILLED UNITS	18	RATE				
09/30							BALANCE FORWARD								
10/31			8823				Payment on Account								2,923.80
10/28			14249345				NOTICE INVITING SEAL								-2,923.80
			10/28				BWEB/FULL TBC/FULL		2x97L						859.60
							0520 14249345								
							Pattie Castellanos								

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	859.60		.00	.00	.00			859.60

 **The Bakersfield Californian**
P.O. BOX 440 BAKERSFIELD, CA 93302-0440

TERM OF PAYMENT
UNPAID INVOICES OVER 25 DAYS WILL BE SUBJECT
TO A SERVICE CHARGE OF 1 1/4% PER MONTH

*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24	INVOICE NUMBER	25	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME
	2663792		10/01/16 - 10/31/16		1DEL15				CITY OF DELANO/LEGAL

75-8516-350



Revolution CNG, Inc.
P.O. Box 2820
Paso Robles, CA 93447
(805) 238-0624
info@revolutioncng.com
http://revolutioncng.com

Invoice

BILL TO
Pedro Nunez
City of Delano
1025 Eleventh Street
Delano, CA 93216-3010

SHIP TO
Pedro Nunez
City of Delano
1025 Eleventh Street
Delano, CA 93216-3010

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1466	12/20/2016	\$407,599.00	12/20/2016	Due on receipt	

SHIP DATE
04/14/2017

SHIP VIA
Best way

P.O. NUMBER
2016 Delano CNG

ACTIVITY	QTY	RATE	AMOUNT
Item 1. Mobilization, Demobilization, Bonds and Insurance	1	20,000.00	20,000.00
Item 4. Modify Existing CNG Dryer	1	9,892.00	9,892.00
Item 5. Bauer C23.12 CNG Compressor package including all options and electrical priority panel for time fill and fast fill	1	242,075.00	242,075.00
Item 6. New CNG Fast Fill Dispenser, TGT 7203-8CNG50W with dual pressure 3000psi/3600psi	1	67,816.00	67,816.00
Item 10. Add/Alt Furnish and Install New CNG Fast Fill Dispenser, TGT 7203-8CNG50W	1	67,816.00	67,816.00
** Compressor and CNG Lead-time is 12 to 14 weeks ARO. Expected ship date week of 4/11/17			

Thank you for your business.

BALANCE DUE

\$407,599.00

AGREEMENT No. 2016-100

THIS AGREEMENT, made and entered into by and between the

City of Delano

hereinafter referred to as "CITY" and

a corporation under the laws of the state of California;

a partnership composed of _____;

a joint venture composed of _____;

an individual doing business as _____;

hereinafter referred to as "CONTRACTOR."

CITY and CONTRACTOR agree as follows:

- (1) SCOPE OF WORK: CONTRACTOR will furnish all materials and will perform all of the work for the construction of

2016 DELANO CNG STATION UPGRADES

in accordance with the plans and specifications and other contract documents therefore.

- (2) TIME FOR COMPLETION: The work shall be completed within the times set forth in the Special Provisions. Time is of the essence, and forfeiture due to delay will be assessed as provided for in the General Provisions.
- (3) CONTRACT SUM: CITY will pay CONTRACTOR in accordance with the prices shown in the Bid Form.
- (4) PAYMENTS: Monthly progress payments and the final payment will be made in accordance with the General Provisions as modified by the Special Provisions. The filing of the notice of completion by CITY shall be preceded by acceptance of the work made only by an action of the Governing Body of CITY in session.
- (5) COMPLIANCE WITH PUBLIC CONTRACTS LAW: CITY is a public agency in the State of California and is subject to the provisions of law relating to public contracts. It is agreed that all provisions of law applicable to public contracts are a part of this contract to the same extent as though set forth herein and will be complied with by CONTRACTOR.
- (6) CONTRACT DOCUMENTS: The complete contract includes all the Contract Documents set forth herein, to wit: Notice Inviting Sealed Proposals (Bids), Bid Form, Agreement, Performance

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 SAN LUIS OBISPO

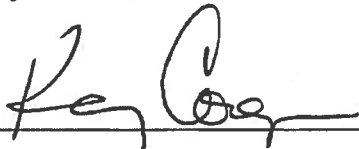
On December 14, 2016 before me, Kerry Cooper, Notary Public
(insert name and title of the officer)

personally appeared MATA IAIA
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.

