



CONTRACT ROUTING FORM

1. Contractor Name: Alaska Summit Enterprise Vendor #: 1005009 Contract # CR1192
2. Contractor Address: 11723 Old Glenn Highway, Suite 209A, Eagle River, AK 99577
3. Brief Description Of Attached Contract: Evaluation of Project Code Red
4. Funding Source: Fire and Life Safety, Denali Commission, Rasmuson Foundation, RurAL CAP contribution
5. Contract Period: From: July 1, 2011-November 15, 2011
6. Account Code(s) And Amounts To Be Obligated : TOTAL \$ 50,000
 - ② a. SOA Fire and Life Safety (code to come soon) \$ 5,000 520100 45211 00 D 2310 099
 - ③ b. Denali Commission 520100.26715.00,D.2310.099 \$ 10,000
 - ① c. Rasmuson Foundation 520100.67111.00.D.2310.099 \$ 25,000
 - ④ d. RurAL CAP - 520100.CSBG PPA 11 \$ 10,000
7. Justification For Selection of Contractor: RFP process, Oversight Committee decided on best proposal
8. Contract Preparation Checklist Attached
Debarment check, proof of insurance, business license, IRS Form W-9
9. Special Conditions or Comments: _____
10. RurAL CAP Contract Initiator Joie Brown
(Person to ask questions during the approval process and who will receive the department copy of signed contract)
11. Distribution Preferences: (Please provide email address(s) or FAX number(s) if hard copy isn't desired)
 - a. Department Copy jbrown@ruralcap.com
 - b. Vendor Copy pjbell@aksummit.com; cynthia@aksummit.com

12. APPROVAL REQUIRED:

- a. Department Head [Signature] DATE: 7/11/11
- b. Budget Coordinator [Signature] DATE: 7/14/11
- c. Purchasing Manager [Signature] DATE: 7/14/11
- d. Finance Director [Signature] DATE: 7/14/11
- e. Executive Director [Signature] DATE: 7/14/11

13. ALL ORIGINALS TO ACCOUNTING TO BE PROCESSED AND FILED!!

- Contract assigned Number and encumbered DATE: 7/18/11
- Copy made for department files - e-mailed DATE: 7/18/11
- Copy sent to contractor - e-mailed DATE: 7/18/11

ALL ITEMS THROUGH 12D ABOVE SHALL BE COMPLETED PRIOR TO FINAL APPROVAL BY THE EXECUTIVE DIRECTOR



Rural Alaska Community Action Program, Inc.
P.O. Box 200908 Anchorage, AK 99520

CONTRACT FOR SERVICES PROVIDED TO RURAL CAP

Contract # CP1192

THIS CONTRACT, entered into this 1st day of July, 2011 by and between **Rural Alaska Community Action Program, Inc.**, of the Municipality of Anchorage, State of Alaska, hereinafter referred to as RurAL CAP, and **Alaska Summit Enterprise (ASE)**, hereinafter referred to as the "Contractor" a corporation, a partnership, an individual, whose Social Security Number or Employment Identification Number is 47-0924715, and whose Alaska Business License Number is 716545, and whose mailing address/physical address is 11723 Old Glenn Highway, Suite 209A; Eagle River, Alaska 99577.

The Agency and the contractor do mutually agree as follows:

1. The Contractor shall, in a satisfactory and proper manner as determined by RurAL CAP, provide the following services; data and/or information:

Conduct a Program Evaluation for Project Code Red to establish whether Project Code Red as designed and implemented has been effective in addressing rural communities' fire protection needs and capabilities, identify areas needing improvement and recommend enhancement strategies. ASE must include appropriate members of the Oversight Committee in all steps of the evaluation.

