

EXHIBIT A – PRICING PAGE

Watters Smith Memorial State Park
Barn Stabilization
Revised 12/02/2016

Name of Bidder: Past Respects, LLC

Address of Bidder: 821 Johnson Creek Road
Walton WV 25286

Phone Number of Bidder: 304-577-6217

WV Contractors License No. WV039347

We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to bidders, drawings, and specifications, hereby proposes to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding documents.

Base Bid
The Base Bid includes: 1) Labor, material and equipment to complete the work noted on the Plans, 2) transport cut stone between Carnifex Ferry Battlefield State Park and Watters Smith Memorial State Park or provide stones for pier supports.

Total Base Bid: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in numbers. \$86,400

Total Base Bid: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in words. Eighty-six thousand four-hundred dollars

The contract award shall be based on the lowest base bid.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DNR1700000012

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Pašt Respects, LLC
 Company
Shawn J. Mager
 Authorized Signature
12/13/16
 Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name: Past Respects, LLC
 Contractor's License No. WV-039347

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a Award Document.

2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

2.1.DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

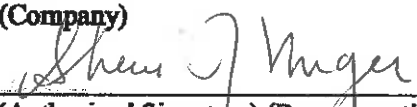
3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:

(1) Information to show that the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided;

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Frank Unger, Vice President
 (Name, Title)
Frank Unger, Vice President
 (Printed Name and Title)
821 Johnson Creek Walton WV 25286
 (Address)
304-577-6217 p/f
 (Phone Number) / (Fax Number)
frank@pastrespects.com
 (email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Past Respects, LLC
 (Company)
 Sherri J. Unger, President
 (Authorized Signature) (Representative Name, Title)
Sherri J. Unger, President
 (Printed Name and Title of Authorized Representative)
12/13/16
 (Date)
304-577-6217 phone/fax
 (Phone Number) (Fax Number)

REQUEST FOR QUOTATION
Barn Stabilization Project
Watters Smith Memorial State Park

and procedures.

10.5 Vendor shall inform all staff of Agency's security protocol and procedures.

11. MISCELLANEOUS:

Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Frank Unger

Telephone Number: 304-577-6217

Fax Number: 304-577-6217

Email Address: frank@pastrespects.com

BID BOND

Bond #71852768

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Past Respects, LLC
of 821 Johnson Creek Road, Walton, WV 25286, as Principal, and Western Surety Company
of 333 South Wabash Avenue, 41st Floor, Chicago, IL 60604, a corporation organized and existing under the laws of the State of South Dakota with its principal office in the City of Chicago, IL, as Surety, are held and firmly bound unto the State of West Virginia, as Oblige, in the penal sum of 5% of Bid Amount (\$ 5% of Bid Amount) for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for Barn Stabilization Project - Watters Smith Memorial State Park

NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) if said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Oblige may accept such bid, and said Surety does hereby waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and Surety, or by Principal individually if Principal is an individual, this 13th day of December, 20 16.

Principal Seal

Past Respects, LLC
(Name of Principal)
By Sherrill J. Mager
(Must be President, Vice President, or
Duly Authorized Agent)
President
(Title)

Surety Seal

Western Surety Company
(Name of Surety)
Patricia A. Tinsman
Patricia A. Tinsman, Attorney-in-Fact

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

POWER OF ATTORNEY

(Irrevocable)

No. SP-

26256622

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired. That Western Surety Company, a corporation, does hereby make, constitute and appoint the following

TWO 2 authorized individuals:

AUTHORIZED INDIVIDUALS	AUTHORIZED INDIVIDUALS
JOHN D WEISBROT	PATRICIA A TINSMAN

in the City of PIPERSVILLE, State of PENNSYLVANIA, with limited authority, its true and lawful Attorney(s) in fact with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, the following described bond:

ONE CONTRACT SURETY: BID, PERFORMANCE AND PAYMENT BOND, UNDERTAKING, OR OTHER OBLIGATORY INSTRUMENT OF A SIMILAR NATURE IN AMOUNTS NOT EXCEEDING ONE MILLION AND NO/100 DOLLARS (1,000,000.00).**

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon this Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

All authority hereby conferred shall expire and terminate, without notice, unless used before midnight of OCTOBER 31, 2021, but until such time shall be irrevocable and in full force and effect.

WESTERN SURETY COMPANY further certifies that the following is a true and exact copy of Section 7 of the By-Laws of Western Surety Company, duly adopted and now in force, to wit: "Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

The penal amount of the bond herein described may be increased if there is attached to this Power, written authority so authorizing in the form of an endorsement, letter or telegram signed by the Underwriting Manager, Underwriting Consultant, Underwriting Specialist, Underwriter, President, Vice President, Assistant Vice President, Treasurer, Secretary or Assistant Secretary of Western Surety Company specifically authorizing said increase.

