

Interchange Corporate Center 450 Plymouth Road, Suite 400 Plymouth Meeting, PA 19462-1644 Ph. (610) 832-8240

Alamo Creek, SUB 99-08381, Phase 1A

INCREASE / DECREASE RIDER

Rider to be attached to and form a part of Bond Nu	mber 024022269 , dated the 27th
day of March , 20 07 , issued by Liberty Mutua	I Insurance Company, a Massachusetts stock
insurance company, as Surety (the "Surety"), on behalf of _	Shapell Homes, a Division of Shapell Industries, Inc.,
A Delaware Corp.	, as principal (the "Principal"), in
favor ofCounty of Contra Costa	. , , , , , , , , , , , , , , , , , , ,
	, as obligee (the "Obligee").
It is understood and agreed that the penal sum of t	
fromThree Hundred Thirty Four Thousand Six Hundred I	(increased/decreased) No/100*** (Performance) (\$ 334,600.00***) Dollars,
to Ninety Four Thousand Seven Hundred No/100*** (Pe	erformance) (\$ <u>94,700.00***</u>) Dollars.
This change is effective theday of	April , 20 <u>09</u> .
	, conditions and limitations except as herein modified.
DATED as of this 1st day of April	
WITNESS / ATTEST:	Shapell Homes, a Division of Shapell Industries, Inc., A Delaware Corp,
(See attached)	(Principal)
(coo anathra)	By: ///// Name: Ken Cox (Seal)
	Title: Asst. Sect.
	By: FMM). W
	Name: Robert D- Moore
	ASST- V-P.
ACCEPTED:	LIBERTY MUTUAL INSURANCE COMPANY
By:	(Surety)
Date:	By: Attorney-in-Fact: Pamela I. Stocks (Seal)

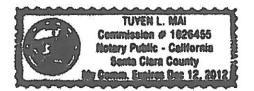
CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Clara

On **April 9, 2009**, before me, **Tuyen L. Mai**, Notary Public personally appeared **Robert D. Moore and Ken Cox** who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument the person, or the entity upon behalf of which the person 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 of Notary Public

Optional Information

Title or Type of Document: <u>Increase/Decrease Rider (Bond # 024022269)</u>

Capacity Claimed by Signer: <u>Assistant Vice President and Assistant Secretary of Shapell Industries, Inc.</u>

EST on any business day.

g

Attorney

To confirm the validity of this Power of Attorn I-610-832-8240 between 9:00 am and 4:30 pm

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

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.

LIBERTY MUTUAL INSURANCE COMPANY **BOSTON, MASSACHUSETTS POWER OF ATTORNEY**

KNOW	ALL	PERSONS	BY THESE	PRESENTS:	That Liberty	/ Mutual Ir	surance	Company ((the "	Company"),	a Massachuse	tts stock in	nsurance
company, pursuant to and by authority of the By-law and Authorization hereinafter set forth, does hereby name, constitute and appoint													
DARKE	LAI	CTOCK	2 DEVEDI	IVA HALL	CANDDA	V LIANNI	ED CI	MA O'CHE	= A A	II OF TH	E CITY OF	SHEDMA	NI OAKE

STATE OF CALIFORNIA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

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.

By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact:

Pursuant to Article XIII, Section 5 of the By-Laws, Garnet W. Elliott, Assistant Secretary of Liberty Mutual Insurance Company, is hereby authorized to 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.

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of Liberty Mutual Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this __16th_ day of _

LIBERTY MUTUAL INSURANCE COMPANY

Garnet W. Elliott, Assistant Secretary

COMMONWEALTH OF PENNSYLVANIA COUNTY OF MONTGOMERY

2009, before me, a Notary Public, personally came Garnet W. Elliott, to me known, and acknowledged On this 16th day of March that he is an Assistant Secretary of Liberty Mutual Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of Liberty Mutual Insurance Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year But dist COMMONWER

first above written.

COMMONWEALTH OF PENNSYLVANIA Notariai Seal Teresa Pastelia, Notary Public Plymouth Twp., Montgomery County My Commission Expires March 28, 2013 Member, Pennsylvania Association of Notaries

CERTIFICATE

I, the undersigned, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article XIII, Section 5 of the By-laws of Liberty Mutual Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of Liberty Mutual Insurance Company at a meeting duly called and held on the 12th day of March, 1980.

VOTED that the 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.

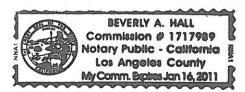
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this April _______, 2009 _.



David M. Carey, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California			
County of Los Ang	eles		
On April 1, 2009	before me,	Beverly A. Hall, Notary Public Here Insert Name and Title of the Officer	
personally appeared _	Pamela L. Stocks	, reter meant than out of the Officer	
		Name(s) of Signer(s)	



Notary Seal

who proved to me on the basis of satisfactory evidence to be the person(%) whose name(x) is/% subscribed to the within instrument and acknowledged to me that k%/she/kheyx executed the same in k%/her/kheix authorized capacity(ies), and that by k%/her/kheix signature(x) on the instrument the person(%), or the entity upon behalf of which the person(x) 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 During U. The