Evaluation Plan

Task	Deadline	Deliverable
Meet with Oversight Committee	June 28 Other meetings as necessary	
Work closely with and be responsive to requests by the Oversight Committee	Throughout contract period	
Contract work begin	July 1	Executed Contract
Secure a Fire Expert to assist with Evaluation	July 15	
Review Existing Data and Develop revised Evaluation plan	August 8	
Development of data collection instruments	August 12	Tool to be used
Establish selection process for interviewees	August 12	List of interviewees

Conduct in-person and telephonic interviews	October 15	Transcribed and summarized interviews
Review and analyze data and summarize	October 26	Draft Report of Findings
Analyze quantitative and qualitative data	October 26	Draft Report of Findings
Status Reports and invoices for payment	July 29 Aug 26 Sept 30 Oct 28 Others as requested	Status Reports
Comprehensive Report of Findings	Nov 15	Comprehensive Report of Findings

Such service shall be performed as an independent contractor and not as an employee or Rural CAP.

2. RurAL CAP shall furnish the following services, data and/or information to the Contractor: RurAL CAP and the other members of the Oversight Committee will provide existing data to be analyzed and will work with Contractor throughout the contract period as needed.
3. The Contractor shall begin work on this contract on the 1st day of July, 2011 and shall complete the work to the satisfaction of the Agency no later than the 15th day of November, 2011. (The completion date shown shall be no later than the date of expiration of the funds to which this contract is being charged.)
4. The Contractor shall maintain such records and accounts, including property, personnel, and financial records, as are deemed necessary by RurAL CAP to assure a proper accounting for all contract funds, and will retain said records for three years after the expiration of this contract unless permission to destroy them is grant by RurAL CAP.
5. Compensation and Billing
 - a. The contractor is required to submit an itemized billing indicating hours worked and/or services performed under this contract. The billing will accurately describe the services rendered during the invoice period and dates of the work completed during the invoice period.
 - b. RurAL CAP will notify the Contractor as to the style, format and level of detail required in the itemized billing.
 - c. The contractor is required to submit all documents attesting to the completion of services (such as, manuals, artwork, agendas, attendance sheets, etc.)
 - d. The Contractor shall note the contract number (shown at top middle of first page) on any billings submitted under this contract.
 - e. Consultant Services Fees: If not applicable, strike through.

\$50,000

f. Other Expense

In Addition to the consultant service fees, reimbursement will be paid for the following expenses:

Item	Estimated Cost
------	----------------

No additional costs will be paid.

g. Total Estimated Cost of Services \$50,000__

h. Method of Payment
Payment will be made by check

- (1) \$5,000_ as a retainer upon execution of contract and accompanying invoice,
- (2) remainder upon completion of portions of work and receipt of monthly status reports, invoices and all documents attesting to the completion of services.

6. It is expressly understood and agree that in no event will the total amount to be paid by RurAL CAP to the Contractor under this contract exceed \$50,000_. Contractor is fully responsible for any and all taxes which may be incurred and due by virtue of entering into this Contract.
 7. Insurance: The contractor at its sole cost, shall purchase and maintain the insurance specified under schedule A Indemnification. The contractor agrees to indemnify and hold harmless RurAL CAP, it's officers, directors and employees as a result of this agreement.
 8. Indemnification: The contractor agrees to indemnify and hold harmless RurAL CAP, its directors, officers and employees as a result of this agreement.
 9. This agreement is subject to and incorporates the attached "Terms and Conditions".
 10. The Contractor agrees to assist the Agency in complying with all of the conditions governing the source of funds used for this contract.
 11. The above language constitutes the entire agreement between us. Any subsequent additions or deletions to this Contract must be mutually agreed upon by RurAL CAP and Contractor and incorporated in written amendments to the Contract signed by both parties.
 12. Both parties agree to treat faxed signatures as originals.
- IN WITNESS WHEREOF**, RurAL CAP and the Contractor have executed this agreement as of the date first above written.

CONTRACTOR:

RURAL ALASKA COMMUNITY ACTION PROGRAM

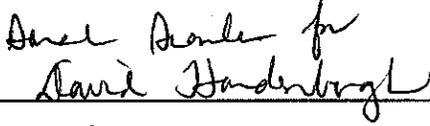
Name: PJ Wilkins-Bell

Name: David Hardenbergh

Title: President/CEO

Title: Executive Director

Signature: 

Signature: 

Date: July 1, 2011

Date: 7/14/11

This contract is not valid until signed by the Executive Director of Rural CAP. The Contractor is not to begin work on the contract until he/she has received a signed copy of this contract.

