

When recorded mail to:

**Clerk of the Board
PO Box 827
Florence, AZ 85232**

(The above space reserved for recording information)

RESOLUTION NO. _____

A RESOLUTION OF THE PINAL COUNTY, ARIZONA, BOARD OF SUPERVISORS ACCEPTING AN ENDORSEMENT TO PERFORMANCE BOND NO. PB03010409249 FOR THE COMPLETION OF PUBLIC SUBDIVISION IMPROVEMENTS IN ORDER TO CORRECT THE LEGAL NAME OF THE BOND'S PRINCIPAL IN CONNECTION WITH WARE FARMS PARCEL 4 NORTH, LOCATED IN A PORTION OF THE LAND LOCATED IN SECTION 33, TOWNSHIP 2 SOUTH, RANGE 8 EAST, SUPERVISORY DISTRICT 2.

This document is being recorded to add an Endorsement as a corrective instrument to Performance Bond No. PB03010409249, which was attached as Exhibit "A" to the originally recorded Resolution accepting the Performance Bond (as identified below). Due to a clerical error, the Performance Bond attached to the original Resolution incorrectly identified the Principal's name as Tri Pointe Homes Arizona, 91, LLC, an Arizona corporation. The correct legal name of the Principal is Tri Pointe Homes Arizona 91, LLC, an Arizona limited liability company. By its terms, nothing in the Endorsement shall vary, alter, or extend any other provisions, conditions, or other terms of the Performance Bond beyond correcting the Principal's name.

As Labeled by the Official Records of Pinal County Recorder:

DATE/TIME: 05/24/2023 1128
FEE: \$0.00
PAGES: 8
FEE NUMBER: 2023-037998

DO NOT DISCARD THIS PAGE. THIS COVER PAGE IS RECORDED AS PART OF YOUR DOCUMENT. THE CERTIFICATE OF RECORDATION WITH THE FEE NUMBER IN THE UPPER RIGHT CORNER IS THE PERMANENT REFERENCE NUMBER OF THIS DOCUMENT IN THE PINAL COUNTY RECORDER'S OFFICE.

When recorded, return to:
Clerk of the Board
P.O. Box 827
Florence AZ 85132

RESOLUTION NO. _____

A RESOLUTION OF THE PINAL COUNTY, ARIZONA, BOARD OF SUPERVISORS ACCEPTING AN ENDORSEMENT TO PERFORMANCE BOND NO. PB03010409249 FOR THE COMPLETION OF PUBLIC SUBDIVISION IMPROVEMENTS IN ORDER TO CORRECT THE LEGAL NAME OF THE BOND'S PRINCIPAL IN CONNECTION WITH WARE FARMS PARCEL 4 NORTH, LOCATED IN A PORTION OF THE LAND LOCATED IN SECTION 33, TOWNSHIP 2 SOUTH, RANGE 8 EAST, SUPERVISORY DISTRICT 2.

WHEREAS, on or about May 24, 2023 the Pinal County Board of Supervisors passed and adopted Resolution No. 052423-RD22-102 approving and accepting subdivision improvement performance bond no. PB03010409249 as financial security for the completion of subdivision improvements in conformance with Pinal County standards and requirements in connection with Ware Farms Parcel 4 North (the "**Performance Bond**"), as recorded with the Pinal County Recorder at Fee No. 2023-037998; and

WHEREAS, the Performance Bond incorrectly identified its Principal as Tri Pointe Homes, Arizona, 91, LLC, an Arizona Corporation; and,

WHEREAS, the correct name of the Performance Bond's Principal is Tri Point Homes Arizona 91, LLC, an Arizona limited liability company; and,

WHEREAS, the Performance Bond's Principal and its Surety have provided an Endorsement to the Performance Bond attached hereto as **Exhibit "A"** as an instrument to amend the Performance Bond by correcting the Principal's name (the "**Corrective Endorsement**"); and,

WHEREAS, by its terms, nothing in the Corrective Endorsement shall vary, alter, or extend any other provisions, conditions, or other terms of the Performance Bond beyond correcting the Principal's name.

NOW, THEREFORE, BE IT RESOLVED, by the Pinal County Board of Supervisors that the Corrective Endorsement to the Performance Bond attached hereto as **Exhibit "A"** is hereby approved and accepted.

