

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 INTO THE PINAL COUNTY HIGHWAY MAINTENANCE SYSTEM THE STREETS ASSOCIATED WITH IRONWOOD SPRINGS RANCH, LOCATED IN A PORTION OF THE LAND LOCATED IN THE WEST HALF OF SECTION 20, TOWNSHIP 2 SOUTH, RANGE 8 EAST, SUPERVISORY DISTRICT 2, RELEASING THE CURRENT FINANCIAL ASSURANCE, AND ACCEPTING THE TEN PERCENT GUARANTEE BOND (MAINTENANCE BOND NO. PB03010409404-M).

WHEREAS, pursuant to A.R.S. § 11-822, Pinal County has authority to accept subdivision streets into the Pinal County Highway Maintenance System; and,

WHEREAS, this matter has been brought before the Pinal County Board of Supervisors (the “**Board**”) by a request by the subdivision developer (the “**Developer**”) and recommended by the Director of Public Works; and,

WHEREAS, the Pinal County Department of Public Works (the “**Department**”) has found as follows:

1. All required subdivision improvements for Ironwood Springs Ranch have been completed in accordance with Pinal County standards of design and construction (the “**Subdivision Improvements**”);
2. Street and drainage design is in accordance with Pinal County standards for design and construction;
3. Construction of the Subdivision Improvements has been monitored by the Department;
4. Certified as-built Mylars have been submitted by the Developer and accepted by the Department;
5. The required pavement finishing fee has been accepted by the Department;
6. Street rights-of-way have been duly dedicated; and

RESOLUTION NO. _____

WHEREAS, provision has been made by law and ordinance whereby the Developer shall provide security to guarantee against damage to the Subdivision Improvements by on-site construction for a period of one year after acceptance of the Subdivision Improvements by the Board.

NOW, THEREFORE, BE IT RESOLVED that the Subdivision Improvements are hereby accepted.

BE IT FURTHER RESOLVED, that the streets identified and dedicated to the public in the Final Plat for Ironwood Springs Ranch, located in a portion of the land located in the West half of Section 20, Township 2 South, Range 8 East, Pinal County, Arizona are hereby accepted into the Pinal County Highway Maintenance System.

BE IT FURTHER RESOLVED, that Ironwood Springs Ranch is hereby released from the Subdivision Improvement Performance Bond No. PB03010409404 for Construction of Subdivision Improvements.

BE IT FURTHER RESOLVED, that Ten Percent Guarantee Bond (Maintenance Bond No. PB03010409404-M) in the amount of Two Hundred Thirty Thousand Five Hundred Eighty Three Dollars and 00/100 (\$230,583.00) issued by Philadelphia Indemnity Insurance Company attached hereto as **Exhibit "A"** is hereby accepted upon execution of this Resolution.

BE IT FURTHER RESOLVED, that this Resolution shall become effective upon its recording with the Office of the County Recorder, Pinal County, Arizona.

PASSED AND ADOPTED this _____ day of _____, 2025, 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. _____

Ten Percent Guarantee Bond

[Maintenance Bond No. PB03010409404-M]

Philadelphia Indemnity Insurance Company

Surety's Name

TEN PERCENT GUARANTEE BOND

Bond No. PB03010409404-M

Premium is included in Performance Bond.

KNOW ALL MEN BY THESE PRESENTS, That we, Tri Pointe Homes Arizona 91, LLC

Principal's Name

7001 N. Scottsdale Road, Suite 2020, Scottsdale, AZ 85253, hereinafter called Principal, and

Principal's Address

Philadelphia Indemnity Insurance Company, 283 South Lake Avenue, Suite 160, Pasadena, CA 91101

Surety's Name

Surety's Address

hereinafter called Surety, are held and firmly bound unto Pinal County

Obligee's Name

85 North Florence Street, P.O. Box 749, Florence, AZ 85132, hereinafter called Obligee, in

Obligee's Address

the full and just sum of Two Hundred Thirty Thousand Five Hundred Eighty-Three and no/100 Dollars (\$ 230,583.00), lawful money of the United States, for the payment of which we bind ourselves, our heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, said Obligee has entered into a certain agreement with Tri Pointe Homes Arizona 91, LLC

Principals Name

a portion of which requires a One (1) year(s) maintenance bond covering workmanship and materials for the List of Improvements covered, hereinafter called Improvements, at Ironwood Springs Ranch

Project Name

Ironwood and Ocotillo

Project Address

which Improvements have been or are about to be completed and accepted.

NOW, THEREFORE, if said improvements shall be free from defects of workmanship and materials, general wear and tear excepted, for a period of One (1) year(s) from the date of acceptance of said improvements, then this obligation shall be null and void; otherwise to remain in full force and effect.

Signed, sealed and dated this 3rd day of March, 2025.



Witness as to Principal

Tri Pointe Homes Arizona 91, LLC

Principal's Name

By: [Signature]

Division President

Philadelphia Indemnity Insurance Company

Surety's Name

By: [Signature]

Michelle Haase, Attorney-in-Fact



Witness as to Surety

Rachel A. Mullen, Witness

****ALSO REQUIRED IS A NOTARY SHEET FOR THE ABOVE SURETY'S SIGNATURE AND A COPY OF ANY POWER OF ATTORNEY****

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 MAR 03 2025 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, TIMOTHY J. NOONAN, MICHELLE HAASE, RACHEL A. MULLEN AND ALYSHA MENDOZA 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 OCTOBER 2024.

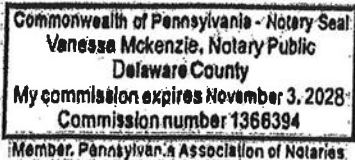


(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 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:

Linwood, PA

My commission expires:

November 3, 2028

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 October 2024 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**.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this _____ day of _____, 2025.

MAR 03 2025



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY