



State of California
Secretary of State

Surety Bond
Immigration Consultants
(Business and Professions Code section 22443.1)

FILED
Secretary of State
State of California
APR 02 2015
(Office Use Only)

Bond Number 2175608

The premium of this bond is \$ 2,000.00 for the term of 2 Years

KNOW ALL PERSONS BY THESE PRESENTS:

That Alexandra Susanne Merz (Name of Principal)

doing business as L and F Montecito Corp. (Name of Business)

an immigration consultant, whose address for service is

27 W. Anapamu Street, Suite 406 Santa Barbara, CA 93101
(Street Address) (City) (State) (Zip)

as PRINCIPAL, and North American Specialty Insurance Company (Name of Surety), a corporation

organized under the laws of NH, and authorized to transact a general surety business in the State of California, as SURETY, are held and firmly bound to the People of the State of California in the penal sum of one hundred thousand dollars (\$100,000), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

WHEREAS, the provisions of Section 22443.1 of the Business and Professions Code, require that the Principal file or have on file with the Secretary of State a copy of a bond in the sum of one hundred thousand dollars (\$100,000) and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligations are that if the Principal complies with the provisions of Chapter 19.5 (commencing with Section 22440), of Division 8 of the Business and Professions Code of the State of California, and pays all sums due any individual or group of individuals when such Principal or its representative or agent has received such sums, and pays all damages occasioned to any person by unlawful acts or omissions of the Principal mentioned above, or of its agents or employees while acting within the scope of their employment, then this obligation is to be void; otherwise it is to remain in full force and effect.

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

1. This bond shall be deemed continuous in form and shall remain in full force and effect for the term of the initial bond and all subsequent riders, for all liabilities, acts, omissions, or causes arising after this bond becomes effective and before the cancellation or withdrawal of the Surety from the bond.
2. This bond is executed by the Surety to comply with the provisions of Chapter 19.5 (commencing with Section 22440), of Division 8 of the Business and Professions Code and of Chapter 2 (commencing with Section 995.010), Title 14, Part 2 of the Code of Civil Procedure and said bond shall be subject to all of the terms and provisions thereof.
3. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
4. This bond may be terminated pursuant to Section 995.440 of, and Article 13 (commencing with Section 996.310) of Chapter 2 of Title 14 of Part 2 of, the Code of Civil Procedure.

North American Specialty Insurance Company
(Name of Surety)

650 Elm Street, Manchester, NH 03101
(Address for Service of Surety)

I certify under penalty of perjury, under the laws of the State of California, that I have executed the forgoing bond under an unrevoked power of attorney.

Executed in Seattle, WA on March 11, 2015
(City, State) (Date)

North American Specialty Insurance Company

By: 
Signature of Attorney-in-Fact for Surety

John Drummey, Jr.
Printed or Typed Name of Attorney-in-Fact for Surety

INSTRUCTIONS:

1. The term for all bonds submitted shall not be less than twenty-four (24) months.
2. Send the executed document and filing fee to:

California Secretary of State
P.O. Box 942877
Sacramento, CA 94277-0001
3. Include the filing fee of \$30.00.
4. There is no fee for filing an amendment to a previously filed bond.

NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:

KATHLEEN M. MITCHELL, SCOTT C. ALDERMAN, TIMOTHY S. BUHITE,
DEBBIE LINDSTROM, JOHN DRUMMEY, JR. and SIMONE RAE FREDERICK

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

TEN MILLION (\$10,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

“RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.”



By [Signature]
Steven F. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company



By [Signature]
Michael A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 6th day of February, 2015.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook

ss:

On this 6th day of February, 2015, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



[Signature]
M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 11 day of March, 2015.

[Signature]
Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

Civil Code § 1189

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 Washington

County of King



On March 11, 2015 before me, Timothy S. Buhite, Notary Public

Date

Name and Title of Notary

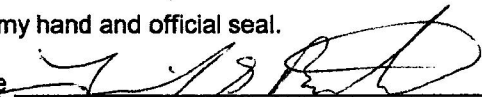
personally appeared John Drummey, Jr.

Name and or Names of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature 
Timothy S. Buhite Notary Public Signature

Place Notary Public Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to the persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

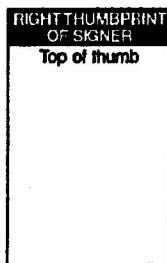
Description of Attached Document

Title or Type of Document _____

Document Date _____ Number of Pages: _____

Signer's Name: _____

- Individual
 - Corporate Officer – Title(s): _____
 - Partner - Limited General
 - Guardian or Conservator
 - Attorney-in-Fact
 - Trustee
 - Other: _____
- Signer is representing _____
North American Specialty Insurance
 Company _____



- Individual
 - Corporate Officer – Title(s): _____
 - Partner - Limited General
 - Guardian or Conservator
 - Attorney-in-Fact
 - Trustee
 - Other: _____
- Signer is representing _____





**State of California
Secretary of State**

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APR 02 2015

Immigration Consultant Disclosure
(Business and Professions Code section 22443.1)

There is no fee for filing the Immigration Consultant Disclosure form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

NAME AND CONTACT INFORMATION OF IMMIGRATION CONSULTANT

1. Name of Immigration Consultant Alexandra Susanne MERZ		2. Date of Birth (MM/DD/YYYY) 05/22/1966	
3. Residence Address of Immigration Consultant 1520 San Marcos Pass Rd		City Santa Barbara	State CA
		Zip Code 93105	
4. Business Address of Immigration Consultant L and F Montecito Corp, 27W Anapamu St, Suite 406		City Santa Barbara	State CA
		Zip Code 93101	
5. Residence Phone Number (including area code) (805) 845 0560	6. Business Phone Number (including area code) (805) 284 6700		

CONVICTIONS (All convictions must be disclosed including convictions dismissed under Penal Code section 1203.4 or 1203.4(a).)

7. Have you ever been convicted of a violation of Section 6126 or of Division 8, Chapter 19.5 of the Business and Professions Code?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
8. Have you ever been arrested or convicted of a crime, including a crime dismissed under Penal Code section 1203.4 or 1203.4a?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

AGENT FOR SERVICE OF PROCESS OF IMMIGRATION CONSULTANT, IF ANY

9. Name of designated Agent for Service of Process			
10. Street Address of designated Agent for Service of Process in California		City	State
			CA

EMPLOYER (BY A CORPORATION OR PARTNERSHIP ONLY) INFORMATION, IF ANY (If the immigration consultant is employed by a corporation or partnership, complete Items 11, 12 and 13. If the employer corporation or partnership has an agent for service of process, complete Item 14. If the agent is an individual, the agent must reside in California and both Items 14 and 15 must be completed. If the agent is a corporation, the agent must have a current certificate pursuant to Corporations Code section 1505 on file with the California Secretary of State and only Item 14 must be completed (leave Item 15 blank).)

11. Name of Employer Corporation or Partnership L and F Montecito Corp (dba L and F Investor Services)		12. Business Phone Number (including area code) (805) 284 6700	
13. Business Address 27W Anapamu St, Suite 406, Santa Barbara, CA 93101			
14. Name of Employer's designated Agent for Service of Process Pacific Registered Agents, Inc.			
15. If an individual, Street Address of Employer's designated Agent for Service of Process		City	State
			CA

16. I declare that the information in this disclosure form is true, correct and complete.

	03/10/2015	Alexandra Susanne MERZ
Signature	Date	Type or print name