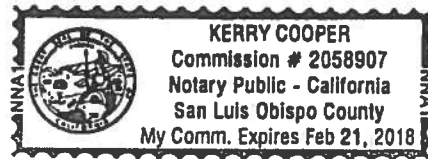
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



CERTIFICATE OF CONTRACTOR

I, Mata Iain, certify that I am a/the Secretary [designate sole proprietor, partner in partnership, or specify corporate office, e.g., secretary] in the entity named as CONTRACTOR in the foregoing contract.

I hereby expressly certify that the name of the entity to which I am associated is Revolution CNG, Inc.; that this entity is in good standing and has complied with all applicable laws and regulations, and that I have been expressly authorized by the proper parties in this entity to execute this contract on behalf of the above-named entity.

ATTEST:

Mata Iain
Name
(Please Type)

Title Vice President & Secretary

See Attached Certificate

NOTARY PUBLIC

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

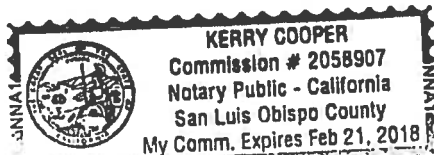
 Signature of Document Signer No. 1

 Signature of Document Signer No. 2 (if any)

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 SAN LUIS OBISPO



Subscribed and sworn to (or affirmed) before me

on this 14 day of December, 2016
 by _____
 Date Month Year

(1) MATAIAIA

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____



REVOCNG-01

VVILLAGOMEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2016

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 have ADDITIONAL INSURED provisions or 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 Barkley Insurance & Risk Management 143 W. Fifth Street Oxnard, CA 93030-7105	CONTACT NAME: Norma G. Morales	
	PHONE (A/C, No, Ext): (805) 483-1995 124	FAX (A/C, No): (805) 483-0703
	E-MAIL ADDRESS: nmorales@barkleyins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Revolution CNG, Inc. PO Box 2820 Paso Robles, CA 93447	INSURER A: Admiral Insurance Company	
	INSURER B: Integon Preferred Insurance Company	
	INSURER C: State Compensation Insurance Fund	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			FEI-ECC-17961-03	09/26/2016	09/26/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			2001951249	04/04/2016	04/04/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9082839-15	12/24/2015	12/24/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	E.L. EACH ACCIDENT \$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

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

Re: BID 2016 Delano CNG Station Upgrades

The City, the Engineer/Architect, the City's Representative, and their consultants, and each of their directors, officers, and employees are named as Additional Insured under the General Liability policy per form# ECC-319-07/12 and CG2037 07/04, as required by written contract.

This Insurance is considered Primary and Non-Contributory under the General Liability policy per attached form# ECC-548-07/12, as required by written contract.

Waiver of Subrogation applies under the Workers Comp Policy per endorsement to be issued by the carrier.

CERTIFICATE HOLDER

CANCELLATION

City of Delano
1015 Eleventh Avenue
Delano, CA 93215

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 12-24-2016

GROUP:
POLICY NUMBER: 9082839-2016
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 12-24-2017
12-24-2016/12-24-2017

CONTRACTORS STATE LICENSE BOARD
WORKERS COMPENSATION UNIT
PO BOX 26000
SACRAMENTO CA 95826-0026

SC

APP FEE#: 20140103764
INCEPTION DATE: 12-24-2016
DO:SC

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - MATA IAIA, SEC,TRES - EXCLUDED.

ENDORSEMENT #1600 - KEITH IAIA, PRES,CEO - EXCLUDED.