IN WITNESS WHEREOF, Western Surety Company has caused these presents to be executed by its Vice President with its corporate seal affixed this 13th day of June, 2016.

WESTERN SURETY COMPANY

STATE OF SOUTH DAKOTA }
 } ss.
COUNTY OF MINNEHAHA }

By Paul T. Bruflat
Vice President

On this 13th day of June, in the year 2016, before me, a Notary Public, personally appeared Paul T. Bruflat, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.



J Mohr
Notary Public, South Dakota

I, the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that Section 7 of the By-Laws of the company as set forth in the Power of Attorney, is now in force.

In testimony whereof, I have hereunto set my hand and the seal of Western Surety Company this * 13th day of December 2016

WESTERN SURETY COMPANY

* IMPORTANT: This date must be filled in before it is attached to the bond and it must be the same date as the bond.

By Paul T. Bruflat
Vice President

WESTERN SURETY COMPANY
Sioux Falls, South Dakota
Statement of Net Admitted Assets and Liabilities
December 31, 2015

ASSETS

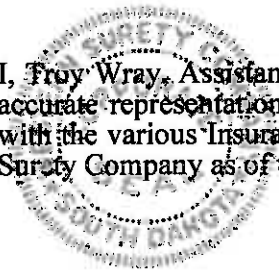
Bonds	\$	1,694,282,606
Common stocks		24,218,356
Cash, cash equivalents, and short-term investments		25,339,975
Investment income due and accrued		20,596,996
Premiums and considerations		27,577,388
Amounts recoverable from reinsurers		9,329,459
Federal & foreign income taxes recoverable		3,597,963
Net deferred tax asset		16,095,068
Receivable from parent, subsidiaries, and affiliates		1,645,324
Other assets		1,016,832
Total Assets	\$	1,823,699,967

LIABILITIES AND SURPLUS

Losses	\$	214,978,759
Loss adjustment expense		56,382,252
Other expenses		1,040,680
Taxes, License and fees		2,313,346
Unearned premiums		207,378,031
Advance premiums		5,566,599
Ceded reinsurance premiums payable		1,844,830
Provision for reinsurance		681,280
Other liabilities		10,175,884
Total Liabilities	\$	500,361,661

Surplus Account:		
Common stock	\$	4,000,000
Gross paid in and contributed surplus		280,071,837
Unassigned funds		1,039,266,469
Surplus as regards policyholders	\$	1,323,338,306
Total Liabilities and Capital	\$	1,823,699,967

I, Troy Wray, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2015, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

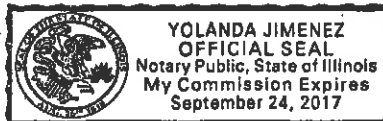


Western Surety Company

By *Troy Wray*
Assistant Vice President

Subscribed and sworn to me this 21st day of March, 2016.

My commission expires:



Yolanda Jimenez
Notary Public



**State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5**

STATE OF WEST VIRGINIA,

COUNTY OF Roane, TO-WIT:

I, Sherri Unger, after being first duly sworn, depose and state as follows:

1. I am an employee of Past Respects, LLC; and,
(Company Name)
2. I do hereby attest that Past Respects, LLC
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Sherri Unger

Signature: Sherri Unger

Title: President

Company Name: Past Respects, LLC

Date: 12/13/16

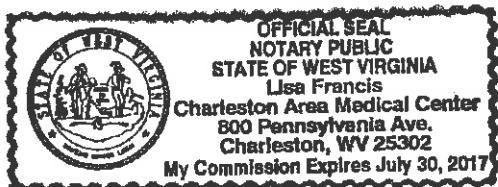
Taken, subscribed and sworn to before me this 13th day of December, 2016.

By Commission expires July 30, 2017

(Seal)

Lisa Francis
(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.



STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Past Respects, LLC

Authorized Signature: [Signature] Date: 12/13/16

State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 13th day of December, 2016

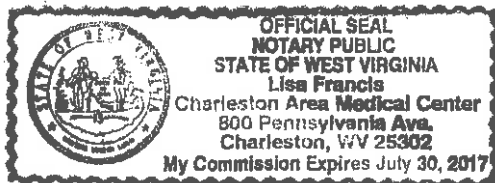
My Commission expires July 30, 2017, 20

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 08/01/2015)





Offices of the Insurance Commissioner

EARL RAY TOMBLIN
Governor

MICHAEL D. RILEY
Insurance Commissioner

March 18, 2016

Past Respects LLC
821 Johnson Creek Road
Walton, WV 25286

RE: Exempt ID 16000135
Dear *Employer*:

Your request for an extension/renewal of the opinion as to your exempt status the requirement to maintain West Virginia Workers' Compensation insurance has been received and processed. According to the information provided in your application, you have no employees who are required under West Virginia law to be provided West Virginia workers' compensation coverage. Therefore, the OIC is of the opinion, based on the information provided, that you are exempt from having to maintain West Virginia workers' compensation coverage.

