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Subject Overview

Full Report Completed on **01/15/25**

Full Name Tammy Jean Gennett	SSN XXX-XX-0559	Address 954 Highland Park Drive Somerset, PA 15501
Reference: ac1f7043-1305-4b7f-841c-834ac80583b2	Date of Birth 07/17/63	
Requestor Company NNA		

Results Overview

Components	Description
Identity Reports	
Social Security Number Trace	-
Criminal Searches	
County Criminal Court Search	PA Somerset
Federal Criminal Court Search	PA Western
National Criminal Database Search	-
Sex Offender Registry Search	-
Terrorist Watch List Search	-

Social Security Number Trace			
Name Provided*	SSN	Search Scope	Completed
Tammy Jean Gennett	XXX-XX-0559	10 years (1/14/15 to 1/14/25)	01/15/25
Associated Names	Associated Counties	Associated States	

Tammy Gennett
Tammy Jean Gennett

Somerset, PA

PA

Disclosure: The accuracy of the data submitted by the requestor will directly determine the accuracy of the results obtained. While the information furnished is from reliable sources, the accuracy is not guaranteed and can only be verified at its original source. Use of available data may be subject to FCRA and other applicable law.

County Criminal Court Search: PA Somerset

Name(s) Searched	Search Scope	Completed
Tammy Jean Gennett	Minimum of 10 Years	01/14/25

No reportable records found.

Disclaimer: A criminal record search was conducted on the subject in the specified jurisdictions. The information reported has been accurately copied from the providing source.

Federal Criminal Court Search: PA Western

Name(s) Searched	Search Scope	Completed
Tammy Jean Gennett	Minimum of 10 Years	01/14/25

No reportable records found.

Disclaimer: A criminal record search was conducted on the subject in the specified jurisdictions. The information reported has been accurately copied from the providing source.

National Criminal Database Search

Name(s) Searched	Completed
Tammy Jean Gennett	01/14/25

No reportable records found.

Disclaimer: The accuracy of the data submitted by the requestor will directly determine the accuracy of the results obtained. While the information furnished is from reliable sources, its accuracy is not guaranteed and can only be verified at its original source. Use of available data may be subject to FCRA and other applicable law.

Sex Offender Registry Search

Name(s) Searched	Completed
Tammy Jean Gennett	01/14/25

No reportable records found.

Disclaimer: The sex offender information is provided by local, state and national sources. The information is compiled from various law enforcement agencies within each jurisdiction. The information reported has been accurately copied from the providing source.

Terrorist Watch List Search

Name(s) Searched
Tammy Jean Gennett

Completed
01/14/25

United Nations Named Terrorist list - No reportable records found
Office of Foreign Asset Control (OFAC) Specially Designated Nationals and Blocked Persons - No reportable records found
Bank of England Sanctions - No reportable records found
Department Defense Trade Controls (DTC) Debarred Parties - No reportable records found
U.S. Bureau of Industry and Security Unverified Entity List - No reportable records found
U.S. Bureau of Industry and Security Denied Entity List - No reportable records found
U.S. Bureau of Industry and Security Denied Persons List - No reportable records found
World Bank List of Debarred Firms - No reportable records found
FBI Most Wanted List - No reportable records found
Interpol Most Wanted List - No reportable records found

Disclaimer: The Office of Foreign Assets Control, a government watch office, maintains the list of criminals and terrorists. Collected from databases around the world, the OFAC database was created as a result of the USA Patriot Act.



