

Bond Number 100759272
Premium: \$55.00

BOND FOR NOTARY PUBLIC
STATE OF MICHIGAN

KNOWN ALL MEN BY THESE PRESENTS:

That we, NATHAN SMITH MANLEY of MUSKEGON, MUSKEGON
Principal City County
County, State of MICHIGAN as Principal, and U.S. SPECIALTY INSURANCE COMPANY, a Surety corporation licensed to do business in the State of MICHIGAN, as Surety, are held firmly bound unto the State of MICHIGAN in the penal sum of Ten thousand and 00/100 (\$10,000.00), lawful money of the United States of America, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal, has made application to the MICHIGAN Secretary of State for appointment as a Notary Public in and for the State of MICHIGAN. This bond shall be effective from the effective date of the Principal's notary commission so applied for, and unless cancelled by the Surety or otherwise released, through the expiration date of such notary commission.

NOW THEREFORE, if the said principal shall well and truly perform the duties of a NOTARY PUBLIC, as aforesaid, during incumbency of said office, under and by virtue of the commission aforesaid, according to law and faithfully discharge the duties which may be required of a NOTARY PUBLIC by any law that may be enacted subsequent to the execution of this bond, then this obligation shall become void; otherwise to remain in full force and effect.

Cancellation: This policy may be cancelled at any time by the Surety upon sending notice in writing, by certified mail, to the Principal and at the expiration of thirty (30) days from the receipt of said notice, this policy shall terminate and the Surety shall thereupon be release from any liabilities for any acts or omissions of the Principal subsequent to said date.

Signed and dated this 22nd day of June, 2023.



NATHAN SMITH MANLEY Principal
U.S. SPECIALTY INSURANCE COMPANY
By: [Signature] ADRIAN LOO Attorney-in-Fact

OATH OF OFFICE OF NOTARY PUBLIC
STATE OF _____
COUNTY OF _____

I, _____, do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the State of _____, and that I will discharge the duties of my office of Notary Public for the State of _____, with fidelity (so help me God).

Applicant Signature

Notary Signature

Notary Public-Type, Stamp or clearly print name
My commission expires: _____

Sworn to and Subscribed before me this _____ day of _____, A.D. _____.



TOKIO MARINE
HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That, U.S. SPECIALTY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint,

ADRIAN LOO

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver bond number 100759272, issued in the course of its business and to bind the Company thereby, in an amount not to exceed Ten thousand and 00/100 (\$10,000.00). Said appointment is made under and by authority of the following resolutions of the Board of Directors of U. S. Specialty Insurance Company:

"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." Adopted by unanimous written consent in lieu of meeting on September 1st, 2011.

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, U.S. Specialty Insurance Company has caused its seal to be affixed hereto and executed by its Senior Vice President on this 18th day of April, 2022.

State of California
County of Los Angeles SS:



U.S. SPECIALTY INSURANCE COMPANY

By: Adam S. Pessin
Adam S. Pessin, Senior Vice President

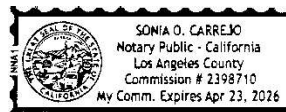
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, Senior Vice President of 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, 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 Sonia O. Carrejo (seal)



I, Kio Lo, Assistant Secretary of U.S. Specialty Insurance Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 22nd day of June, 2023.

Bond No. 100759272

Agency No. 13266



Kio Lo
Kio Lo, Assistant Secretary

**MICHIGAN NOTARY PUBLIC
ERRORS AND OMISSIONS POLICY**

Policy Number: 100759272
Premium: \$25.00

Effective Date: 6/23/2023
Expiration Date: 7/27/2029

U.S. SPECIALTY INSURANCE COMPANY ("the Company") will pay on behalf of NATHAN SMITH MANLEY ("the Insured"), all sums, subject to the Limit of Liability stated below, which the Insured shall become legally obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public. The Company will also pay on behalf of the Insured, subject to the Limit of Liability stated below, costs and expenses incurred in investigating, defending or settling the Insured's liability arising from any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced within the applicable statute of limitations pertaining to the Insured. The Policy Period commences on the Effective Date hereof and terminates upon the Expiration Date hereof.

LIMIT OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims, costs and expenses under this policy the amount of Ten thousand and 00/100 (\$10,000.00) Dollars.

THIS LIMIT OF LIABILITY INCLUDES ALL SUMS PAID TO SATISFY JUDGMENT(S) AND SETTLEMENT(S) ON BEHALF OF THE INSURED. ALSO, ALL EXPENSES WE INCUR IN THE INVESTIGATION AND DEFENSE OF ANY CLAIM, INCLUDING ALL ATTORNEY'S FEES AND COSTS INCURRED, ARE PART OF AND NOT IN ADDITION TO THE LIMIT OF LIABILITY AND PAYMENT OF SUCH EXPENSES WILL REDUCE THE LIMIT OF LIABILITY. ONCE THE LIMIT OF LIABILITY STATED ABOVE HAS BEEN PAID, WHETHER BY SETTLEMENT OF A CLAIM OR CLAIMS, OR BY PAYMENT OF COSTS AND EXPENSES, THE COMPANY IS RELIEVED OF ANY FURTHER DUTY TO DEFEND OR INDEMNIFY THE INSURED UNDER THIS POLICY.

SETTLEMENT: The Company, in the Insured's name and on its behalf, shall have the exclusive right to make any settlement of any claim, suit, or other action, as the Company deems expedient.

INSURED'S DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT:

- a. Upon knowledge of any occurrence which may reasonably be expected to result in a claim or suit, written notice containing particulars sufficient to identify the Insured and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the potential claimant and of available witnesses, shall be given by or for the Insured to the Company or any of its authorized agents as soon as practicable, but in no event longer than forty-five (45) days after discovery.
- b. If claim is made or suit is brought against the Insured, the Insured shall immediately forward to the Company every demand, notice, summons or other process received by him/she or his/her representative.

c. The Insured shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the conduct of suits and the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not, except at his/her own cost, voluntarily make any payment, assume any obligation or incur any expense except with the prior written consent of the Company.

EXCLUSIONS: Coverage under this policy as described in the COVERAGE section of the policy above does not apply to any acts of or allegations of (i) dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (iv) injury to or destruction of any tangible property, including the loss of use thereof; (v) fines or penalties imposed by law on the Insured; or (vi) punitive, treble, exemplary or similarly categorized damages, including fines and penalties

OTHER INSURANCE: If the Insured has other insurance against a loss covered by this policy, the Company shall not be liable under this policy for a greater proportion of such loss cost and expenses than the limit of liability stated in this policy bears to the limit of liability of all other valid and collectible insurance against such loss.

SUBROGATION: In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.

CANCELLATION: The Insured may cancel this policy at any time by mailing or delivering to us advance written notice of cancellation. The Company may cancel this policy by mailing and delivering to the Insured written notice of cancellation at least ten (10) days before the effective date of cancellation if we cancel for nonpayment of premium or thirty (30) days before the effective date of cancellation if we cancel for any other reason. If we cancel, the premium refund will be pro rata and if the Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed by its authorized Company officers at Los Angeles, California.

Dated, signed and sealed this 22nd day of June, 2023.

Address Claims to:

U.S. SPECIALTY INSURANCE COMPANY
801 S. Figueroa Street, Suite 700
Los Angeles, CA 90017

U.S. SPECIALTY INSURANCE COMPANY
FRANK MESTER

BY: Frank Mester

Attorney-in-Fact



This policy is exempt from the filing requirements of MCL 500.2236