TERMS & CONDITIONS

In addition to any conditions specified in Part I, this contract is subject to all of the conditions listed below. Waiver of any of these conditions must be upon the expressed written approval of the Executive Director of Rural Alaska Community Action Program, Inc. and such waiver shall be made a part of this Contract.

- 1. Termination of Contract.** This contract may be terminated by either party without cause by giving two weeks written notice and specifying the effective date thereof. If through any cause, the Contractor shall fail to fulfill in a timely and proper manner his/her obligations under this contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, or if the grant or contract funds under which this contract is funded are severely reduced or eliminated, RurAL CAP shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof. If the Contractor is unable or unwilling to comply with such additional conditions as may be lawfully imposed by the grant or contract under which RurAL CAP is performing the program to which these professional services are being rendered, the Contractor shall have the right to terminate the Contract by giving written notice to RurAL CAP, signifying the effective date thereof. In the event of termination all property and finished or unfinished documents, data, studies and reports purchased or prepared by the Contractor under this Contract shall, at the option of RurAL CAP, become its property and the Contractor shall be entitled to compensation for any approved unreimbursed expenses necessarily incurred in satisfactory performance of the Contract. Notwithstanding the above, the Contractor shall not be relieved of liability to RurAL CAP for damages sustained by the Agency by virtue of any breach of the Contract by the Contractor, and RurAL CAP may withhold any reimbursement to the Contractor for the purpose of set-off until such time as the exact amount of damages due RurAL CAP from the Contractor is agreed or otherwise determined.
- 2. Travel Expenses.** If the Contractor is to be reimbursed for travel expenses, the expenses charged for travel shall not exceed those which would be allowed under the terms of the grant or contract under which this contract is funded.
- 3. Publication and Publicity.** The Contractor may publish results of its function and participation in this contract with prior review by RurAL CAP for proprietary, confidential or privileged information and approval by RurAL CAP, provided that such publications acknowledge that the program is supported by funds granted to RurAL CAP and state their source, contain the requisite disclaimer and copies are furnished to RurAL CAP as they may reasonable require.
- 4. Copyrights.** If the Contract results in a book or other copyrightable material, the author is free to copyright the work, RurAL CAP reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, all copyrighted material and all material which can be copyrighted resulting from the Contract.
- 5. Patents.** Any discovery or invention arising out of or developed in the course of work aided by this Contract shall be promptly and fully reported to RurAL CAP for

determination as to whether patent protection on such invention or discovery shall be sought and how the rights under any patent issued thereon, shall be disposed of and administered, in order to protect the public interest.

6. **Labor Standards.** All laborers and mechanics employed by contractors or subcontractors in the construction, alteration or repair, including painting and decorating of projects, buildings and works which are federally assisted under this Contract shall be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276-a-276a-5).
7. **Covenant Against Contingent Fees.** The Contractor warrants that no person or selling agency or other organization has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. For breach or violation of this warrant, RurAL CAP shall have the right to annul this Contract without liability or, in its discretion, to deduct from the compensation, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.
8. **Gratuities.** Contractor warrants that neither it nor any of its employees, agents or representatives has offered or given any gratuities to RurAL CAP employees, agents or representative with a view toward securing this contract or favorable treatment.
9. **Controlling Law and Venue.** This agreement is to be governed by and interpreted in accordance with the laws of State of Alaska. In the event there is litigation concerning this contract, the parties agree that the venue shall be in the Anchorage Court System, Third Judicial District.
10. **Discrimination in Employment Prohibited.** The Contractor or any subsequent subcontractor will confirm to all Equal Employment Opportunity and Affirmative Action Laws of the United States, the State of Alaska and the Municipality of Anchorage for any and all employees and applicants for employment in the performance of this Contract. This requirement shall apply to, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.
11. **Political Activity Prohibited.** None of the funds, materials, property or services contributed by RurAL CAP or the Contractor under this Contract shall be used in the performance of this Contract for any partisan political activity, or to further the election or defeat of any candidate for public office.
13. **Religious Activity Prohibited.** There shall be no religious worship, instruction or proselytization as part of or in connection with the performance of this Contract.
14. **Liability.** RurAL CAP is not responsible for the actions or results of actions taken by the contractor in the course of this contract.

