Subdivision: MS16-00001	
Bond No.: 705081P	
Premium: \$1,500	
Any claim under this Bond should be sent	
to the following address:	
AmTrust Surety	
1610 Arden Way, Ste 299	
Sacramento CA 95815	_

IMPROVEMENT SECURITY BOND FOR SUBDIVISION AGREEMENT

(Performance, Guara (Gov. Code, §§ 6				
	s executed an agreement with the County of Contra Costa (hereinafter 'County') to 1 as specified in the Subdivision Agreement, and to complete said work within the tate and local laws and rulings thereunder in order to satisfy conditions for filing of ivision Agreement, Principal is required to furnish a bond to secure the faithful			
2. OBLIGATION. Pacific Crest Builders Inc.	, as Principal			
and Indemnity Company of California	, a corporation organized and existing			
under the laws of the State of CALIFORNIA and	authorized to transact surety business in California, as Surety, hereby jointly and			
severally bind ourselves, our heirs, executors, administrators, successors and assig	ns to the County of Contra Costa, California to pay it:			
(A. Performance and Guarantee) THIRTY-THREE TH	HOUSAND AND 00/100 Dollars n Agreement.			
(B. Payment) SEVENTEEN THOUSAND AND 0	0/100 Pollars			
(\$_17,000.00) to secure the claims to which reference is made in Title State of California.	Dollars XV (commencing with Section 3082) of Part4 of Division III of the Civil Code of the			
3. <u>CONDITION</u> . This obligation is subject to the following condit	ion.			
A. The condition of this obligation as to Section 2.(A) above is such that if the above bounded Principal, his or its heirs, executors administrators, successors or assigns, shall in all things stand to and abide by, and well and truly keep and perform the covenants, conditions and provisions in the said agreement and any alteration thereof made as therein provided, on his or their part, to be kept and performed at the time and in the manner therein specified, and in all respects according to their true intent and meaning, and shall indemnify and save harmless the County of Contra Costa (or city assignee), its officers, agents and employees, as therein stipulated, then this obligation shall become null and void; otherwise it shall be and remain in full force and effect.				
As part of the obligation secured hereby and in addition to expenses and fees, including reasonable attorney's fees, incurred by the County of taxed as costs and included in any judgment rendered.	the face amount specified therefor, there shall be included costs and reæonable Contra Costa (or city assignee) in successfully enforcing such obligation, and to be			
B. The condition of this obligation, as to Section 2.(B) firmly bound unto the County of Contra Costa and all contractors, subcontractors aforesaid Subdivision Agreement and referred to in the aforesaid Civil Code for Unemployment Insurance Act with respect to this work or labor, and that the Suret and also in case suit is brought upon this bond, will pay, in addition to the face attorney's fees, incurred by the County of Contra Costa (or city assignee) in succe taxed as costs and to be included in the judgment therein rendered.	materials furnished or labor thereon of any kind, or for amounts due under the y will pay the same in an amount not exceeding the amount hereinabove set forth amount thereof, costs and reasonable expenses and fees, including reasonable			
It is hereby expressly stipulated and agreed that this bond sh to file claims under Title 15 (commencing with Section 3082) of Part 4 of Division 3 brought upon this bond.	all inure to the benefit of any and all persons, companies, and corporations entitler of the Civil Code, so as to give a right of action to them or their assigns in any sui			
Should the condition of this bond be fully performed, then this and effect.	obligation shall become null and void; otherwise it shall be and remain in full force			
C. No change, extension of time, alteration, or add thereunder orany plan or specifications of said work, agreed to by the Principal and on this bond; and consent is hereby given to make such change, extension of tim hereby waives the provisions of Civil Code Section 2819 and holds itself bound with	e, alteration or addition without further notice to or consent by Surety; and Surety			
SIGNED AND SEALED on November 17 , 20 16 .				
Principal: Pacific Crest Builders Inc.	Surety: Indemnity Company of California			
Address: 2109 East Street	Address: c/o Amtrust Surety 1610 Arden Way, Ste 299			
Concord, CA Zip: 94520	Sacramento, CA Zip: 95815			
By: Print Name: Jeffrey Randolph	By: Jamie Whiteside Print Name: Jamie Whiteside			
Title: President	Title: Attorney In Fact			

[Note: All signatures must be acknowledged. For corporations, two officers must sign. The first signature must be that of the chairman of the board, president, or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer, or assistant treasurer. (Civ. Code, § 1190 and Corps. Code, § 313.)]

Form Approved by County Counsel [Rev. 1/06]

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:

Jamie Whiteside, Kelsey Brinigar, Christopher O'Neill, 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

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)	



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 _____

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.

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

17 day of November, 2016.

Cassie J. Berrisford, Assistant Segretary

CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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

and not the truthliness, accuracy, or vi	andity of that document.
State of California	}
County of Contra Costa	}
On Nov. 21, 2016 before me, _	Michael O'Sullivan, Notary Public (Here insert name and title of the officer)
who proved to me on the basis of satisfa name(s) is/are subscribed to the within it he/she/they executed the same in(his/he/she/they).	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr	under the laws of the State of California that rect.
WITNESS my hand and official seal.	MICHAEL O'SULLIVAN COMM. # 2135897 NOTARY PUBLIC-CALIFORNIA CONTRA COSTA COUNTY MY COMM. EXP. JAN. 2, 2020
llh Oll	
Notary Public Signature (No	otary Public Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT THE ROYALEM SECURITY BOLD	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document) TOR SVRDIV I SION AGREEMENT (Title or description of attached document continued)	 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 must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 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). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer PRESIDEM (Title) Partner(s) Attorney-in-Fact Trustee(s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, 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 the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.

Other

- 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. CEO, CFO, Secretary).

· Securely attach this document to the signed document with a staple.

CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 Sacramento	. }
On November 17, 2016 before me, _	Kelsey Brinigar, Notary Public (Here insert name and title of the officer)
name(s)(s)are subscribed to the within he/she/they executed the same in his/fi	factory evidence to be the person(s) whose instrument and acknowledged to me that entheir authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and con	Y under the laws of the State of California that rrect.
WITNESS my hand and official seal. Notary Public Signature (N	KELSEY BRINIGAR Commission No. 2142536 NOTARY PUBLIC-CALIFORNIA SACRAMENTO COUNTY My Comm. Expires FEBRUARY 12, 2020
ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT Payment/Performance Bond (Title or description of attached document) Pacific Crest Builders Inc. (Title or description of attached document continued)	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. 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 must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
Number of Pages 2 Document Date 11/17/16	 commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, 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 the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused 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
2015	corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

2015 Version www.NotaryClasses.com 800-873-9865