



ATCHAFALAYA BASIN LEVEE DISTRICT

P.O. Box 170
Port Allen, Louisiana 70767

Phone (225) 387-2249

Fax (225) 387-4742

BID OPENING DATE December 14, 2011					
Lemoine Industrial <small>NAME</small>		SUBMIT TO Atchafalaya Basin Levee District P.O. Box 170 Port Allen, LA 70767 Mark outside of envelope in bold print "Hunting and Fishing Lease Bid"			
24870 Hwy 405 <small>ADDRESS</small>					
Plaquemine, LA 70764 <small>CITY, STATE ZIP CODE</small>					
225- 687 -7640 <small>PHONE NUMBER</small>		Bid Bond in the amount of 10% of the total 5 year lease amount is required with bid.			
Brent S Lemoine <small>BIDDER SIGNATURE</small>					
****Minimum Bid \$10.00/acre****					
DESCRIPTION		PRICE/ACRE		1 year amount	5 year amount
All of Section 16, Township 1 South, Range 8 East, Less and except the Southwest Quarter (SW ¼), containing approximately 480 acres and the area known as Lake Moreau, Pointe Coupee Parish, Louisiana The said property will be leased for a period of five (5) years for hunting and fishing purposes only.		15.50	480	7,440	37,200

AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Lemoine Industrial Group, LLC
12493 Sugarmill Drive
Geismar LA 70734

SURETY:

(Name, legal status and principal place of business)

International Fidelity Insurance Company
One Newark Center
Newark NJ 07102

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

Atchafalaya Basin Levee District
P O Box 170, Port Allen LA 70767

BOND AMOUNT:

Ten Percent (10%) of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Hunting and Fishing Lease Bid - All of Section 16, Township 1 South, Range 8 East,
Less and except the Southwest Quarter (SW 1/4) - known as Lake Moreau

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 14th


day of December, 2011

Lemoine Industrial Group, LLC

(Principal)

(Seal)

(Witness)



(Witness)

(Title)

International Fidelity Insurance Company

(Surety)

(Seal)

(Title) Anthony J. Kennedy, Attorney-in-Fact

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

Init.

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051110

Countersignature

Anthony J. Kennedy, LA Resident Agent

POWER OF ATTORNEY INTERNATIONAL FIDELITY INSURANCE COMPANY

HOME OFFICE: ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NEW JERSEY 07102-5207

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing laws of the State of New Jersey, and having its principal office in the City of Newark, New Jersey, does hereby constitute and appoint

WILLIAM D. QUINLAN, JACK B. STEHR, JR., ANTHONY J. KENNEDY, GODFREY L. MARINE,
HARRIETT D. LAFLEUR, THOMAS E. WHITNEY, ROBERT S. BROWN, CHARLES R. LANDRY,
STEPHEN J. GAFFNEY

New Iberia, LA.

its true and lawful attorney(s) in fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of Article 3-Section 3, of the By-Laws adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting called and held on the 7th day of February, 1974.

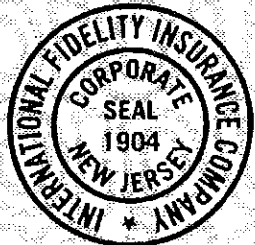
The President or any Vice President, Executive Vice President, Secretary or Assistant Secretary, shall have power and authority

(1) 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, contracts of indemnity and other writings obligatory in the nature thereof and,

(2) To remove, at any time, any such attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of said Company adopted at a meeting duly called and held on the 29th day of April, 1982 of which the following is a true excerpt:

Now therefore the signatures of such officers and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.



IN TESTIMONY WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 16th day of October, A.D. 2007.

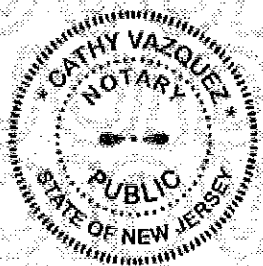
INTERNATIONAL FIDELITY INSURANCE COMPANY

STATE OF NEW JERSEY
County of Essex

A handwritten signature in black ink, appearing to read "Thomas E. Whitney".

Secretary

On this 16th day of October 2007, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of the INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate Seal of said Company; that the said Corporate Seal and his signature were duly affixed by order of the Board of Directors of said Company.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

A handwritten signature in black ink, appearing to read "Cathy Vazquez".

A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March, 27, 2014

CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 14th day of December, 2011

A handwritten signature in black ink, appearing to read "Maria H. Franco".

Assistant Secretary

CERTIFICATION AS TO CORPORATE PRINCIPAL

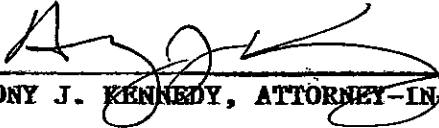
I, _____, certify that I am the Secretary
of the Corporation named as Principal in the within bond; that _____
_____ who signed the said bond on behalf of the
Principal was then _____
of said corporation; that I know his/her signature, and his/her signature thereto is genuine;
and that said bond was duly signed, sealed, and attested to on behalf of said corporation by
authority of this governing body.

_____(Corporate Seal)

Title: _____

CERTIFICATE AS TO SURETY

I, ANTHONY J. KENNEDY, certify that I am the ANTHONY J. KENNEDY, ATTORNEY-
IN-FACT of the Surety who signed the bond, I certify that we are licensed to do
business in the State of Louisiana and are currently recognized by the U. S. Department of
the Treasury as acceptable sureties.



ANTHONY J. KENNEDY, ATTORNEY-IN-FACT

Power of Attorney for person signing for surety company must be attached to bond.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MN02

DATE (MM/DD/YYYY)

07/13/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Regions Insurance, Inc. - BR 400 Convention Street Ste 200 Baton Rouge, LA 70802 Richard G Kean III		225-927-7575 866-255-0200	CONTACT NAME: Cindy Orcino PHONE (A/C, No, Ext): 800-965-6555 FAX (A/C, No): 866-255-0200 E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: LEMOI05
INSURED Lemoine Industrial Group, LLC 24870 Hwy 405 Plaquemine, LA 70764		INSURER(S) AFFORDING COVERAGE INSURER A: Century Surety Co INSURER B: QBE Specialty Insurance Compan INSURER C: American Interstate Ins Co INSURER D: INSURER E: INSURER F:	
		NAIC # 36951 11515 31895	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	CCP719349	07/01/11	07/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<input checked="" type="checkbox"/> Pollution - Occur			CCP719349	07/01/11	07/01/12	
A	<input checked="" type="checkbox"/> Prof -Claims Made			CCP719349	07/01/11	07/01/12	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input checked="" 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 checked="" type="checkbox"/> Broadened Auto	X	X	QSILA0012683	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	CCP719350	07/01/11	07/01/12	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	AVWCLA2037522011	07/01/11	07/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Additional Insured/Blanket Waiver of Subrogation is provided as required by written contract

CERTIFICATE HOLDER

CANCELLATION

SAMPLE VERIFICATION OF COVERAGE	SA--AR1
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE 	

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