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## DEPARTMENT OF CONSERVATION OFFICE DIVISION OF MINE RECLAMATION and the COUNTY/CITY OF

(Name of LEAD AGENCY)

## RECLAMATION PERFORMANCE BOND INCREASE/DECREASE RIDER

INCREASE/DECREASE RIDER	
To be attached to and form a part of Surety Company Bond No	
written bySURETY, on behalf of	as
as PRINCIPAL, in the penal sum of	
DOLLARS (\$ ) in favor of the County/City of	
(Name of LEAD	AGENCY)
and <del>, in the alternative,</del> the Department of Conservation, <del>Office<u>Division</u> of Mine</del>	
Reclamation, and, in the alternative, the  (Third PartyAdditional Public AgencyEntity, if applica and executed on	
(Third PartyAdditional Public AgencyEntity, if applica	<u>ole</u> )
and executed on	
Whoreas the above named Principal has a normit of a surface mining	
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 claim	ms a
vested right, issued approval of a surface mining and reclamation project, Perr	
, dated on, and renewals and re	
numbered and dated pursuant t	
application of the Principal,	
and/ <del>OR</del> or	
Whereas, either the County/City of	or in the
alternative, the State Mining and Geology Board approved reclamation plan	01, 111 1110
No, dated on, a	ınd
renewals and revisionsamendments numbered and dated	
pursuant to the application of the Pri	ncipal;
and	·
Whereas, said bond and rider shall cover any and all mined lands affect	ed or to
be affected by the <u>surface</u> mining operation under the above mentioned per	
reclamation plan or the reclamation plan, and revisions and renewals and	_
amendments respectively, since the date of the issuance of the permit and/	
reclamation plan,	
Now, therefore, the amount of this bond is increased/decreased by	
	_ Dollars
(\$), to a total penal sum of	
	_ Dollars
(\$), to cover the additional/reduced cost of reclaiming	ng all

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affected <u>mined</u> lands for the payment of which sum we hereby jointly and severally bind ourselves, our successors and assigns. It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

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	ipal and Surety have hereunto set their signatures
and seals as of the dates set forth be	Plow.
	PRINCIPAL
Date	
	(Company - Permittee [Principal])
Ву:	(Corporate Officer/Partners/Sole Proprietor)
(Seal)	(Corporate Officer/Partners/Sole Proprietor)
(36ai)	
	Typed or Printed Name
Title:	
	OLIDETY.
	<u>SURETY</u>
executed the foregoing rider under a	Inder the laws of the State of California, that I have
executed the folegoing fider under a	an unlevoked rower of Attorney.
Ву:	(Signature of Attorney-in-Fact for Surety)
	(Signature of Attorney-in-Fact for Surety)
(Seal)	
	Typed or Printed Name
	ryped of Filmed Name
Title:	
Executed in	on under (Date)
	(Date)
the laws of the State of California.	
(Note: Where one signs by virtue of a	Dower of Attorney for a Surety Company such
fully executed Power of Attorney mu	a Power of Attorney for a Surety Company, such
rully executed fower of Attorney ma	st be filed with this bond.)
Please identify the agent acting on b	oehalf of the surety who will accept notices,
papers, and other documents, if app	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
AGENT	PHONE

**ADDRESS** 

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## NOTORIZED ACKNOWLEDGMENT OF PERMITTEE PRINCIPAL

[Attach loose notarial certificate

State of			
	<del>SS.</del>		
County of			
	, in the year, b		
		ared	
		satisfactory evidence) to be	
		he within instrument and acl	
	3	his/her/their authorized cap	<b>J</b>
		trument the person(s), or the	entity up
behalf of which the	<del>person(s) acted, executed</del>	<del>I the instrument.</del>	
WITNESS my hand ar	<del>id official seal.</del>		
	L.S.		
Notary's Signature			
<del>Notary 3 agriature</del>			
	<del>'CS:</del>		
My Commission Expi	<del>'es:</del>		
		OCMENT OF SUBSTV	
	NOTARIZED ACKNOWLE		
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My Commission Expi	NOTARIZED ACKNOWLE		
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State of	NOTARIZED ACKNOWLEI  [Attach loose notari	al certificate]	
State of  County of On this of	NOTARIZED ACKNOWLEI  [Attach loose notari  SS, in the year, b	efore me,	
State of  County of On this of (name and quality of	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bef officer), personally appe	efore me,ared	
State of  County of On this of (name and quality of known to me (or pre	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bef officer), personally apperved to me on the basis of	efore me, aredsatisfactory evidence) to be	the :
State of  County of On this of (name and quality of known to me (or pre	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bef officer), personally apperved to me on the basis of	efore me,ared	the :
State of  County of On this of (name and quality of the county of person(s) whose nar	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bef officer), personally appeved to me on the basis of ne(s) is/are subscribed to te	efore me, aredsatisfactory evidence) to be	the knowledg
State of  County of  On this of (name and quality of known to me (or properson(s) whose narto me that he/she/th	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bear fofficer), personally apperved to me on the basis of the same in the year to the ye	efore me, aredsatisfactory evidence) to be he within instrument and acl his/her/their authorized cap	the knowledg acity(ies),
State of  County of  On this of (name and quality of known to me (or properson(s) whose narto me that he/she/thand that by his/her/	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bef officer), personally appeved to me on the basis of ne(s) is/are subscribed to the same inheir signature(s) on the ins	efore me, ared satisfactory evidence) to be he within instrument and acl his/her/their authorized cap trument the person(s), or the	the knowledg acity(ies),
State of  County of  On this of (name and quality of known to me (or properson(s) whose narto me that he/she/thand that by his/her/	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bear fofficer), personally apperved to me on the basis of the same in the year to the ye	efore me, ared satisfactory evidence) to be he within instrument and acl his/her/their authorized cap trument the person(s), or the	the knowledg acity(ies),
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State of  County of  On this of (name and quality of known to me (or properson(s) whose narto me that he/she/thand that by his/her/behalf of which the	NOTARIZED ACKNOWLEI  [Attach loose notari  SS. , in the year, bear of the serious of the same in the signature(s) on the inspersion(s) acted, executed	efore me, ared satisfactory evidence) to be he within instrument and acl his/her/their authorized cap trument the person(s), or the	the knowledg acity(ies),

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