

Statutory Bond No. B-1415-12

Bond # OKC53513

STATUTORY BOND

Know all men by these presents that M & M Wrecking, Inc.,
as PRINCIPAL, and Merchants Bonding Company, a corporation
organized under the laws of the State of Iowa, and authorized to transact
business in the State of Oklahoma, as Surety, are held and firmly bound unto the City of Norman in the sum of *SEE
DOLLARS (\$ 32,472.00), for the payment of which sum PRINCIPAL and SURETY bind themselves, BELOW
their heirs executors, administrators, successors and assigns jointly and severally.

WHEREAS, the conditions of this obligation are such, that the PRINCIPAL, being the lowest and best
Bidder on the following PROJECT:

Demolition and Clearing of the Structure and Paving Located at 1 West Gray

has entered into a written CONTRACT (K1415-23) with THE CITY OF NORMAN, dated August ,
2014, for the execution of this PROJECT, that CONTRACT being incorporated herein by reference as if fully
set forth.

NOW, THEREFORE, if the PRINCIPAL, shall properly and promptly complete the work on this
PROJECT in accordance with the CONTRACT, and shall well and truly pay all indebtedness incurred for labor
and materials and repairs to and parts for equipment furnished in the making of the PROJECT, whether incurred
by the PRINCIPAL, his subcontractors, or any material men, then this obligation shall be void. Otherwise
this obligation shall remain in full force and effect. If debts are not paid within thirty (30) days after the same
becomes due and payable, the person, firm, or corporation entitled thereto may sue and recover on this Bond,
subject to the provisions of 61 O.S. 1981 §2, for the amount so due and unpaid.

It is further expressly agreed and understood by the parties hereto that no changes or alterations in
said CONTRACT and no deviations from the plan or mode of procedure herein fixed shall have the effect of
releasing the SURETIES, or any of them, from the obligation of this Bond.

It is further expressly agreed that the PRINCIPAL's obligations under this Bond include payment of
not less than the prevailing hourly rate of wages as established by the Commissioner of Labor of the State of
Oklahoma and by the Secretary of the U.S. Department of Labor or as determined by a court on appeal.

* Thirty-Two Thousand Four Hundred Seventy-Two Dollars and no/cents

IN WITNESS WHEREOF, the PRINCIPAL has caused these presents to be executed in its name and its corporate seal (where applicable) to be hereunto affixed by its duly authorized representative(s), on the 19th day of August, 2014, and the SURETY has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its authorized representative on the 19th day of August, 2014.

(Corporate Seal) (where applicable)

M & M Wrecking, Inc.

Principal

Signed Ronnie Mason
Authorized Representative

ATTEST:

Rainey G. Smallwood
Corporate Secretary (where applicable)

Ronnie Mason, Owner

Title

Address: 860 S. County Line Rd

Blanchard, OK 73010

Telephone: (405) 392-4362

Corporate Seal (where applicable)

Merchants Bonding Company

Surety

Signed John Gipson
Authorized Representative

ATTEST:

[Signature]
Corporate Secretary (where applicable)

John Gipson, Attorney-in-fact

Title

Address: 709 Wall Street

Norman, OK 73069

Telephone: (405) 321-2727

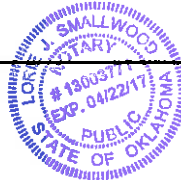
CORPORATE ACKNOWLEDGEMENT

STATE OF OKLAHOMA)
)SS
COUNTY OF Grady)

The foregoing instrument was acknowledged before me this 19th day of August, 2014,
by Caleb Comb - Estimator - Name and Title
of _____, a MCM Wrecking, Inc.
corporation, on behalf of the corporation.

WITNESS my hand and seal this 19th day of August, 2014.

