

Bond number: 107448907

BOND OF NOTARY PUBLIC

KNOW ALL MEN BY THESE PRESENTS, that Christal Canfield

as Principal, and Travelers Casualty and Surety Company of America

a surety company licensed to do business in the State of Michigan, as surety, are held and firmly bound unto the People of the State of Michigan, in the penal sum of TEN THOUSAND DOLLARS (\$10,000.00) lawful money of the United States of America, to be paid to the said people, or to their certain attorneys, heirs, executors, administrators or assigns, to which payment well and truly be made, said principal and surety bind themselves, their heirs, executors, administrators, assigns, and each and every one of them, firmly by these presents.

THE CONDITION of this obligation is such that the above Principal has applied for appointment by the Secretary of State of the State of Michigan as a Notary Public in the County of Clinton.

NOW THEREFORE, if the Principal shall indemnify or reimburse a person, financing agency, or governmental agency for monetary loss caused through the official misconduct of the Principal in the performance of a notarial act, then this obligation to be void; otherwise to remain in full force and effect. The Surety is required to indemnify or reimburse only after a judgment based on official misconduct has been entered in a court of competent jurisdiction against the Principal. The aggregate liability of the Surety shall not exceed the penal sum of this bond stated above. The Surety may cancel this bond upon sixty days notice to the Principal and the Secretary of State of the State of Michigan and the County Clerk of the county specified above. The Surety is not liable for any breach of the condition of this bond occurring after the effective date of such cancellation. This bond shall be effective from the effective date of the Principal's notary commission so applied for, and unless cancelled by the Surety as set forth above or otherwise released, through the expiration date of such notary commission.

Sealed with our seals and dated the 27 day of May, 2021.

Christal Canfield

By: _____
Principal

By: Travelers Casualty and Surety Company of America
Surety

By: *Russell E Vance*
Russell E. Vance Attorney-in-fact



OATH OF OFFICE

STATE OF MICHIGAN

County of Clinton

I do solemnly swear that I will support the Constitution of the United States, and the Constitution of this State, and that I will discharge the duties of the office of Notary Public in and for said County to the best of my ability.

Principal

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires _____

Notary Public

Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
One Tower Square, Hartford, Connecticut 06183

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No.: 107448907
Term Premium: \$100.00
Policy Effective Date: May 27, 2021

The Company will pay on behalf of Christal Canfield
of 16430 Park Lake Rd, Unit 84, EAST LANSING, MI 48823 (the "Insured"),
all sums which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn
Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been
committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn
Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the Policy Period and then only if
claim, suit or other action arising therefrom is commenced within the applicable Statute of Limitations pertaining to the Insured. The Policy Period
commences on the Effective Date hereof and terminates upon the expiration of the Insured's commission as a Notary Public unless cancelled earlier
as provided in this policy. This policy is not valid for more than one commission term.

LIMIT OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims under this insurance the amount of
Twenty Five Thousand (\$25,000.00) DOLLARS.
In addition to the limit of liability and in accordance with the other provisions of this policy, the Company will pay costs and expenses paid and
incurred in investigating, contesting or settling liability in an amount not to exceed, in the aggregate, one-half of the limit of this policy.

INSURED'S DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT:

- (a) Upon knowledge of any occurrence which may reasonably be expected to result in a claim or suit, written notice containing
particulars sufficient to identify the Insured and also reasonably obtainable information with respect to the time, place and circumstances thereof, and
the names and addresses of the potential claimant and of available witnesses, shall be given by or for the Insured to the Company or any of its
authorized agents as soon as practicable, but in no event longer than forty-five (45) days after discovery.
- (b) If claim is made or suit is brought against the Insured, the Insured shall immediately forward to the Company every demand,
notice, summons or other process received by him or his representative.
- (c) The Insured shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the conduct of
suits and the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The
Insured shall not, except at his own cost, voluntarily make any payment, assume any obligation or incur any expense except with the prior written
consent of the Company.

EXCLUSIONS: Coverage under this policy does not apply to any dishonest, fraudulent, criminal or malicious act or omission of the
Insured.

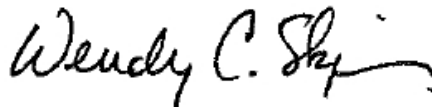
OTHER INSURANCE: If the Insured has other insurance against a loss covered by this policy, the Company shall not be liable under this
policy for a greater proportion of such loss, cost and expenses than the limit of liability stated in this policy bears to the total limit of liability of all
valid and collectible insurance against such loss.

