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## DEPARTMENT OF CONSERVATION OFFICEDIVISION OF MINE RECLAMATION

## and the COUNTY/CITY OF

(Name of LEAD AGENCY)

## RECLAMATION PERFORMANCE BOND GENERAL PURPOSE RIDER

To be attached to and form a part of Surety Company Bond No			
written by			
as CLIDETY on behalf of			
as PRINCIPAL, in the penal sum of			
DOLLARS (\$), in favor of the County/City of			
and, in the alternative, the Department of Conservation, Office Division of Mine Reclamation, and, in the alternative, the (Third Party Additional Public Agency Entity, if applicable) and executed on			
Whereas, the above-named Principal has a permit of a surface mining			
operation, no, approved by the County/City of			
dated on , and renewals and revisions numbered and dated			
pursuant to the application of the Principal, and/or claims a			
<u>vested right, issued approval of a surface mining and reclamation project, Permit No.</u>			
, dated on, and renewals and			
revisions numbered and dated pursuant to			
the application of the Principal,			
and/ORor			
Whereas, either the County/City of or, in the			
alternative, the State Mining and Geology Board approved reclamation plan No.			
, dated on, and renewals			
and revisions amendments numbered and dated			
pursuant to the application of the Principal;			
and			
Whereas, said bond and rider shall cover any and all mined lands affected or to			
be affected by the <u>surface</u> mining operation under the above mentioned permit and/ reclamation plan or the reclamation plan, and revisions and renewals and			
<u>amendments respectively,</u> since the date of the issuance of the permit and/			
reclamation plan,			
Now, therefore, the purpose of this rider is:			

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It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

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Reciamation harrivo.	<del>_</del>
IN WITNESS THEREOF †	the Principal and Surety have hereunto set their signatures
and seals as of the dates set	
	PRINCIPAL PRINCIPAL
	I KINGII AL
Date	
Date	(Company - Permittee [Principal])
	(00.140.13)
	Bv:
	By:(Corporate Officer/Partners/Sole Proprietor)
(Seal)	
	Typed or Printed Name
	Title:
	<u>SURETY</u>
I declare, under penalty of p	perjury, under the laws of the State of California, that I have
	r under an unrevoked Power of Attorney.
	· ·
	By:(Signature of Attorney-in-Fact for Surety)
	(Signature of Attorney-in-Fact for Surety)
(Seal)	
	Typed or Printed Name
	Till
	Title:
	,
Executed in	State) on under (Date)
the laws of the State of Calif	
the laws of the state of Call	OITIIa.
(Note: Where one signs by w	irtuo of a Dower of Attornov for a Surety Company such
•	irtue of a Power of Attorney for a Surety Company, such
rully executed Power of Atto	orney must be filed with this bond. <del>)</del>
Diago identify the agent as	ting on hohalf of the surety who will accept notices
	ting on behalf of the surety who will accept notices,
papers, and other documer	<u>из, и аррисарие.</u>
<u>AGENT</u>	PHONE
	LITOTAL

ADDRESS\_

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## NOTORIZED ACKNOWLEDGMENT OF PERMITTEE PRINCIPAL

On this of in the year before me, person 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 acknowledg to me that he/she/their signature(s) on the instrument the person(s), or the entity up behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  L.S.  Notary's Signature My Commission Expires:  NOTARIZED ACKNOWLEDGMENT OF SURETY [Attach loose notarial certificate]  State of SS.  County of before me, personally appeared personally appeared personally appeared personally 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 up behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  L.S.  Notary's Signature  L.S.  Notary's Signature		[Attach loose notarial certificate]
On this of in the year before me, personally appeared person 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 acknowledg 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 up behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal	State of	
County of		
(name and quality of officer), personally appeared	County of	
(name and quality of officer), personally appeared	•	
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 acknowledge 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 up behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.		
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behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.	to me that he/she/the	ey executed the same in his/her/their authorized capacity(ies),
behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.	and that by his/her/th	neir signature(s) on the instrument the person(s), or the entity upo
L.S.  Notary's Signature  My Commission Expires:		
L.S.  Notary's Signature  My Commission Expires:		
NOTARIZED ACKNOWLEDGMENT OF SURETY  [Attach loose notarial certificate]  State of	WITNESS my hand and	<del>d official seal.</del>
NOTARIZED ACKNOWLEDGMENT OF SURETY  [Attach loose notarial certificate]  State of		
NOTARIZED ACKNOWLEDGMENT OF SURETY  [Attach loose notarial certificate]  State of	N. I. A. C. I.	
NOTARIZED ACKNOWLEDGMENT OF SURETY  [Attach loose notarial certificate]  State of	3 0	
State of	My Commission Expire	<del>9\$:</del>
On this of, in the year, before me,, personally appeared, personally appea	State of	
On this of, in the year, before me,, personally appeared, personally appeared _	County of	<del>)).</del>
(name and quality of officer), personally appeared, personally appeared, personally appeared, personally appeared, 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 acknowledge 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 up behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.	County or	
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and that by his/her/their signature(s) on the instrument the person(s), or the entity up behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.		
behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.		
WITNESS my hand and official seal.  ———————————————————————————————————		
L.S. Notary's Signature	hehalf of which the n	person(s) acted, executed the instrument.
Notary's Signature	behalf of which the p	erson(s) acted, executed the instrument.
Notary's Signature	behalf of which the p	person(s) acted, executed the instrument.
	behalf of which the p	d official seal.
My Commission Expires:	behalf of which the p WITNESS my hand and	d official seal.
	behalf of which the p WITNESS my hand and	d official seal.  L.S.
NOTE: Please identify the agent acting on behalf of the surety, if applicable.	behalf of which the p WITNESS my hand and Motary's Signature My Commission Expire	erson(s) acted, executed the instrument.  d official seal.  L.S.  es:

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AGENT	PHONE
ADDRESS	