600

NOTARY PUBLIC BOND AND OATH OF TAMMY JEAN GENNETT

ID:



1256120

NOTARY PUBLIC, WITH OFFICE IN SOMERSET COUNTY AND RESIDENCE IN SOMERSET COUNTY

\$25,000.00

THIS BOND AND SURETY APPROVED AND FILED IN THE OFFICE OF THE SECRETARY OF THE COMMONWEALTH AT HARRISBURG PA, THIS DATE

SECRETARY OF THE COMMONWEALTH

KNOW ALL MEN BY THESE PRESENTS, THAT WE

Bond Number: 101871175

TAMMY JEAN GENNETT PRINCIPAL (NAME OF APPLICANT)

AND

Merchants National Bonding, Inc. SURETY (NAME OF SURETY COMPANY)

954 HIGHLAND PARK DR (STREET AND NUMBER)

P.O. Box 14498 (ADDRESS)

SOMERSET, PA 15501

Des Moines IA 50306-3498

(CITY, STATE OR ZIP)

Iowa (STATE OF INCORPORATION)

SOMERSET

(COUNTY OF RESIDENCE)

ARE HELD AND FIRMLY BOUND UNTO THE COMMONWEALTH OF PENNSYLVANIA, FOR THE USE THEREOF, IN THE PENAL SUM OF Twenty Five Thousand Dollars, FOR THE PAYMENT OF WHICH, WELL AND TRULY TO BE MADE, WE BIND OURSELVES, OUR HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

WHEREAS, THE ABOVE BOUND PRINCIPAL HAS BEEN DULY APPOINTED A NOTARY PUBLIC IN AND FOR THE COMMONWEALTH OF PENNSYLVANIA BY COMMISSION FROM THE SECRETARY OF THE COMMONWEALTH FOR THE PERIOD OF FOUR YEARS, TO COMPUTE FROM May 27, 2026

NOW, THEREFORE, THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, THAT IF THE PRINCIPAL SHALL TRULY AND FAITHFULLY PERFORM AND DISCHARGE THE DUTIES OF THE OFFICE OF THE NOTARY PUBLIC IN ALL THINGS ACCORDING TO LAW, AND IF, IN CASE OF DEATH, RESIGNATION OR DISQUALIFICATION, THE PRINCIPAL OR IN CASE OF DEATH, THE LEGAL REPRESENTATIVE OF THE PRINCIPAL, SHALL DELIVER THE JOURNAL WHOLE AND UNDEFACED, TO THE OFFICE OF THE RECORDER OF DEEDS OF THE COUNTY IN WHICH THE PRINCIPAL THEN MAINTAINS AN OFFICE, WITHIN THIRTY (30) DAYS OF SUCH EVENT, THEN THIS OBLIGATION TO BE NULL AND VOID, OTHERWISE TO REMAIN IN FULL FORCE AND VIRTUE IN LAW.

SIGNED AND DELIVERED IN OUR PRESENCE:

WITNESS OUR HANDS AND SEALS THIS

Handwritten signature of Notary Public

12th DAY OF June, 20 26

WITNESS

TAMMY JEAN GENNETT PRINCIPAL Merchants National Bonding, Inc.

Handwritten signature of witness

WITNESS

Elizabeth Marsh Attorney-in-Fact SURETY



INSTRUCTIONS : [1] THE REVISED UNIFORM LAW ON NOTARIAL ACTS REQUIRES THAT THE COMMISSION OF ANY NOTARY SHALL BE NULL AND VOID IF THE NOTARY FAILS TO GIVE BOND AND CAUSE THE BOND, COMMISSION AND OATH TO BE RECORDED WITHIN FORTY-FIVE DAYS AFTER THE BEGINNING OF THE TERM. [2] THE BOND MUST HAVE AS SURETY A DULY AUTHORIZED SURETY COMPANY, WHICH MUST EXECUTE THE ABOVE AFFIDAVIT. IF ACKNOWLEDGED BY AN ATTORNEY-IN-FACT, USE PARAGRAPH A AND STRIKE OUT B & C ON THE REVERSE SIDE. IF ACKNOWLEDGED BY A RESIDENT VICE-PRESIDENT OR ASSISTANT SECRETARY, USE PARAGRAPH B AND STRIKE OUT A & C. IN ALL OTHER CASES, USE PARAGRAPH C. [3] IF THE BOND IS EXECUTED BY A CORPORATION, ATTORNEY-IN-FACT, RESIDENT VICE-PRESIDENT, OR OTHERWISE, A POWER OF ATTORNEY OR A COPY OF THE RESOLUTION AUTHORIZING ITS EXECUTION, AND A CERTIFICATE THAT THE POWER OF ATTORNEY OR RESOLUTION IS IN FORCE, MUST BE ATTACHED HERETO.

