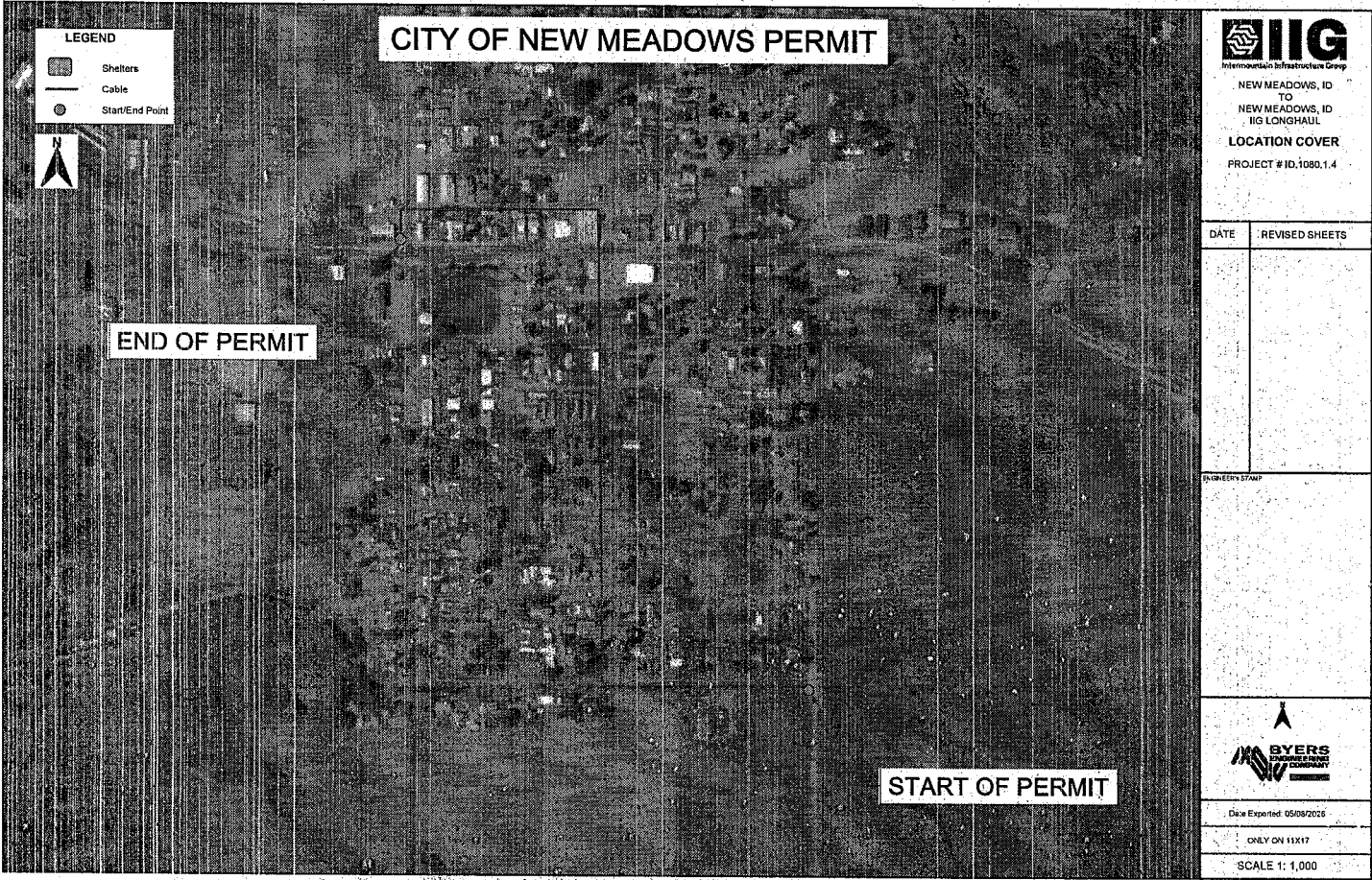


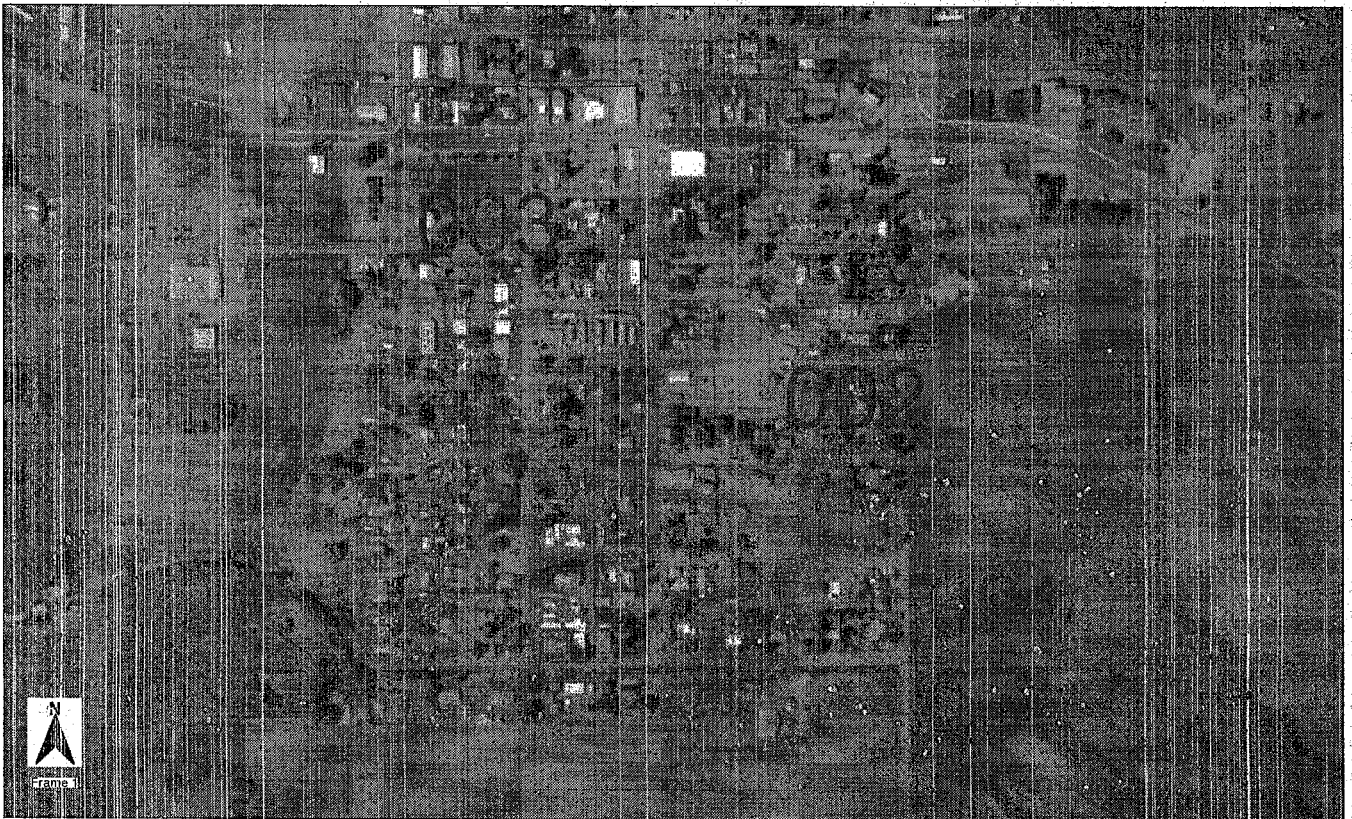
CITY OF NEW MEADOWS \* 401 VIRGINIA ST \* (208) 347-2171

7/4/2026  
~~6/1/2026~~

**PUBLIC WORKS DIRECTOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



SHEET INDEX - Page 1 OF 1



| Revision | Date | Notes | Sheets |
|----------|------|-------|--------|
|          |      |       |        |
|          |      |       |        |
|          |      |       |        |
|          |      |       |        |
|          |      |       |        |
|          |      |       |        |
|          |      |       |        |



1925 GRAND AVE STE 127  
BILLINGS, MT 59102

NEW MEADOWS, ID  
TO  
RIGGINS, ID  
NO LONGHAUL

REVISION INDEX

ID.1080.1.4  
WO:TBC



Date Exported: 05/06/2025

ONLY ON 11X17



| LABOR/MATERIAL       |         |
|----------------------|---------|
| DESCRIPTION          | BOM QTY |
| BFO432ILR(2")        | 3491 ft |
| BM60(3x2" + 1x7WAY)D | 2625 ft |
| BFOV(3x2" + 1x7WAY)W | 866 ft  |
| BHF-B                | 01      |
| BHF-L                | 01      |



Intermountain Infrastructure Group  
1925 GRAND AVE STE 127  
BILLINGS, MT 59102

NEW MEADOWS, ID  
TO  
RIGGINS, ID  
NO LONGHAUL

**TOTAL TAB**

ID, 1080, 1.4  
WC: TSC



Date Exported: 05/08/2026

ONLY ON 11X17

-  Inter Segment HH
-  A HH
-  B HH
-  C HH
-  L HH
-  HH Warning Sign
-  4' x 4' Bore Pit
-  Existing IIG HH
-  Existing HH
-  Existing ped
-  Existing IIG Warning Sign
-  Existing Warning Sign
-  Gas Warning Sign
-  Oil Warning Sign
-  Water Warning Sign
-  Produced Water Warning Sign
-  Existing Manhole
-  Cable TV Pedestal