CANCELLATION: The insured may cancel this policy at any time by mailing or delivering to us advance written notice of cancellation.
The company may cancel this policy by mailing or delivering to the insured written notice of cancellation at least 10 days before the effective date of
cancellation if we cancel for nonpayment of premium or 30 days before the effective date of cancellation if we cancel for any other reason. If we
cancel, the premium refund will be pro rata and if the insured cancels, the refund may be less than pro rata. The cancellation will be effective even if
we have not made or offered a refund.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed by its authorized Company officers at Hartford, CT.



Executive Vice President



Corporate Secretary

ISSUED BY: Travelers Casualty and Surety Company of America

POLICY NO: 107448907

ISSUED TO: Christal Canfield

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CANCELLATION/NONRENEWAL - MICHIGAN
FULL CANCELLATION - INSURER**

It is agreed that:

1. The policy provisions regarding cancellation by the Company are deleted and replaced with the following:
 - A. We may cancel this Policy for any reason by mailing or delivering to the entity named in Item 1 of the Declarations written notice of cancellation at least 10 days before the effective date of cancellation.
2. The following is added and supersedes any other provision to the contrary:

NONRENEWAL

- A. If we decide not to renew this Policy, we will mail or deliver written notice of nonrenewal to the entity named in Item 1 of the Declarations at least 45 days before its expiration date, or its anniversary date if it is a Policy written for a term of more than one year or with no fixed expiration date.
 - B. If we decide not to renew this Policy, we will mail or deliver written notice of nonrenewal to the entity named in Item 1 of the Declarations at least 10 days before its expiration date, or its anniversary date if it is a Policy written for a term of more than one year or with no fixed expiration date if we are nonrenewing for nonpayment of premium or at least 30 days before such date if we are nonrenewing for any other reason.
3. Proof of mailing is sufficient proof of notice.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above mentioned policy, except as expressly stated herein. This endorsement is effective at the inception date stated in the Declarations and this endorsement is part of such policy and incorporated therein.

ISSUED BY: Travelers Casualty and Surety Company of America

POLICY NO: 107448907

ISSUED TO: Christal Canfield

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CANCELLATION/NONRENEWAL - MICHIGAN
CANCELLATION FOR NONPAYMENT OF PREMIUM - INSURER**

It is agreed that:

1. The policy provisions regarding cancellation by the Company are deleted and replaced with the following:
 - A. We may cancel this Policy for nonpayment of premium by mailing or delivering to the entity named in Item 1 of the Declarations written notice of cancellation at least 10 days before the effective date of cancellation.
2. The following is added and supersedes any other provision to the contrary:

NONRENEWAL

- A. If we decide not to renew this Policy, we will mail or deliver written notice of nonrenewal to the entity named in Item 1 of the Declarations at least 45 days before its expiration date, or its anniversary date if it is a Policy written for a term of more than one year or with no fixed expiration date.
 - B. If we decide not to renew this Policy, we will mail or deliver written notice of nonrenewal to the entity named in Item 1 of the Declarations at least 10 days before its expiration date, or its anniversary date if it is a Policy written for a term of more than one year or with no fixed expiration date if we are nonrenewing for nonpayment of premium or at least 30 days before such date if we are nonrenewing for any other reason.
3. Proof of mailing is sufficient proof of notice.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above mentioned policy, except as expressly stated herein. This endorsement is effective at the inception date stated in the Declarations and this endorsement is part of such policy and incorporated therein.



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. 107448907

Principal: Christal Canfield
16430 Park Lake Rd, Unit 84, EAST LANSING, MI 48823
Obligee: Michigan Department of State
Office of the Great Seal, 7064 Crouner Drive, LANSING, MI 489181750

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Russell E. Vance**, of the City of **Hartford**, State of **CT**, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the surety bond referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **7th** day of **July**, 2016.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut

City of Hartford ss.

By: 
Robert L. Raney, Senior Vice President

On this the **7th** day of **July**, 2016, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021.




Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

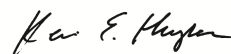
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27 day of May, 2021.



Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the above-named individuals and the details of the bond to which the power is attached.



IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.