15. This agreement is to be binding on all heirs, successors and assigners of the parties herein.

**Schedule A
INSURANCE AND INDEMNIFICATION**

CONTRACTOR shall comply with the provisions in the Indemnification and Insurance portion of the current contract(s). CONTRACTOR, at its sole cost, shall purchase and maintain the required insurance required with coverage's, endorsements, waivers, and limits as described therein.

All insurance shall be maintained continuously during the life of the Agreement. CONTRACTOR shall furnish to RurAL CAP, certificates showing the type, amount, class of operation, effective dates and dates of expiration of policies. Such evidence is to be provided by CONTRACTOR to RurAL CAP no less than ten (10) days prior to CONTRACTOR commencing work. It is understood and agreed that RurAL CAP shall be entitled to notification at least 30 days prior to the expiration of such policies. Failure by CONTRACTOR to maintain insurance coverage as agreed shall be a material breach of this Agreement and will result in termination of this Agreement.

RurAL CAP shall not be required to confirm that CONTRACTOR has provided evidence of coverage and/or renewals and no waiver by RurAL CAP of any of CONTRACTOR's obligations pursuant to this or any other provision of this Agreement shall occur or be inferred or implied by any failure of RurAL CAP to insist upon strict performance of this or any other Section of this Agreement.

All insurance required to be maintained by CONTRACTOR shall be primary to any and all insurance (including self insurance) obtained or maintained by, or otherwise available to RurAL CAP and all policies shall be endorsed accordingly. RurAL CAP's insurance shall not be called upon to contribute or participate with CONTRACTOR's insurance on any basis.

Each and every insurance policy required of CONTRACTOR shall include an insurer's waiver of subrogation rights in favor of RurAL CAP. Except for Worker's Compensation and Professional Liability, each and every insurance policy required of CONTRACTOR shall be endorsed to name OWNER as Additional Insured with respect to liability arising out of CONTRACTOR's operations and/or its services hereunder.

In even the terms of the current contract and this Schedule A conflict, the terms of the contract shall control.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
Alaska Summit Enterprise, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
11723 Old Glenn Highway, Ste. 209a

City, state, and ZIP code
Eagle River, AK 99577

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									
4	7	-	0	9	2	4	7	1	5

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here Signature of U.S. person ▶ *Kathy Westcott* Date ▶ *6-29-11*

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

EPLS

Excluded Parties List System

**Search Results Excluded By
Individual : Alaska Summit Enterprise
as of 06-Jul-2011 6:58 PM EDT**

Your search returned no results.

EPLS

Excluded Parties List System

**Search Results Excluded By
Individual : Alaska Summit Enterprise, Inc.
as of 06-Jul-2011 6:58 PM EDT**

Your search returned no results.

Alaska Business License # 716545

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

This is to certify that

ALASKA SUMMIT ENTERPRISE, INC

11723 OLD GLENN HWY. SUITE 209-A EAGLE RIVER AK 99577

owned by

ALASKA SUMMIT ENTERPRISE, INC.

is licensed by the department to conduct business for the period

December 24, 2009 through December 31, 2011
for the following line of business:

54 - Professional, Scientific and Technical Services

This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.
This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Emil Notti
Commissioner



BI	POLICY NUMBER	PRODUCER NUMBER	ACCOUNT NUMBER	AUDIT PERIOD
D	PAS 02199538	10106227	MO18791873-001-00001	NONE

BRANCH Z2 SOUTHERN CALIFORNIA OFFICE

RENEWAL EFF 02/16/2011



ZURICH

**MARYLAND CASUALTY COMPANY
COMMON POLICY DECLARATIONS
PRECISION AMERICA
OFFICE PROGRAM**

This policy consists of the declarations as well as the coverage forms and endorsements listed on the Forms and Endorsements Applicable List.