-  Electrical Meter
-  Electrical Transformer
-  Light pole
-  Pole
-  Fire Hydrant
-  Well
-  Mile Marker
-  Mile Marker Tenths
-  Section Corner
-  Plow
-  Bore
-  Guy Wire
-  Overhead Power
-  Buried Electrical Line
-  Water Pipeline
-  Gas Pipeline
-  Bridge Attachment
-  Right Of Way Line
-  Edge Of Pavement Line
-  Center Line

-  Petroleum Pipeline
-  Produced Water Pipeline
-  Fence
-  Existing Communication
-  Culvert
-  Levee
-  Canal
-  Section Line
-  Easement Line
-  Parcel Line
-  County Boundary
-  City Boundary
-  Federal Lands
-  State Lands
-  Wetlands



# LEGEND



Date Exported: 05/08/2026

ONLY ON 11X17



1825 GRAND AVE STE 127  
BILLINGS, MT 59102

NEW MEADOWS, ID  
TO  
RIGGINS, ID  
IG LONGHAUL

**HANDHOLE INDEX 1**

ID.1080.1.4  
WO:TBC

| Index Name        | Latitude    | Longitude     | Type |
|-------------------|-------------|---------------|------|
| ID.1080.1.4 HH130 | 44.96749213 | -116.28450443 | L    |
| ID.1080.1.4 HH131 | 44.97155864 | -116.28507939 | B    |



Date Exported: 05/08/2026

ONLY ON 11X17



1925 GRAND AVE STE 127  
BILLINGS, MT 59102

NEW MEADOWS, ID

TO  
RIGGINS, ID  
RG LONGHAUL

SPAN INDEX 1

ID, 1080.1.4  
WO: TBC

| From AP | To AP | Length | Sheet |
|---------|-------|--------|-------|
| HH129   | HH130 | 1184'  | 1     |
| HH130   | HH131 | 1541'  | 1-3   |
| HH131   | HH132 | 766'   | 3     |



Date Exported: 05/08/2025

ONLY ON 11X17



# **TRAFFIC CONTROL NOTES**

1. MAINTAIN A MINIMUM 12' TRAVEL LANE IN EACH DIRECTION AT ALL TIMES.
2. THE DISTANCES SHOWN BETWEEN TEMPORARY TRAFFIC CONTROL DEVICES ARE APPROXIMATE MINIMUMS AS GOVERNED BY THE MUTCD. ANY ADJUSTMENTS MAY BE NECESSARY IN THE FIELD DEPENDING ON CONDITIONS ENCOUNTERED.
3. INSTALL ALL TEMPORARY TRAFFIC CONTROL DEVICES PRIOR TO START OF ANY WORK.
4. INSTALL SIGNS ON BREAKAWAY SIGN POSTS IF REMAINING IN PLACE FOR MORE THAN THREE CALENDAR DAYS. USE SOLARIS WOOD OR SQUARE STEEL PERFORATED TUBE POSTS. THE CALCULATIONS FOR DETERMINING THE SIGN LOAD IS SHOWN IN SIGN LOAD CALCULATION FIGURE. THE MAXIMUM SIGN LOADS FOR EACH POST ARE SHOWN IN SIGN POST DESIGN INFORMATION TABLE.
5. PLACE TEMPORARY TRAFFIC CONTROL ONLY DURING HOURS OF ACTIVE CONSTRUCTION. AT END OF SHIFT, REMOVE UNUSED DEVICES AND PLACE OUTSIDE OF THE CLOSURE ZONE OR BEHIND GUARDRAIL.
6. PROVIDE TEMPORARY TRAFFIC CONTROL DEVICES IN NEW OR LINE NEW CONSTRUCTION, MEETING THE ALTERNATE EFFECTIVITY REQUIREMENTS OF THE FEDERAL HIGHWAY ADMINISTRATION'S MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES.
7. PER IDAHO CODE, ANY REGULATORY SPEED CHANGES PROPOSED IN PLANS OR ON SITE MUST BE APPROVED BY THE DISTRICT TRAFFIC ENGINEER PRIOR TO IMPLEMENTATION. ALLOW FIVE BUSINESS DAYS FOR REQUEST PROCESSING. THIS DOES NOT APPLY TO ADVISORY SPEEDS ASSOCIATED WITH WARNING SIGNS.
8. IF APPLICABLE, OBLITERATE ALL CONFLICTING PAVEMENT MARKINGS.
9. IF APPLICABLE, EQUIP FLAGGERS WITH TWO-WAY RADIOS CAPABLE OF TRANSMITTING A DISTANCE OF TWO MILES AND WITH BATTERIES CAPABLE OF LASTING THE ENTIRE WORKING PERIOD.
10. DO NOT ENCUMBER TRAFFIC FOR MORE THAN 15 MINUTES.

