

Estimate and Certification for Payment

Company Name: Angel Brothers Enterprises
Address: 3003 Kilgore Parkway
Phone #: 281-421-5721

Various Roads in Arcola

Owner	<u>Fort Bend County</u>	P.O. No:	<u>183232</u>
Address:	<u>301 Jackson</u>	FBC Mobility Project #	<u>17120x</u>
	<u>Richmond, Texas 77469</u>		
Attention:	<u>Stacy Slawinski</u>	Initial Contract Time	<u>180</u> days
Invoice No:	<u> </u>	Current Approved Extensions	<u>0</u> days
Start Date:	<u>12/2/2019</u>	Previous Approved Extensions	<u>50</u> days
Current Contract Completion Date:	<u>7/18/2020</u>	Total Contract Time	<u>230</u> days
Substantial Completion Date:	<u>7/18/2020</u>	Spent Days	<u>230</u> days
Estimate Cut Off Date:	<u>12/10/2021</u>	Days Remaining	<u>0</u> days
Date of Estimate:	<u>1/15/2022</u>		

A. Contract Amount to Date:

1. Contract Price:		\$	<u>1,464,549.60</u>
2. Approved Change Orders:	<u>CO #1</u>	\$	<u>16,450.00</u>
	<u>CO #2</u>	\$	<u>(79,139.93)</u>
	<u> </u>		<u> </u>
	<u> </u>		<u> </u>
	<u> </u>		<u> </u>
Total Changes to Date:		\$	<u>(62,689.93)</u>
		Total Contract Amount:	\$ <u>1,401,859.67</u>

B. Earnings to Date:

1. Previous Work Completed:	<u>99.6%</u>	Previous Earnings:	\$ <u>1,396,699.67</u>
2. Work Completed this Period:	<u>0.4%</u>	Earnings this Period:	\$ <u>5,160.00</u>
3. Work Completed to Date:	<u>100.0%</u>		
4. Materials On Site:			
		Total Earnings:	\$ <u>1,401,859.67</u>

C. Reductions:

1. Retainage:	0% of	\$ <u>1,401,859.67</u>	\$ <u>-</u>
		Total Payments Due:	\$ <u>1,401,859.67</u>
		Less Previous Payments:	\$ <u>1,326,864.69</u>
		Total Amount Due Contractor This Estimate/Invoice:	\$ <u>74,994.98</u>

The undersigned Contractor certifies that to the best of his knowledge, information and belief that the Work has has been completed in accordance with the Plans and Specifications and the current payment shown on this Application for Payment is now due.

Prepared By: [Signature] Date: 1/17/2022
Contractor

The foregoing estimate of work completed is true and correct to the best of my knowledge and belief.
Approved By: Robert E. Baker Date: 1/17/2022
Project Representative

Approved By: [Signature] Date: 1/18/2022
Engineer

PARTIAL/FINAL WAIVER OF LIEN
AND
AFFIDAVIT OF BILLS PAID

THE STATE OF TEXAS

COUNTY OF Fort Bend

The County of Fort Bend

The undersigned contracted with _____
to furnish Street Reconstruction
in connection with certain improvements to real property located in Fort Bend
County, Texas, and owned by The County of Fort Bend,
which improvements are described as follows:

Storm Sewer, Ditch Grading, Asphalt Paving

In consideration of Pay Estimate No. 8 Final in the amount of Seventy-Four Thousand Nine Hundred
Ninety-Nine & 98/100 DOLLARS (\$ 74,994.98) and other good and valuable
consideration, the receipt and sufficiency of which is hereby acknowledged and confessed, the undersigned does hereby
waive and release any mechanics' lien or materialmen's lien or claims of lien that the undersigned has or hereafter has on
the above-mentioned real property on account of any labor performed or materials furnished or to be furnished or labor
performed and materials furnished by the undersigned pursuant to the above-mentioned contract or any constitutional lien
that the undersigned may have.

Undersigned hereby guarantees that all bids for labor performed and/or materials furnished in the erection and
construction of such improvements on the Property have been fully paid and satisfied and Undersigned does further
guarantee that if for any reason a lien or liens are filed for material or labor against said Property arising out of any bills
for material or labor in connection with the erection or construction of said improvements thereon, Undersigned will
obtain a settlement of such lien or liens and a proper release thereof shall be obtained.

Angel Brothers Enterprises, Ltd.

CONTRACTOR

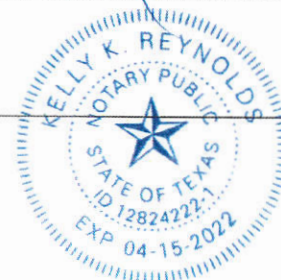
By: Stephen Mackie, Project Manager

TITLE [Signature]

SWORN TO AND SUBSCRIBED BEFORE ME, on this the 18th day of January, 2022 certify
which witness my hand and seal of office.