**AFFIDAVIT AND ACKNOWLEDGEMENT OF CORPORATE SURETY
STATE OF CALIFORNIA**

ON THIS 12th DAY OF June, 2026 BEFORE ME, A PATRICIA A. PEUER NOTARY PUBLIC
(TITLE OF OFFICER)

A PERSONALLY APPEARED THE ABOVE NAMED Elizabeth Marsh AND BY Elizabeth Marsh
(NAME OF ATTORNEY-IN-FACT)

OWN NAME AND IN THE NAME OF HIS/HER CONSTITUENT AND DESIRED THE SAME TO BE RECORDED AS SUCH

B PERSONALLY APPEARED THE ABOVE NAMED _____ AND BY _____
(NAME AND TITLE OF OFFICER)

AND IN PURSUANCE OF THE AUTHORITY CONFERRED UPON HIM/HER BY THE ABOVE NAMED SURETY COMPANY, ACKNOWLEDGED THE FOREGOING BOND TO BE HIS/HER ACT AND DEED AND THE ACT AND DEED OF THE SURETY COMPANY, AND DESIRED THE SAME TO BE RECORDED AS SUCH.

C PERSONALLY APPEARED _____, SECRETARY OF THE ABOVE NAMED

SURETY COMPANY, WHO BEING DULY SWORN ACCORDING TO LAW, SAYS THAT HE/SHE WAS PERSONALLY PRESENT AT THE EXECUTION OF THE FOREGOING BOND AND SAW THE SEAL OF THE CORPORATION DULY AFFIXED THERETO; THAT THE SEAL AFFIXED THERETO IS SEAL OF THE CORPORATION; THAT THE BOND WAS DULY SIGNED, SEALED AND ATTESTED FOR IN BEHALF OF THE CORPORATION BY AUTHORITY OF ITS GOVERNING BODY; THAT THE ABOVE NAMED OFFICER WHO SIGNED THE BOND ON BEHALF OF THE CORPORATION WAS THEN THE DULY AUTHORIZED OFFICER OF THE CORPORATION; THAT HE/SHE KNOWS HIS/HER SIGNATURE AND HIS/HER SIGNATURE SIGNED THERETO IS GENUINE.

DEPONENT FURTHER SAYS THAT THE ABOVE NAMED CORPORATION IS AUTHORIZED BY THE INSURANCE DEPARTMENT OF THE COMMONWEALTH OF PENNSYLVANIA TO BECOME AND BE ACCEPTED AS SOLE SURETY.

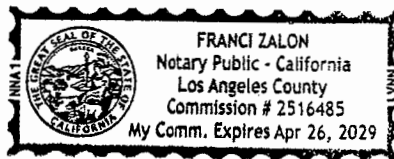
[Signature]
(SIGNATURE)

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

STATE OF CA
COUNTY OF Los Angeles

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 12th DAY OF June, 2026, BY Elizabeth Marsh, PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

[Signature]
SIGNATURE
FRANCI ZALON



SEAL

**OATH OF OFFICE
COMMONWEALTH OF PENNSYLVANIA**

COUNTY OF Somerset

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT I WILL SUPPORT, OBEY AND DEFEND THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THIS COMMONWEALTH AND THAT I WILL DISCHARGE THE DUTIES OF MY OFFICE WITH FIDELITY.

[Signature]
(PRINCIPAL)

TAKEN, SWORN (OR AFFIRMED) AND SUBSCRIBED

BEFORE ME THIS 17th DAY OF June, 2026

(SEAL) [Signature]
Recorder of Deeds
(TITLE OF OFFICER)

SPECIAL NOTE TO RECORDER OF DEEDS

PLEASE BE CERTAIN THAT THIS BOND IS PROPERLY COMPLETED AND THAT THE SEAL OF YOUR OFFICE IS AFFIXED AS REQUIRED. AS SOON AS IT IS PROPERLY EXECUTED AND RECORDED, RETURN THE BOND PROMPTLY TO THE OFFICE OF THE SECRETARY OF THE COMMONWEALTH FOR FILING.