## **TAPER LENGTH - (L)** (IN FEET)

| 40 MPH OR LESS<br>L=50'                            | 45 MPH OR MORE<br>L=60'                            |
|----------------------------------------------------|----------------------------------------------------|
| W = WIDTH OF OFFSET (FT)<br>S = POSTED SPEED (MPH) | W = WIDTH OF OFFSET (FT)<br>S = POSTED SPEED (MPH) |

## **SIGN SPACING** (IN FEET)

| ROAD TYPE          | DISTANCE BETWEEN SIGNS (FT) |       |       |
|--------------------|-----------------------------|-------|-------|
|                    | A                           | B     | C     |
| URBAN (LOW SPEED)  | 200                         | 100   | 150   |
| URBAN (HIGH SPEED) | 350                         | 350   | 350   |
| RURAL              | 500                         | 500   | 500   |
| EXPRESSWAY/FREEWAY | 1,000                       | 1,500 | 2,500 |

## **SIGNS & DEVICES NOTES**

1. MOUNT TEMPORARY SIGNS ON ITS APPROVED STANDS CAPABLE OF DISPLAYING A SIGN 5-7 FT FROM GROUND TO BOTTOM OF SIGN. PLACE SIGNS A MINIMUM OF 6 FT FROM EDGE OF ROADWAY.
2. UTILIZE HIGH LEVEL WARNING DEVICES PER 2008 MUTCD SECTION 6F.62 WITH ALL TEMPORARY SIGNS USED WHERE POSSIBLE.

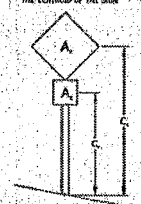
## **SIGN POST DESIGN INFORMATION**

| POST DESCRIPTION | POST SIZE (in) | MAXIMUM SIGN LOAD PER POST (at ± 9) |
|------------------|----------------|-------------------------------------|
| WOOD             | 4x4            | 47                                  |
| WOOD             | 4x6            | 123                                 |
| WOOD             | 6x6            | 350                                 |
| WOOD             | 6x8            | 302                                 |
| PERFORATED STEEL | 2x2            | 43                                  |
| PERFORATED STEEL | 2x2 1/2        | 91                                  |

## **SIGN LOAD CALCULATION FIGURE**

$$L = A + C + A + C$$

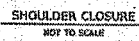
L = SIGN LENGTH (44" x 11")  
A = AREA OF THE SIGN FACE (SQ. FT.)  
C = DISTANCE FROM THE SIGN FACE TO THE CENTER OF THE POST



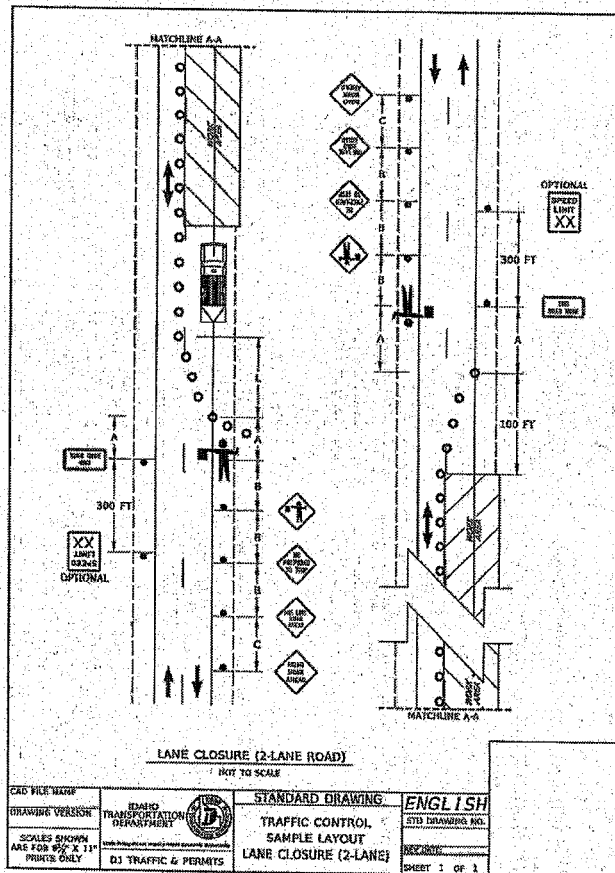
## **DEVICE SPACING** (IN FEET)

| TAPERED                                                      | TAPERED |
|--------------------------------------------------------------|---------|
| D=25'                                                        | D=5'    |
| D = DISTANCE BETWEEN DEVICES<br>D = DISTANCE BETWEEN DEVICES |         |