EMPLOYER

REVOLUTION CNG, INC
PO BOX 2820
PASO ROBLES CA 93447

SC

PRINTED : 11-17-2016

MO409



Revolution CNG, Inc
Endorsement Number: 5

Automatic Additional Insured – Owners, Lessees or Contractors

This endorsement, effective 9/26/2016 attaches to and forms a part of Policy Number FEI-ECC-17961-03. This endorsement changes the Policy. Please read it carefully.

In consideration of an additional premium of \$Applied, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) whom the *Named Insured* agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.

The person or organization shown in this Schedule is included as an insured, but only with respect to that person's or organization's vicarious liability arising out of your ongoing operations performed for that insured.



Additional Insured – Owners, Lessees or Contractors – Completed Operations

This endorsement, effective 9/26/2016 attaches to and forms a part of Policy Number FEI-ECC-17961-03. This endorsement changes the Policy. Please read it carefully.

In consideration of an additional premium of \$Applied, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	Those project locations where this endorsement is required by contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".



Revolution CNG, Inc
Endorsement Number: 13

**Automatic Primary and Non-Contributory
Insurance Endorsement
Designated Work Or Project(s)**

This endorsement, effective 9/26/2016 attaches to and forms a part of Policy Number FEI-ECC-17961-03. This endorsement changes the Policy. Please read it carefully.

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) whom the *Named Insured* agrees, in a written contract, to provide Primary and/or Non-contributory status of this insurance. However, this status exists only for the project specified in that contract.

In consideration of an additional premium of \$Applied and notwithstanding anything contained in this policy to the contrary, it is hereby agreed that this policy shall be considered primary to any similar insurance held by third parties in respect to work performed by you under any written contractual agreement with such third party. It is further agreed that any other insurance which the person(s) or organization(s) named in the schedule may have is excess and non-contributory to this insurance.

Bond Number: 506493P
Premium: \$10,000

PERFORMANCE BOND

We, Revolution CNG, Inc. as Principal,
and Indemnity Company of California as Surety, jointly and severally, bind
ourselves, our heirs, representatives, successors and assigns, as set forth herein, to the

City of Delano

(herein called City) for payment of the penal sum of Five Hundred Thousand Dollars and 00/100

____ Dollars (\$ 500,000.00 _____), lawful money of the United States, City has awarded Principal a contract for the construction of _____

BID 2016 DELANO CNG STATION UPGRADES

THE CONDITION OF THIS OBLIGATION IS SUCH that if the Principal shall in all things abide by and well and truly keep and perform the covenants, and agreements in the said contract, and any alteration thereof made as therein provided, on his part to be kept and performed at the time and in the manner therein specified, and shall faithfully fulfill the one-year guarantee of all materials and workmanship, and shall indemnify and save harmless the City, the Engineer/Architect, the City's Representative, and their consultants, and each of their directors, officers, employees and agents, as therein stipulated. this obligation shall become null and void, otherwise, it shall be and remain in full force and effect.

Surety agrees that no change, extension of time, alteration, or addition to the terms of the contract, or the work to be performed thereunder, or the plans and specifications shall in any way affect its obligation on this bond, and it does hereby waive notice thereof.

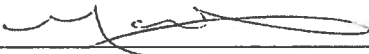
Principal and Surety agree that if the City is required to engage the services of an attorney in connection with the enforcement of this bond, each shall pay City's reasonable attorney's fees incurred, with or without suit, in addition to the above sum.

Executed in four original
counter-parts on

December 13 2016

Revolution CNG, Inc.
PRINCIPAL

(Seal if Corporation)

By 
Title Vice President & Secretary

(Attach Acknowledgment of Authorized Representative of Principal)

Any claims under this bond may be addressed to:

Indemnity Company of California (name and address of Surety)

17771 Cowan, Suite 100

Irvine, CA 92614

Alliant Insurance Services, Inc.