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Somerset

RECORDED ON THE 17th DAY OF June, 2026

IN THE OFFICE OF THE RECORDER OF DEEDS FOR THE COUNTY INDICATED HEREIN, IN

[Signature]
(SEAL OF RECORDER)

BOOK 3196 PAGE 603

WITNESS MY HAND AND THE SEAL OF MY OFFICE, THE DAY AND YEAR ABOVE WRITTEN

[Signature]
(RECORDER OF DEEDS)

REC Book 3196 Page 605

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 of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY, an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Elizabeth Marsh

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"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 connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 12th day of June, 2026.

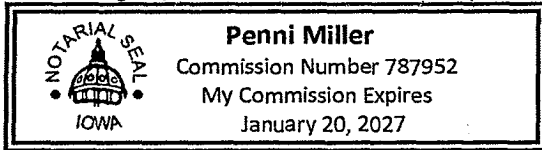


MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
MERCHANTS NATIONAL INDEMNITY COMPANY

By *Larry Taylor*
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 12th day of June 2026, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are 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.



Penni Miller
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY 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 12th day of June, 2026.



Elisabeth Sandersfeld
Secretary

NOTARY COMMISSION

Office: SOMERSET

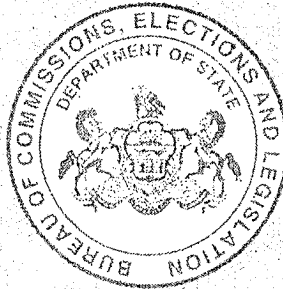
Residence: SOMERSET

NOTARY ID
1256120

APPOINTMENT DATE
05/06/2026

EFFECTIVE DATE
05/27/2026

EXPIRATION DATE
05/27/2030



TAMMY JEAN GENNETT

Tammy Jean Gennett
NOTARY SIGNATURE

Allen Schmitt

Secretary of the Commonwealth



ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. § 4911

* FEES

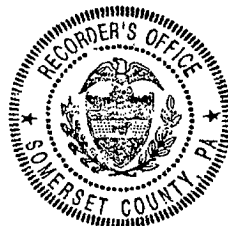
STATE WRIT TAX	\$0.50
STATE WRIT TAX - NOTARY	\$10.00
RECORDING FEES	\$9.00
ROD IMPROVEMENT FUND	\$3.00
COUNTY IMPROVEMENT FUND	\$2.00
TOTAL PAID	\$24.50

This is a certification page

DO NOT DETACH

This page is now part
of this legal document.

I hereby CERTIFY that this document is recorded in the Recorder of Deeds Office of SOMERSET COUNTY, PENNSYLVANIA



Patricia A. Peifer

Patricia A. Peifer
Recorder Of Deeds

* - Information denoted by an asterisk may change during the verification process and may not be reflected on this page.

034C14



Certificate of Completion

Tammy Gennett

has successfully completed the

Pennsylvania State-Required Notary Training Basic Education

Completion of this course satisfies the Pennsylvania Notary Public education requirements and indicates that the learner has achieved a sound knowledge and understanding of state Notary laws, rules and standards of practice and the knowledge and skills necessary to competently perform notarial acts. This Certificate of Completion is valid for application requirements for a period of six months from the date of completion.

Completed on February 23, 2026


Steven Bastian
Vice President, NNA



**NATIONAL
NOTARY
ASSOCIATION**

308604

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Tammy Jean Gennett		
	2	Business name/disregarded entity name, if different from above. Tammy's Traveling Notary Services		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions. 954 Highland Park Drive		Requester's name and address (optional)
	6	City, state, and ZIP code Somerset PA 15501		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or									
Employer identification number									
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 6-10-2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



MERCHANTS NATIONAL BONDING, INC. P.O. BOX 14498, DES MOINES, IA 50306-3498
PHONE: (800) 876-6827 FAX: (800) 833-1211

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Effective Date: 12:01 AM May 27, 2026