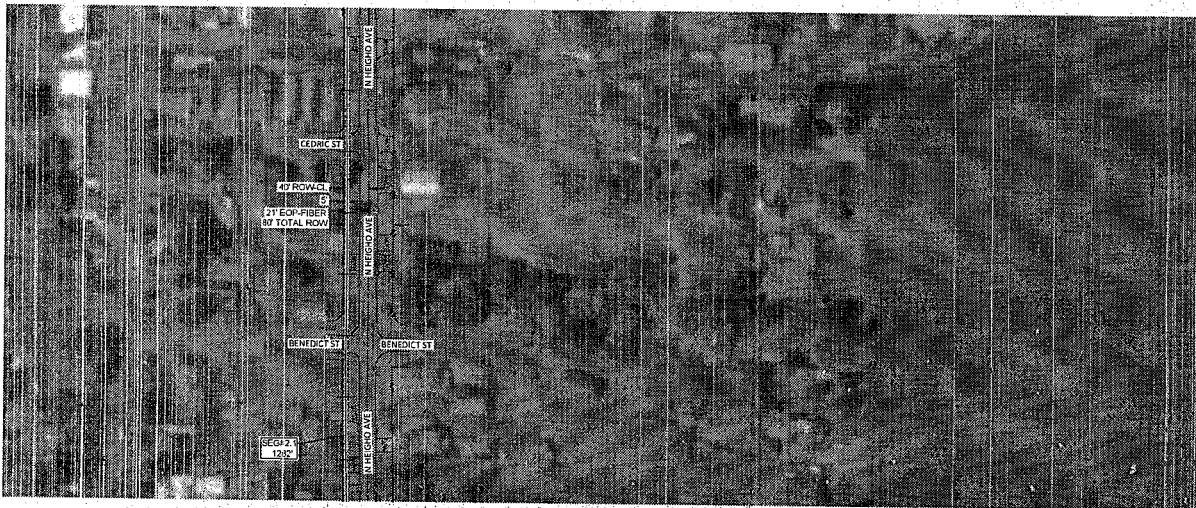
|                                              |                                   |                                 |                 |
|----------------------------------------------|-----------------------------------|---------------------------------|-----------------|
| CAD FILE NAME                                | ROADWAY TRANSPORTATION DEPARTMENT | STANDARD DRAWING                | ENGLISH         |
| DRAWING VERSION                              |                                   | TEMPORARY TRAFFIC CONTROL NOTES | STD DRAWING NO. |
| SCALES SHOWN ARE FOR 8 1/2" X 11" PRINT ONLY | DJ TRAFFIC & PERMITS              | REV. DATE                       | SHEET 1 OF 1    |



ENGLISH  
STD DRAWING NO.  
REV DATE  
SHEET 1 OF 1







| From AP | To AP  | Type  | Label        | Conduit             | Length | Depth |
|---------|--------|-------|--------------|---------------------|--------|-------|
| HH130   | H-1131 | Cable | BFO432ILR(2) |                     | 154'   |       |
| HH130   | H-1131 | Bore  | SEG#2.1      | BM60(3x2" x 17WAY)D | 3283'  | 45"   |

#### JURISDICTION

CITY OF NEW MEADOWS

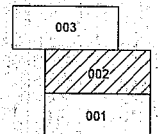
#### CONSTRUCTION NOTES

1. PLACE CABLE 5' FROM ROW, UNLESS OTHERWISE NOTED BELOW.
2. WETLANDS AND WET AREAS ARE SHOWN ON CONSTRUCTION DRAWINGS. AREAS SHOWN AS BORED SHALL BE.
3. STANDARD DEPTH OF CONSTRUCTION IS 42" FOR PARALLEL AND 48" FOR ROAD CROSSINGS MEASURED FROM GROUND LEVEL TO TOP MOST FACILITY PLACED.



1925 GRAND AVE STE 127  
BILLINGS, MT 59102  
PROPOSED FIBER OPTIC  
INSTALLATION  
NEW MEADOWS, ID  
TO  
RIGGERS, ID  
80 LONGHAUL  
ID 1080, 1.4  
WO.TBC