[CONTINUED ON THE NEXT PAGE]

RESOLUTION NO. _____

BE IT FURTHER RESOLVED, that this Resolution shall become effective upon its recordation with the Pinal County Recorder.

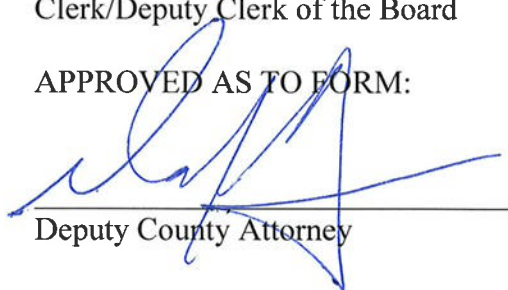
PASSED AND ADOPTED this _____ day of _____, 2024, by the PINAL COUNTY BOARD OF SUPERVISORS.

Chair of the Board

ATTEST:

Clerk/Deputy Clerk of the Board

APPROVED AS TO FORM:



Deputy County Attorney

EXHIBIT "A"
TO
RESOLUTION NO. _____

[Endorsement to Subdivision Improvement Performance Bond No. PB03010409249]

Bond Number: **PB03010409249**

ENDORSEMENT

To be attached to and form a part of **PB03010409249** Bond, issued by the undersigned company, as Surety on behalf of **Tri Pointe Homes Arizona 91, LLC** as Principal, in favor of **Pinal County, AZ** as Obligee,

Effective **April 28, 2023**, the Principal and the Surety hereby agree to amend the attached bond as follows:

The **Principal Name** has been CORRECTED:

From: **Tri Pointe Homes Arizona, 91, LLC, an Arizona corporation**

To: **Tri Pointe Homes Arizona 91, LLC, an Arizona limited liability company**

All else remains the same.

Provided that the liability under this endorsement shall be part of, and not in addition to, the liability under the attached Bond, and in no event shall be cumulative.

Nothing herein contained shall vary, alter or extend any of the provisions, conditions, or other terms of this bond except as above stated.

SIGNED, SEALED, DATED: February 1, 2024

Tri Pointe Homes Arizona 91, LLC,
an Arizona limited liability company
(Principal)

By: 

Philadelphia Indemnity Insurance Company
(Surety)

By: 

Michelle Haase, Attorney In Fact

Endorsement Number: **01**

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 Orange }

On FEB 01 2024 before me, Janina Monroe, Notary Public
(Here insert name and title of the officer)

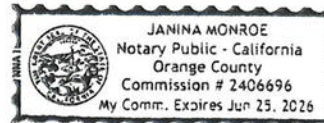
personally appeared Michelle Haase
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(~~ies~~), and that by ~~his/her/their~~ 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.

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
- _____ (Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, 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 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.
- 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 corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint JANINA MONROE, THOMAS G. MCCALL, TIMOTHY J. NOONAN, MICHELLE HAASE, MARTHA BARRERAS AND RACHEL A. MULLEN OF LOCKTON COMPANIES, LLC, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

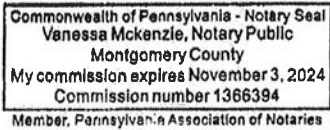


(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public:



residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

FEB 01 2024

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this _____ day of _____.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

ALL-PURPOSE ACKNOWLEDGMENT

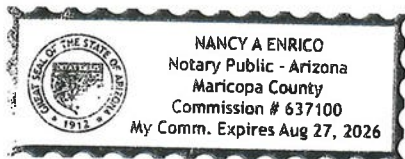
State of Arizona

County of Maricopa

On 2-2-2024 before me, Nancy Enrico
DATE NAME OF NOTARY PUBLIC

personally appeared James Attwood
NAME(S) OF SIGNER(S)

personally known to me OR 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.



WITNESS my hand and official seal.

Place Notary Seal or Stamp Here

[Handwritten Signature]

SIGNATURE OF NOTARY

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it may prove valuable to persons relying on this Acknowledgement and could prevent fraudulent reattachment of this certificate to another document.

DESCRIPTION OF ATTACHED DOCUMENT

Bond No. PB03010409249 Ware Farms Parcel 4N Bond
Endorsement
TITLE OR TYPE OF DOCUMENT

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT

3

NUMBER OF PAGES

February 1, 2024
DATE OF DOCUMENT

Michelle Haase
SIGNER(S) OTHER THAN NAME ABOVE