

HCCSALB_NOTARY03/2018



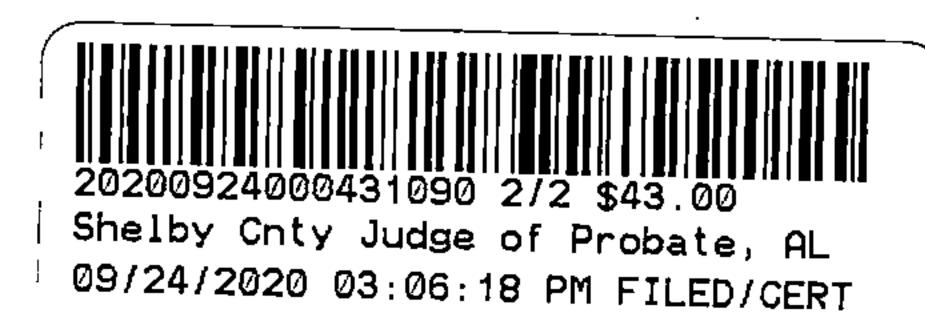
Bond Number ____100503214

Premium: \$50.00

BOND FOR NOTARY PUBLIC

STATE OF ALABAMA

KNOWN ALL MEN BY THESE PRESENTS:			
That we, <u>JENNIFER LYNN JONES</u> Principal	. of	HELENA City	SHELBY County
County, State of Alabama, as Principal, and <u>U.S. SPEC</u> to do business in the State of Alabama, as Surety, are helemonetry. Twenty-five thousand and 00/100 (\$25,000.00 which well and truly to be made, we bind ourselves, our and severally, firmly by these presents.	d firmly l),lawf	INSURANCE COMPANY bound unto the State of Alabulation of the United States	a Surety corporation licensed cama, in the penal sum of soft of the payment of th
WHEREAS, the Principal, has made application to the Alfor the State of Alabama, for the term beginning the 24 four years from the date of Notary Commission in State of NOW THEREFORE, if the said principal shall well and to incumbency of said office, under and by virtue of the communic which may be required of a NOTARY PUBLIC by any law this obligation shall become void; otherwise to remain in form	that ma	a at Large in and for said Confirm the duties of a NOTAR's aforesaid, according to law are by be enacted subsequent to	nty. AOAU A AOAU Y PUBLIC, as aforesaid, during and faithfully discharge the duties
Cancellation: This policy may be cancelled at any time be Principal and at the expiration of thirty (30) days from the thereupon be release from any liabilities for any acts or or	receipt	of said notice, this policy sha	Il terminate and the Surety shall
Signed and dated this 25th day of June		JENNIFER LY U.S. SPECIALTY By: JOSHUA R. I	INSURANCE COMPANY
OATH OF OFFICE OF NOTARY PUBLIC STATE OF ALABAMA COUNTY OF ふんとんし			
the Constitution of the United States, and the Constitution the duties of my office of Notary Public for the State of	դ of the S	State of Alabama	will support, protect and defend, and that I will discharge (so help me God).
	M. W.	101	Applicant Signature
	NOTA PUBL	Notation Fublic-Type, Stamp of	Notary Signature
\mathcal{J}_{\cdot}	MAY 22,	2022 / /	
Sworn to and Subscribed before me this 24th day of	PAMA-STA	TEATIPEL, A.D. 2020	





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,

•	JOSHUA R.	KAYSER	
its true and lawful Attorney-in-fact, with full p deliver bond number 100503214 amount not to exceed	, issued in		ess and to bind the Company thereby, in an
Said appointment is made under and by auth			
"Be it Resolved, that the President, any Vice- is hereby vested with full power and authority on behalf of the Company subject to the follo	to appoint any one or more	e-President, any Secreta suitable persons as Atto	ary or any Assistant Secretary shall be and rney(s)-in-Fact to represent and act for and
Attorney-in-Fact may be given full power and deliver, any and all bonds, recognizances, coand all consents for the release of retained notices and documents canceling or termin Attorney-in-Fact shall be binding upon the Co	ontracts, agreements or inder percentages and/or final est ating the Company's liability	nnity and other condition imates on engineering a thereunder, and any s	nal or obligatory undertakings, including any and construction contracts, and any and all such instruments so executed by any such
Be it Resolved, that the signature of any authors any certificate relating thereto by facsimile, a and binding upon the Company with respect of meeting on September 1st, 2011.	nd any power of attorney or	certificate bearing facsin	nile signature or facsimile seal shall be valid
The Attorney-in-Fact named above may be a and does not indicate whether the Attorney-in			
IN WITNESS WHEREOF, U.S. Specialty Insu on this 18 th day of December 2017.	rance Company has caused	its seal to be affixed here	eto and executed by its Senior Vice President
State of California		U.S. S	PECIALTY INSURANCE COMPANY
County of Los Angeles	S. A. HARINGE	By:Ada	m S. Pessin, Senior Vice President
A Notary Public or other officer completing certificate is attached, and not the truthfulne	•	•	ual who signed the document to which this
On this 1 st day of June, 2018, before me, So U.S. Specialty Insurance Company, who provided within instrument and acknowledged to me the person, or the entity upon behalf of which	ved to me on the basis of sati hat he executed the same in h the person acted, executed	sfactory evidence to be his authorized capacity, the instrument.	the person whose name is subscribed to the and that by his signature on the instrument
I certify under PENALTY OF PERJURY under	er the laws of the State of CA	LIFORNIA that the foreg	joing paragraph is true and correct.
WITNESS my hand and official seal.	N	SONIA D. CARREJO clary Public - California Los Angeles County	
Signature — Charles		Los Angeles County Commission # 2219479 Comm. Expires Apr 23, 2022	
I, Kio Lo, Assistant Secretary of U.S. Special by the Board of Directors of said Company Attorney nor the resolution have been revoked	as set forth above, are true	and correct transcripts	
IN WITNESS WHEREOF, I have hereunto se	et my hand this 25th da	y ofJune	, <u>2020</u> .
Bond No. <u>100503214</u>	White is the second	urance Cili	
Agency No. <u>13266</u>	S. S.	The Company of the Co	Kio Lo, Assistant Secretary

visit tmhcc.com/surety for more information

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