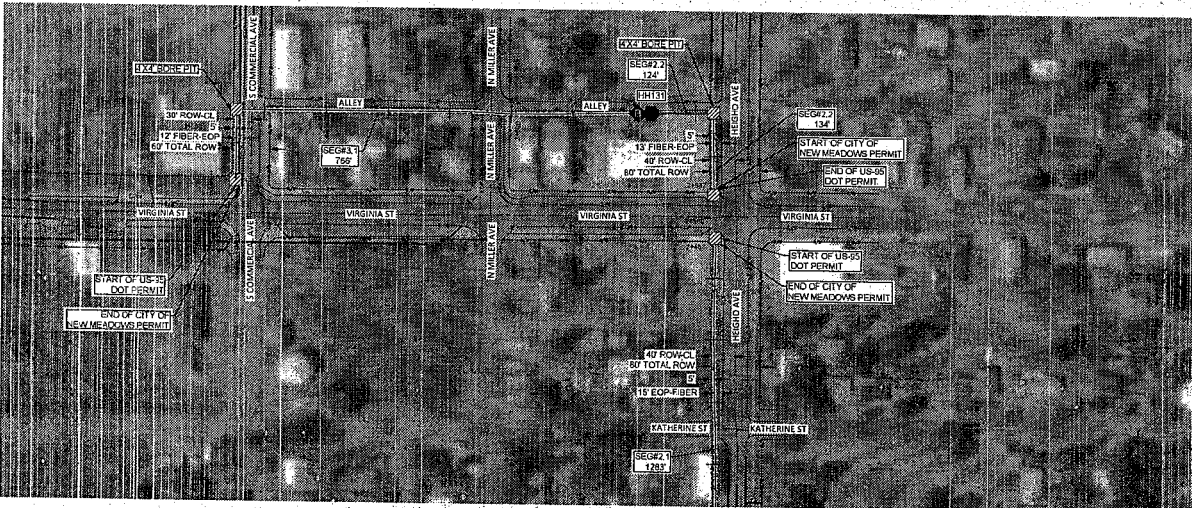
**CAUTION - UTILITY WARNING**  
SHOWING UTILITY LINE LOCATIONS ARE APPROXIMATE. CONTRACTOR SHALL DETERMINE EXACT NUMBERS AND LOCATIONS OF UTILITY LINES PRIOR TO CONSTRUCTION.



Date Expired: 05/08/2026

1 in = 150 ft

Page # 2 of 3



| Name           | Size  | Type | Latitude    | Longitude     | Index Name       | Notes |
|----------------|-------|------|-------------|---------------|------------------|-------|
| BORE PIT       | 4"x4" |      | 44.97156674 | -116.28460227 |                  |       |
| HH131          |       | B    | 44.97155984 | -116.28507939 | ID:1080:1.4HH131 |       |
| LOCATE STATION |       |      | 44.97156005 | -116.23495643 |                  |       |
| BORE PIT       | 4"x4" |      | 44.97154271 | -116.28759453 |                  |       |

| From AP | To AP | Type  | Label        | Conduit              | Length | Depth |
|---------|-------|-------|--------------|----------------------|--------|-------|
| HH130   | HH131 | Cable | BFO432LR(2") |                      | 154'   |       |
| HH130   | HH131 | Bore  | SEG#2.1      | BM60(3x2" + 1x7WAY)D | 1283'  | 42"   |
| HH130   | HH131 | Bore  | SEG#2.2      | BM60(3x2" + 1x7WAY)D | 134'   | 42"   |
| HH130   | HH131 | Plow  | SEG#2.3      | BFOV(3x2" + 1x7WAY)W | 124'   | 42"   |
| HH131   | HH132 | Cable | BFO432LR(2") |                      | 766'   |       |
| HH131   | HH132 | Bore  | SEG#3.1      | BM60(3x2" + 1x7WAY)D | 766'   | 42"   |

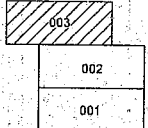
**JURISDICTION**  
CITY OF NEW MEADOWS

**CONSTRUCTION NOTES**

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3. STANDARD DEPTH OF CONSTRUCTION IS 42" FOR PARALLEL AND 48" FOR ROAD CROSSINGS MEASURED FROM GROUND LEVEL TO TOP MOST FACILITY PLACED.

**IIG**  
Intermountain Infrastructure Group  
1925 GRAND AVE STE 127  
BILLINGS, MT 59102  
PROPOSED FIBER OPTIC  
INSTALLATION  
NEW MEADOWS, ID  
TO  
RIGGS, ID  
BGLONGHAIL  
ID:1080:1.4  
WO:TBC

**CAUTION - UTILITY WARNING**  
SHOW UTILITY LINE LOCATIONS ARE APPROXIMATE CONTRACTOR SHALL DETERMINE EXACT NUMBERS AND LOCATIONS OF UTILITY LINES PRIOR TO CONSTRUCTION.