Kelly K. Reynolds
NOTARY PUBLIC in and for the State of Texas

My Commission Expires: 4.15.2022





2200 Renaissance Blvd., Suite 400
King of Prussia, PA 19406-2755
Ph. (610) 832-8240

CONSENT OF SURETY TO FINAL PAYMENT

To: (Obligee or Obligor's representative)
Fort Bend County

RE:

Principal: Angel Brothers Enterprises, Ltd.

Obligee: Fort Bend County

Contract Number:

Contract Date:

Contract/Project Description:

Construction of Various Roads in the City of Arcola for Fort Bend County Bond Project 17120x

In accordance with the provisions of the contract between the Obligor and the Principal described above, LIBERTY MUTUAL FIRE INSURANCE COMPANY, a company organized under the laws of the state of Wisconsin, as Surety (the "Surety"), on the Principal's bond number [REDACTED] (the "Bond") hereby consents to the final payment to the Principal by the Obligor and agrees that final payment to the Principal shall not relieve the Surety of any of its obligations to Obligor as set forth in the Bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand and seal this 20th day of December, 2021,

LIBERTY MUTUAL FIRE INSURANCE COMPANY

(Surety)

By:


Lauren O. Moudy

(Seal)

Attorney-in-Fact

Surety Phone No. 617-357-9500



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Fire Insurance Company
Wausau, Wisconsin

Certificate No: [REDACTED]

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: Liberty Mutual Fire Insurance Company, being a Wisconsin Corporation having its principal office in the City of Wausau, State of Wisconsin does hereby make, constitute and appoint Alyson Carmichael, Ashley Britt, Barry K. McCord, David T. Miclette, Lacey Mayfield, Lauren O. Moudy, Nikole Jeannette, Robert C. Davis, Robert M. Overbey, Jr., Stacey Boslev, Stacy Owens, Tabitha Dorman

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred in their/its name, place and stead, to sign, execute, acknowledge and deliver in their/its behalf, and as their/its act and deed, without power of redelegation, as follows:

Bonds, undertakings, recognizances, contracts of indemnity, and all other surety obligations, as required, unlimited as to Dollar amount

and to bind the Company(ies) making this appointment thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the Company(ies), and all the acts of said attorney(s), pursuant to the authority herein given, are hereby ratified and confirmed.

AUTHORITY FOR MAKING APPOINTMENT OF ATTORNEYS-IN-FACT

Appointment of Attorneys-in-Fact by Liberty Mutual Fire Insurance Company are made pursuant to Article V, Section 10 of Liberty Mutual Fire Insurance Company's By-Laws, as amended and by Unanimous Consent of the Board of Directors dated May 21st, 2013. Further, the President of Liberty Mutual Fire Insurance Company, executed a Delegation of Authority and authorized the assistant secretary signing below to appoint attorneys-in-fact as may be necessary to act on behalf of Liberty Mutual Fire Insurance Company to make execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances, and other surety obligations.

IN WITNESS WHEREOF, Liberty Mutual Fire Insurance Company has caused these presents to be signed by its authorized representatives, and its Corporate Seal to be hereto affixed, this 4th day of November, 2021.

Liberty Mutual Fire Insurance Company



By:

David M. Carey
David M. Carey, Assistant Secretary

Attest:

Heather B. Magee
Heather B. Magee

State of PENNSYLVANIA ss
County of MONTGOMERY

The foregoing instrument was acknowledged before me this 4th day of November, 2021 by David M. Carey, an authorized representative of Liberty Mutual Fire Insurance Company



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

CERTIFICATE

I, the undersigned, an Assistant Secretary of Liberty Mutual Fire Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney was one of the officers or officials specially authorized by the Board of Directors to appoint attorneys-in-fact as provided in the Unanimous Consent and Vote of the Board of Directors of Liberty Mutual Fire Insurance Company dated May 21, 2013.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the Board of Directors of Liberty Mutual Fire Insurance Company evidenced by the Unanimous Consent and Vote of the Board of Directors dated June 28, 2006 wherein it was

VOTED: that the signatures of such officers and the seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature and facsimile seal shall be valid and binding upon the Company when so affixed and in the future with respect to any surety undertakings, bonds, recognizances and other surety obligations to which it is attached

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, affixed, this 20th day of December, 2021



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



TEXAS IMPORTANT NOTICE

To obtain information or make a complaint:

You may call toll-free for information or to make a complaint at
1-877-751-2640

You may also write to:

2200 Renaissance Blvd., Ste. 400
King of Prussia, PA 19406-2755

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at
1-800-252-3439

You may write the Texas Department of Insurance
Consumer Protection (111-1A)
P. O. Box 149091
Austin, TX 78714-9091
FAX: (512) 490-1007
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should first contact the agent or call 1-800-843-6446. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

TEXAS AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis para informacion o para someter una queja al
1-877-751-2640

Usted tambien puede escribir a:

2200 Renaissance Blvd., Ste. 400
King of Prussia, PA 19406-2755

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al
1-800-252-3439

Puede escribir al Departamento de Seguros de Texas Consumer Protection (111-1A)
P. O. Box 149091
Austin, TX 78714-9091
FAX # (512) 490-1007
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI)

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.