This exemption opinion extension/renewal is valid until **March 18, 2017**, or until circumstances change which require you to maintain workers' compensation coverage, such as acquiring employees or a business re-organization. Hiring even one (1) employee not falling within the scope of this exemption would require you to obtain coverage. If such changes occur, you must either submit another request for exemption or obtain workers' compensation coverage. Failure to obtain the mandatory coverage can result in severe penalties such as an administrative fine up to \$10,000, financial responsibility for benefits paid from the uninsured fund for any accidents and losses during periods when you are not insured, and placement on the Employer Violator System, which can result in revocation of your business license and any other licenses, permits or certificates required to do business in West Virginia. Further, be reminded that in accordance with W.Va. Code §61-3-24e(5), it is a felony to knowingly and willingly make false statements respecting any information required to be provided under the WV Workers' Compensation Act. Upon conviction, the individual shall be confined in a penitentiary for up to three years, fined up to \$10,000, or both.

Please be advised that this exemption extension/renewal is advisory in nature and does not constitute any formal adjudication or legal conclusion as to the workers' compensation status of your company. It is based solely on the information you provided to us in your application. If the information provided in the application is incorrect, unclear or ambiguous, then this exemption may also be erroneous. It is important for anyone relying on this exemption to be aware of this. Additionally, this letter does not serve in lieu of a certificate of coverage in order to allow a prime contractor to avoid liability for employees of subcontractors under W.Va. Code §23-2-1d.

Should you find that you are in need of workers compensation coverage, you may apply for coverage from one of the approved carriers of workers compensation. A list of these carriers can be found on our website at www.wvinsurance.gov. If you are unable to access the website for a list of these carriers, please feel free to contact our offices at (304) 558-6279, ext. 1247.

Sincerely,

Employer Coverage
Offices of the Insurance Commissioner
e/c kb





CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 12/12/16

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY KERBY INSURANCE AGENCY LLC 265 RIPLEY RD SPENCER, WV 25276-8910 (304)927-2544	AGENT'S NO. EE1389	COMPANIES AFFORDING COVERAGE Co.: C. ERIE INSURANCE COMPANY Co.: D. ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E. ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F. ERIE INSURANCE COMPANY OF NEW YORK Co.: G. FLAGSHIP CITY INSURANCE COMPANY
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NAME AND ADDRESS OF NAMED INSURED PAST RESPECTS LLC 821 JOHNSON CREEK RD WALTON, WV 25286	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO. No.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
D	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q32 6720052	8/17/16	8/17/17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any One Fire)	\$ 1,000,000	MED EXP (Any One Person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMP/OP AGG	\$ 2,000,000
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	WORKERS COMPENSATION & EMPLOYERS LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="3" style="text-align: center;">STATUTORY</th></tr> <tr><td>BODILY INJURY BY</td><td>ACCIDENT \$</td><td>EACH ACCIDENT</td></tr> <tr><td></td><td>DISEASE \$</td><td>POLICY LIMIT</td></tr> <tr><td></td><td>DISEASE \$</td><td>EACH EMPLOYEE</td></tr> </table>	STATUTORY			BODILY INJURY BY	ACCIDENT \$	EACH ACCIDENT		DISEASE \$	POLICY LIMIT		DISEASE \$	EACH EMPLOYEE
STATUTORY																	
BODILY INJURY BY	ACCIDENT \$	EACH ACCIDENT															
	DISEASE \$	POLICY LIMIT															
	DISEASE \$	EACH EMPLOYEE															
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER For Information Purposes Spencer, WV 25276	AUTHORIZED REPRESENTATIVE
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CONTRACTOR LICENSE

Authorized by the
West Virginia Contractor Licensing Board

Number: WV039347

Classification:
GENERAL BUILDING


PAST RESPECTS LLC
DBA PAST RESPECTS LLC
821 JOHNSON CREEK RD
WALTON, WV 25286

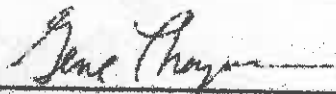
Date Issued

Expiration Date

NOVEMBER 03, 2016

NOVEMBER 03, 2017


Authorized Company Signature


Chair, West Virginia Contractor
Licensing Board



WEST VIRGINIA
CONTRACTOR
LICENSING
BOARD

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.