Date Exported: 05/08/2026

1 in = 150 ft



ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/18/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                                    |                                                                      |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>UNICO Group<br>1128 Lincoln Mall, Suite 200<br>Lincoln, NE, 68508                                                               | <b>CONTACT NAME:</b> Amy DeBrie                                      |               |
|                                                                                                                                                    | <b>PHONE (A/C, No., Ext.):</b> (402) 434-7200 <b>FAX (A/C, No.):</b> |               |
|                                                                                                                                                    | <b>E-MAIL ADDRESS:</b> adebrie@unitelinsurance.com                   |               |
| <b>INSURED</b><br>Intermountain Holdings, LLC<br>Intermountain Infrastructure Group, LLC<br>533 Airport Blvd<br>Suite 400<br>Burlingame, CA, 94010 | <b>INSURER(S) AFFORDING COVERAGE</b>                                 | <b>NAIC #</b> |
|                                                                                                                                                    | <b>INSURER A:</b> Federal Insurance Company                          | 20281         |
|                                                                                                                                                    | <b>INSURER B:</b> Hudson Insurance Company                           | 25054         |
|                                                                                                                                                    | <b>INSURER C:</b>                                                    |               |
|                                                                                                                                                    | <b>INSURER D:</b>                                                    |               |
|                                                                                                                                                    | <b>INSURER E:</b>                                                    |               |
|                                                                                                                                                    | <b>INSURER F:</b>                                                    |               |

## COVERAGES

CERTIFICATE NUMBER: 1781794165370

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. \*LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

| INSR LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD                                             | SUBR WVD                                  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                              |               |
|----------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|-----------------|-------------------------|-------------------------|-------------------------------------|---------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |                                                       |                                           | 3004-07-77      | 4/1/2026                | 4/1/2027                | EACH OCCURRENCE                     | \$ 1,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                                                       | DAMAGE TO RENTED PREMISES (Ea occurrence) |                 |                         |                         | \$ 1,000,000                        |               |
|          |                                                                                                           |                                                       | MED EXP (Any one person)                  |                 |                         |                         | \$ 10,000                           |               |
|          |                                                                                                           |                                                       | PERSONAL & ADV INJURY                     |                 |                         |                         | \$ 1,000,000                        |               |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                                       |                                           |                 |                         |                         | GENERAL AGGREGATE                   | \$ 2,000,000  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC |                                                       |                                           |                 |                         |                         | PRODUCTS - COMP/OP AGG              | \$ 2,000,000  |
|          | OTHER:                                                                                                    |                                                       |                                           |                 |                         |                         |                                     | \$            |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY                                                  |                                                       |                                           | 7363-31-14      | 4/1/2026                | 4/1/2027                | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000  |
|          | <input checked="" type="checkbox"/> ANY AUTO                                                              |                                                       |                                           |                 |                         |                         | BODILY INJURY (Per person)          | \$            |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                        |                                                       |                                           |                 |                         |                         | BODILY INJURY (Per accident)        | \$            |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                   |                                                       |                                           |                 |                         |                         | PROPERTY DAMAGE (Per accident)      | \$            |
|          |                                                                                                           |                                                       |                                           |                 |                         |                         |                                     | \$            |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB                                                         |                                                       |                                           | 7819-88-45      | 4/1/2026                | 4/1/2027                | EACH OCCURRENCE                     | \$ 10,000,000 |
|          | <input checked="" type="checkbox"/> EXCESS LIAB                                                           |                                                       |                                           |                 |                         |                         | AGGREGATE                           | \$ 10,000,000 |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                        |                                                       |                                           |                 |                         |                         |                                     | \$            |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                                                       |                                           |                 |                         |                         | PER STATUTE                         | OTH-ER        |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A                                       |                 |                         |                         | E.L. EACH ACCIDENT                  | \$            |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |                                                       |                                           |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE          | \$            |
|          |                                                                                                           |                                                       |                                           |                 |                         |                         | E.L. DISEASE - POLICY LIMIT         | \$            |
| B        | Railroad Protective Liability                                                                             |                                                       |                                           | RRP020949919401 | 6/15/2026               | 6/15/2027               | Occurrence/Aggregate                | 2M/6M         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required).

## CERTIFICATE HOLDER

## CANCELLATION

City of New Meadows, ID  
P.O. Box 324  
New Meadows, ID, 83654

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2025/12)

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**PUBLIC RIGHT OF WAY BOND**

**BOND NO. GM262519**

KNOW ALL MEN BY THESE PRESENTS That we,

Intermountain Infrastructure Group, LLC, 533 Airport Blvd, Ste 400, Burlingame, CA 94010, as Principal and Great Midwest Insurance Company, as Surety are bound unto the City of New Meadows, 401 Virginia St, PO Box 324, New Meadows, ID 83654 herein called Obligee, in the sum of Fifty Thousand and No/100 Dollars (\$50,000.00) for the payment for which we bind ourselves, our personal representatives, successors and assigns, jointly and severally.