<table border="1"> <tr> <th>NAMED INSURED AND MAILING ADDRESS</th> </tr> <tr> <td>ALASKA SUMMIT ENTERPRISES, INC 11723 OLD GLENN HWY STE 209A EAGLE RIVER AK 99577-7750</td> </tr> </table>	NAMED INSURED AND MAILING ADDRESS	ALASKA SUMMIT ENTERPRISES, INC 11723 OLD GLENN HWY STE 209A EAGLE RIVER AK 99577-7750	<table border="1"> <tr> <th>AGENCY NAME AND SERVICING ADDRESS</th> </tr> <tr> <td>ALASKA USA INSURANCE BROKERS, LLC PO BOX 196530 ANCHORAGE AK 99519 (907) 561-1250</td> </tr> </table>	AGENCY NAME AND SERVICING ADDRESS	ALASKA USA INSURANCE BROKERS, LLC PO BOX 196530 ANCHORAGE AK 99519 (907) 561-1250							
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02/16/2011	02/16/2012											
12:01 am.	12:01 AM.											
Standard Time At Your Mailing Address Shown Above												

BUSINESS ENTITY: CORPORATION
BUSINESS DESCRIPTION: SALES, SERVICE OR CONSULTING ORGANIZATIONS - NO ARCHITECTS, ENGINEERS, MEDICAL OR LEGAL WORK

POLICY PREMIUMS	
In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.	
	PREMIUM
COMMERCIAL PROPERTY AND GENERAL LIABILITY	\$ 501.00
TERRORISM PREMIUM	\$ 10.00
TOTAL ANNUAL PREMIUM	\$ 511.00

Countersigned by _____	Authorized Representative	Date
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Copyright, Zurich American Insurance Company 2004.

01/11/2011

COMMON

AGENT'S COPY

U-CL-D-100-A CW (06-04)

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED.

This is to Certify that



Liberty Northwest

Member of Liberty Mutual Group

ALASKA SUMMIT ENTERPRISE, INC
 11723 OLD GLENN HWY STE 209A
 EAGLE RIVER AK 99577-7750


Liberty Centre
 650 NE Holladay Street
 PO Box 4555
 Portland, OR 97208-4555

Tel: 503 239 5800
 www.libertynorthwest.com

is, at the date of the certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXPIRATION DATE	POLICY NUMBER	LIMITS OF LIABILITY	
<input checked="" type="checkbox"/> WORKERS' COMPENSATION	12/02/2011	WC4-3NC-5 10232	COVERAGE AFFORDED UNDER W.C. LAW OF FOLLOWING STATES: AK	COVERAGE AFFORDED UNDER W.C. LAW OF FOLLOWING STATES:
			EMPLOYERS LIABILITY LIMITS Each Accident \$100,000 Disease - policy limit \$500,000 Disease - each employee \$100,000	EMPLOYERS LIABILITY LIMITS Each Accident Disease - policy limit Disease - each employee
GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability (Occurrence) <input type="checkbox"/> Owner's and Contractors Protective			MARITIME COVERAGE - FOLLOWING STATES:	LIMIT OF LIAB. - MARITIME COVERAGE
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability			General Aggregate Products Compl/Ops Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)	\$ \$ \$ \$ \$
LOCATION(S) OF OPERATIONS & JOB # (IF APPLICABLE)			DESCRIPTION OF OPERATIONS	
CANCELLATION:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, OR REPRESENTATIVES.			

MAILED TO:

RURAL CAP
 ATTN: JOIE BROWN
 731 EAST 8TH AVE
 PO BOX 200908
 ANCHORAGE AK 99520-0908



Dexter R. Legg

Dexter Legg, Vice President and Secretary

EFS dv 6/29/2011 PORTLAND

DATE ISSUED

OFFICE