

Rider to Bond

West Bend Insurance Company hereby agrees and gives consent to revise the information contained in the original bond as follows: Name of Principal: Samson Development	Effective 07/07/2025 , thi	s rider is hereby attac	ched to and made a	a part of Bond No. ²⁶⁴⁵¹⁹¹
Address of Principal: 204 Main Street, Peterson, IA 51047 Name of Obligee: lowa DNR Address of Obligee: 502 E 9th St Des Moines, IA 50319-5005 Effective Date: 04/17/2025 Expiration Date: 04/17/2026 Bond Penalty: \$ 3,500.00 Bond Type: lowa Appliance Demanufacturing Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	• •	ereby agrees and giv	es consent to revis	e the information contained in the
Name of Obligee: Towa DNR	Name of Principal:	Samson Developmen	nt	
Address of Obligee: Des Moines, IA 50319-5005 Effective Date: 04/17/2025 Expiration Date: 43,500.00 Bond Type: Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Address of Principal:	204 Main Street, Peterson, IA 51047		
Des Moines, IA 50319-5005 Effective Date: 04/17/2025 Expiration Date: 04/17/2026 Bond Penalty: \$ 3,500.00 Bond Type: lowa Appliance Demanufacturing Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY WEST Jason Enders, Attorney-In-Fact	Name of Obligee:	Iowa DNR		
Effective Date: Expiration Date: Bond Penalty: Bond Type: Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Address of Obligee:	502 E 9th St		
Expiration Date: Bond Penalty: Bond Type: Iowa Appliance Demanufacturing Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact		Des Moines, IA 50319-	5005	
Bond Penalty: \$3,500.00 Bond Type: Iowa Appliance Demanufacturing Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Effective Date:	04/17/2025		
Bond Type: Iowa Appliance Demanufacturing Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Expiration Date:	04/17/2026		
Type of Work: PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Bond Penalty:	\$ 3,500.00		
PROVIDED, however, that the liability of the Surety as changed by this rider shall not be cumulative and that all other terms and conditions shall remain the same. WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Bond Type:	Iowa Appliance Demanufacturing		
WEST BEND INSURANCE COMPANY Name Typed Jason Enders, Attorney-In-Fact	Type of Work:			
The state of the s	terms and conditions shall remain	the same.	changed by this ric	der shall not be cumulative and that all other
	Name Typed Jason Enders, Attorn	ey-In-Fact	_	Seal) Seal) Seal) Seal Seal Seal Seal Seal Seal Seal Seal
	Dated this ^{7th} day of	July	, 2025	

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

Name of Obligee

Indicated Change:

RHODE ISLAND ONLY: Under R.I. Gen. Laws § 27-65-1, this policy is exempt from the filing and approval requirements of forms used and rates charged.

NB 0025 01 25 Page 1 of 1



Bond No.	2645191

POWER OF ATTORNEY

Know all men by these Presents, that West Bend Insurance Company (formerly known as West Bend Mutual Insurance Company prior to 1/1/2024), a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Jason Enders

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: Three Thousand Five Hundred Dollars and Zero Cents 3,500.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Insurance Company by unanimous consent resolution effective the 1st day of January 2024.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

Any reference to West Bend Mutual Insurance Company in any Bond and all continuations thereof shall be considered a reference to West Bend Insurance Company.

In witness whereof, West Bend Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 1st day of January 2024.

Attest Mustryhur C. Zwygart

Christopher C. Zwygart

Secretary

State of Wisconsin County of Washington Robert J. Jacques

President

On the 1st day of January 2024, before me personally came Robert Jacques, to me known being by duly sworn, did depose and say that he is the President of West Bend Insurance Company, the corporation described in and which executed the above instrument: that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.

Lead Corporate Attorney

Notary Public, Washington Co., WI

My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 7th day of



Christopher C. Zwygart

Secretary