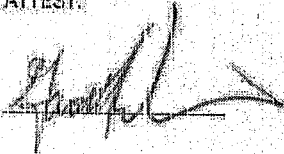
Whereas, the above bounder Principal has entered into an Agreement dated June 18, 2026 with the Obligee in connection with a Permit to Perform Work Within City Right of Way which Agreement is by reference made a part hereof and is hereinafter referred to as the "Agreement".

PROVIDED, HOWEVER, That this bond is subject to the following conditions:

1. This bond is for the term beginning June 18, 2026 and ending June 18, 2027. The bond may be extended for additional terms at the option of the surety, by continuation certificate executed by the Surety. Neither non-renewal by the surety, nor failure, nor inability of the Principal to file a replacement bond shall constitute a loss to the Obligee recoverable under this bond.
2. No claim, action, suit or proceeding, except as hereinafter set forth, shall be had or maintained against the Surety on this instrument unless same be brought or instituted upon the Surety within one year from termination or expiration of the bond term.
3. No right of action shall accrue on this bond to or for the use of any person or corporation other than the Obligee named herein or the heirs, executors, administrator or successors of Obligee.
4. The aggregate liability of the surety is limited to the penal sum stated herein regardless of the number or amount of claims brought against this bond and regardless of the number of years this bond remains in force.

Signed and sealed this 18th day of June, 2026.

ATTEST:



Intermountain Infrastructure Group, LLC

Blake Wilson PRINCIPAL

Great Midwest Insurance Company

Rita Jorgenson

Rita Jorgenson

SURETY

ATTORNEY IN FACT



**ACKNOWLEDGMENT OF PRINCIPAL (Individual)**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me  
personally comes \_\_\_\_\_  
to me known and known to me to be the person who is described in and executed the foregoing instrument, and  
acknowledges to me that he/she executed the same.

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGMENT OF PRINCIPAL (Partnership)**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me  
personally come(s) \_\_\_\_\_  
a member of the co-partnership of \_\_\_\_\_  
to me known and known to me to be the person who is described in and executed the foregoing instrument, and  
acknowledges to me that he/she executed the same as the act and deed of the said co-partnership.

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGMENT OF PRINCIPAL (Corporation/LLC)**

State of FLORIDA }  
County of PALM BEACH }

On this 23<sup>RD</sup> day of JUNE, in the year 2020, before me personally come(s)  
BLAKE WILSON, to me known, who being duly sworn, deposes and says that  
he/she resides in the City of DELRAY BEACH that he/she is the VICE PRESIDENT  
GENERAL COUNCIL of the  
INTERMOUNTAIN INFRASTRUCTURE GROUP, LLC, the corporation described in and  
which executed the foregoing instrument, and that he/she signed his/her name thereto by like order.



HOLLY A. FOY  
Commission # HH 688476  
Expires June 16, 2029

Holly A Foy  
Notary Public

## POWER OF ATTORNEY

## Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that GREAT MIDWEST INSURANCE COMPANY, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint Jack Anderson, Rita Jergenson, Cal Anderson

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of GREAT MIDWEST INSURANCE COMPANY, on the 1<sup>st</sup> day of April, 2025 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed One-Hundred Million dollars (\$100,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by electronic mail on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by electronic mail to any certificate of any such power and any such power or certificate bearing such electronic signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, GREAT MIDWEST INSURANCE COMPANY, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 8th day of April, 2025.

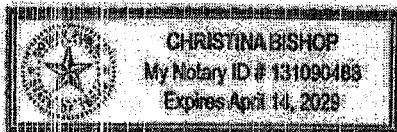


GREAT MIDWEST INSURANCE COMPANY

BY Mark W. Haushill  
Mark W. Haushill  
President

## ACKNOWLEDGEMENT

On this 8th day of April 2025, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of GREAT MIDWEST INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



BY Christina Bishop  
Christina Bishop  
Notary Public

## CERTIFICATE

I, the undersigned, Secretary of GREAT MIDWEST INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 18th Day of June 2026



BY Patricia Ryan  
Patricia Ryan  
Secretary

\*WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## ACKNOWLEDGEMENT OF SURETY

STATE OF MINNESOTA

COUNTY OF CHIPPEWA

On this 18th day of June, 2026, before me, a Notary Public within and for said County, personally appeared **Rita Jorgenson** to me personally known, who being by me duly sworn he/she did say that he/she is the attorney-in-fact of **Great Midwest Insurance Company**, the corporation named in the foregoing instrument, and the seal affixed to said instrument is the corporation seal of said corporation, and sealed on behalf of said corporation by authority of its Board of Directors and said **Rita Jorgenson** acknowledged said instrument to be the free act and deed of said corporation.

Cara L Olson

NOTARY PUBLIC

My Commission Expires 1/31/2031