Notary Public Louis J. Smallwood



My Commission Expires:
4.22.17

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF OKLAHOMA)
)SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of _____, 2014,
by _____ Name and Title
of _____, a _____

WITNESS my hand and seal this ___ day of _____, 2014.

n/a

Notary Public _____
My Commission Expires _____

PARTNERSHIP ACKNOWLEDGEMENT

STATE OF OKLAHOMA)
)SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 2014,
by _____ Name and
Title
partner (agent) on behalf of _____ partnership.

WITNESS my hand and seal this ____ day of _____, 2014.

N/A

Notary Public

My Commission Expires:

CITY OF NORMAN

Approved as to form and legality this ____ day of _____ 2014.

City Attorney

Approved by the Council of the City of Norman this ____ day of _____ 2012.

ATTEST:

City Clerk

Mayor

Statutory Bond No. B1415-12

MERCHANTS
BONDING COMPANY™
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations duly organized under the laws of the State of Iowa (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint, individually,

Christine D Walck; John Cate; John Gipson; Lynne E Pierce

of Norman and State of Oklahoma their true and lawful Attorney-in-Fact, with full power and authority hereby conferred in their name, place and stead, to sign, execute, acknowledge and deliver in their behalf as surety any and all bonds, undertakings, recognizances or other written obligations in the nature thereof, subject to the limitation that any such instrument shall not exceed the amount of:

SIX MILLION (\$6,000,000.00) DOLLARS

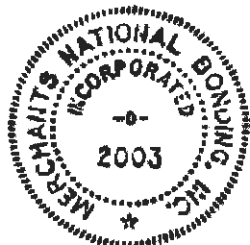
and to bind the Companies thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the Companies, and all the acts of said Attorney-in-Fact, pursuant to the authority herein given, are hereby ratified and confirmed.

This Power-of-Attorney is made and executed pursuant to and by authority of the following By-Laws adopted by the Board of Directors of the Merchants Bonding Company (Mutual) on April 23, 2011 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 24, 2011.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.

The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 4th day of August, 2014.



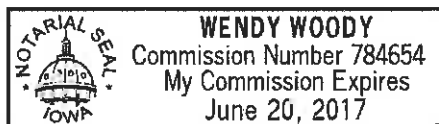
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By *Larry Taylor*
President

STATE OF IOWA
COUNTY OF POLK ss.

On this 4th day of August, 2014, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument is the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal at the City of Des Moines, Iowa, the day and year first above written.



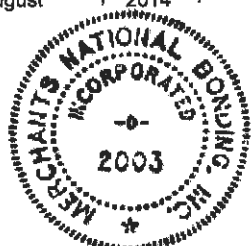
Wendy Woody

Notary Public, Polk County, Iowa

STATE OF IOWA
COUNTY OF POLK ss.

I, William Warner, Jr., Secretary of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., 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 still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 19th day of August, 2014.



William Warner Jr.
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/24/2014

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 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).

PRODUCER
The Insurance Center Agency, Inc.
709 Wall Street
Norman OK 73069-6303

INSURED
M & M Wrecking, Inc.
M & M Cement Construction Company
860 S County Line Road
Blanchard OK 73010

CONTACT NAME: Lynne Pierce	
PHONE (A/C. No. Ext): (405) 321-2727	FAX (A/C. No.): (405) 321-3074
E-MAIL ADDRESS: lynne@ticokc.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A:	Houston Specialty Ins Co
INSURER B:	Zurich American Insurance Co
INSURER C:	Alterra America Ins Co
INSURER D:	CompSource Oklahoma
INSURER E:	Mid-Continent Casualty Co
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2014/15 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			TEN 13562	1/23/2014	1/23/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC		GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			BAP4812578 02	1/23/2014	1/23/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$	
						Uninsured motorist combined	\$ 25,000	
C	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	MAXA3EC50001104	1/23/2014	1/23/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 1,000,000
<input type="checkbox"/>	DED		RETENTION \$					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			00579773 14 1	6/1/2014	6/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Rented/Leased Equipment			04MP8796	1/23/2014	1/23/2015	Limit	275,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

City of Norman
P O Box 370
Norman, OK 73070

CANCELLATION

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

John Gipson/LEP