(name and address of Surety's agent for service of
process in California, if different from above)

9 E. River Park Place East, Suite 300

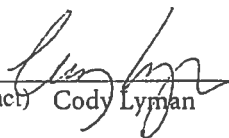
Fresno, CA 93720

559-374-3594

(telephone number of Surety's agent in California)

(Attach Acknowledgment)

Indemnity Company of California
SURETY

By 
(Attorney-in-Fact) Cody Lyman

APPROVED:

(Attorney for CITY)

NOTICE:

No substitution or revision to this bond form will be accepted. Sureties must be authorized to do business in and have an agent for service of process in California. Certified copy of Power of Attorney must be attached.

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 SAN LUIS OBISPO

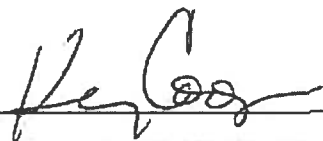
On December 14, 2016 before me, Kerry Cooper, Notary Public
(insert name and title of the officer)

personally appeared MATA IAINA
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.

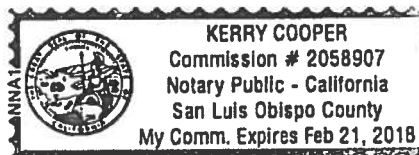
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature




(Seal)



Civil Code § 1189

State of California)
) ss
County of Fresno)

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

 BONNIE GONZALEZ
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2033118
FRESNO COUNTY
My Comm. Exp. July 12, 2017

Signature: Bonnie Gonzalez
Bonnie Gonzalez, Notary Public

Executed in four original
counterparts on

December 13, 2016

(Seal if Corporation)

PRINCIPAL Revolution CNG, Inc.

By

Mateo Ibarra

Title

Vice President & Secretary

(Attach Acknowledgment of Authorized Representative of Principal)

Any claims under this bond may be addressed to:

Indemnity Company of California (name and address of Surety)

17771 Cowan, Suite 100

Irvine, CA 92614

Alliant Insurance Services, Inc.

(name and address of Surety's agent for service of
process in California, if different from above)

9 E. River Park Place East, Suite 300

Fresno, CA 93720

559-374-3594

(telephone number of Surety's agent in California)

(Attach Acknowledgment)

Indemnity Company of California

SURETY

By

Cody Lyman
(Attorney-in-Fact)

APPROVED:

(Attorney for CITY)

NOTICE:

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State of California

County of SAN Luis Obispo

On December 14, 2016 before me, Kerry Cooper, Notary Public
(insert name and title of the officer)

personally appeared MATA IAI A
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.

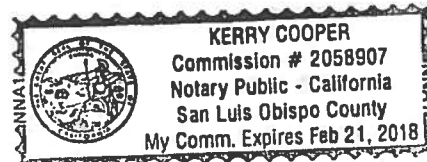
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature




(Seal)



Civil Code § 1189

State of California)
) ss
County of Fresno)

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

 **BONNIE GONZALEZ**
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2033118
FRESNO COUNTY
My Comm. Exp. July 12, 2017

Signature: Bonnie Gonzalez
Bonnie Gonzalez, Notary Public

POWER OF ATTORNEY FOR
DEVELOPERS SURETY AND INDEMNITY COMPANY
INDEMNITY COMPANY OF CALIFORNIA
PO Box 19725, IRVINE, CA 92623 (949) 263-3300

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

Bonnie Gonzalez, Steven Edwards, Cody Lyman, Lyn Genito, jointly or severally

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

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

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

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

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

By: Daniel Young
Daniel Young, Senior Vice-President
By: Mark Lansdon
Mark Lansdon, Vice-President



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

State of California
County of Orange

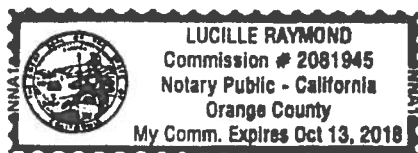
On January 29, 2015 before me, Lucille Raymond, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Daniel Young and Mark Lansdon
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

Signature Lucille Raymond
Lucille Raymond, Notary Public



Place Notary Seal Above

CERTIFICATE

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

This Certificate is executed in the City of Irvine, California, this 13th day of December, 2016.

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