Policy No. 101870601

Expiration Date: 12:01 AM May 27, 2030

Premium: \$83.25

COVERAGE: Merchants National Bonding, Inc. ("the Company") will pay on behalf of
TAMMY JEAN GENNETT of SOMERSET, PA

("the Insured"), all sums, subject to the Limit of Liability stated below, which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public. The Company will also pay on behalf of the Insured, subject to the Limit of Liability stated below, costs and expenses incurred in investigating, defending or settling the Insured's liability arising from any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced within the applicable statute of limitations pertaining to the Insured. The Policy Period commences on the Effective Date hereof and terminates upon the Expiration Date hereof.

LIMIT OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims, costs and expenses under this policy the amount of Twenty Five Thousand Dollars (\$25,000.00) Dollars.
(NOT VALID IF FILLED IN FOR MORE THAN \$100,000)

THIS LIMIT OF LIABILITY INCLUDES COSTS AND EXPENSES INCURRED IN INVESTIGATING, DEFENDING OR SETTLING LIABILITY. ONCE THE LIMIT OF LIABILITY STATED ABOVE HAS BEEN PAID, WHETHER BY SETTLEMENT OF A CLAIM OR CLAIMS, OR BY PAYMENT OF COSTS AND EXPENSES, THE COMPANY IS RELIEVED OF ANY FURTHER DUTY TO DEFEND OR INDEMNIFY THE INSURED UNDER THIS POLICY.

SETTLEMENT: The Company, in the Insured's name and behalf, shall have the exclusive right to make any settlement of any claim, suit, or other action, as the Company deems expedient.

CONDITIONS PRECEDENT: As a condition precedent to the right of indemnification or defense hereunder, the Insured shall mail or deliver to the Company within ten (10) days after notice or knowledge of a claim or possible claim against the Insured copies of any written notice thereof and a complete description of the facts and circumstances alleged to give rise to such claim. Bankruptcy or insolvency of the Insured shall not release the Company or its liability hereunder.

EXCLUSIONS: Coverage under this policy as described in the COVERAGE section of the policy above does not apply to any acts of or allegations of (i) dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (iv) injury to or destruction of any tangible property, including the loss of use thereof; (v) fines or penalties imposed by law on the Insured; or (vi) punitive, treble, exemplary or similarly categorized damages, including fines and penalties.

CO-INSURANCE: If the Insured has other insurance against a loss covered by this policy, the Company shall not be liable under this policy for a greater proportion of such loss than the limit of liability stated in this policy bears to the limit of liability of all other insurance against such loss.

SUBROGATION: In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.

CANCELLATION: This policy may be cancelled by the Insured by surrender hereof to the Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter the cancellation shall be effective. If this policy has been in effect for less than 60 days, we may cancel this policy for any reason by giving 30 days advance written notice. If this policy has been in effect for 60 days or more, we may cancel only for one or more of the following reasons: (a) nonpayment of premium; (b) material misrepresentation; (c) substantial change in the risk; (d) if the Company loses its reinsurance on the risk; (e) if the Insured does not comply with policy terms, conditions, or duties; or (f) any other reason approved by the Insurance Commissioner. If this policy is cancelled for reasons (a) and (b) above, we will provide written notice to the Insured at least 15 days before the effective date of cancellation. If this policy is cancelled for reasons (c) through (f) above, we will provide written notice to the Insured at least 60 days before the effective date of cancellation. The reason for cancellation shall be stated on the notice.

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the Insured or by the Company shall be equivalent to mailing. The time of surrender or the effective date and hour of cancellation stated in the notice shall become the end of the policy period. If the Insured cancels, the premium shall be fully earned. If the Company cancels, return premium shall be computed pro rata.

EFFECTIVE DATE: 12:01 AM May 27, 2026

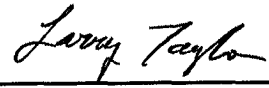
EXPIRATION DATE: 12:01 AM May 27, 2030

Merchants National Bonding, Inc.

Attest:



Elisabeth Sandersfeld, Secretary



By _____
Larry Taylor, President

