

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No briefly				
described as ELECTION ADMINISTRATOR COUNTY OF FORT BEND				
for JOHN W. OLDHAM				
, as Principal,				
in the sum of \$ TWENTY THOUSAND AND NO/100 Dollars, for the term beginning				
<u>June 18</u> , <u>2024</u> , and ending <u>June 18</u> , <u>2025</u> , subject to all				
the covenants and conditions of the original bond referred to above.				
This continuation is issued upon the express condition that the liability of Western Surety Company				
under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed				
the total sum above written.				
Dated this 19th day of March, 2024.				
WESTERN SURETY COMPANY				
By				

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

DESCRIPTION SUBSTY COMPANY . ONE OF AMERICA'S OLDEST EQUAING COMPANIES

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Wisconsin, W	yoming, and the United State	s of America, does hereby make	e, constitute and appoint
		of	
State of	South Dakota	, its regularly elected	Vice President
_	n-Fact, with full power and au nalf as Surety and as its act a		him to sign, execute, acknowledge and deliver
One _ELI	ECTION ADMINISTRATOR	COUNTY OF FORT BEND	
bond with bor	nd number <u>15159895</u>		
for <u>JOHN</u>			
as Principal ir	the penalty amount not to ex	ceed: \$20,000.00	
Section 7. A name of the Co Board of Direct Attorneys-in-Fa seal is not necessity.	adopted and now in force, to-wit: All bonds, policies, undertakings, mpany by the President, Secreta tors may authorize. The Preside ct or agents who shall have auth	Powers of Attorney, or other obligating, any Assistant Secretary, Treasulent, any Vice President, Secretary, or understy to issue bonds, policies, or undertakings, Powers	tact copy of Section 7 of the by-laws of Western Survivions of the corporation shall be executed in the corporation, or any Vice President, or by such other officers as to any Assistant Secretary, or the Treasurer may appoint of Attorney or other obligations of the corporation. To
and by the auth 27th day of Apr "RESOLVE signatures a	nority of the following Resolution il, 2022: D: That it is in the best interest o	adopted by the Board of Directors of the Company to periodically ratify	tal or otherwise electronic-formatted corporate seal und of the Company by unanimous written consent dated to y and confirm any corporate documents signed by digit-formatted corporate seal, each to be considered the
			s caused these presents to be executed by day of <u>March</u> , 2024
ATTEST	Handu L. Bauder, As	W E	ESTERN SURETY COMPANY Law Lun Larry Kasten, Vice Preside
	OUTH DAKOTA MINNEHAHA ss		
On this	19th day of <u>Marc</u> Larry Kasten	h 2024	_, before me, a Notary Public, personally appear L. Bauder
		ed that they signed the above P	ower of Attorney as Vice President
	Secretary, respectively, of t ary act and deed of said Corp		COMPANY, and acknowledged said instrument
4 syletylyty	rijejojojojejejojojojojojojojojojojojojoj		
<u>}</u>	S. GREEN	{	of have
SEAL	NOTARY PUBLIC SEAL		Notary Pub

My Commission Expires February 12, 2027

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond

Coverage. Form F9701

Figure: 28 TAC § 1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Western Surety Company, Surety Bonding Company of America or Universal Surety of America

To get information or file a complaint with your insurance company or HMO:

Call: Customer Service at 1-605-336-0850

Toll-free: 1-800-331-6053

Email: uwservices@cnasurety.com

Mail: P.O. Box 5077, Sioux Falls, SD 57117-5077

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439 File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box

12030, Austin, TX 78711-2030

Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamacion o con su prima de seguro, llame primero a su compania de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en ingles) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, tambien debe presentar una queja a traves del proceso de quejas o de apelaciones de su compania de seguros o HMO. Si no lo hace, podria perder su derecho para apelar.

Western Surety Company, Surety Bonding Company of America or Universal Surety of America

Para obtener informacion o para presentar una queja ante su compania de seguros o HMO:

Llame a: Servicio al Cliente al 1-605-336-0850

Telefono gratuito: 1-800-331-6053

Correo electronico: uwservices @cnasurety.com

Direccion postal: P.O. Box 5077, Sioux Falls, SD 57117-5077

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439 Presente una queja en: www.tdi.texas.gov

Correo electronico: ConsumerProtection@tdi.texas.gov

Direccion postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance,

P.O. Box 12030, Austin, TX 78711-2030