C	onsent Of Surety And Inc	OMB Control Number: 9000-0001 Expiration Date: 1/31/2027				
1.	Contract Number	2. Moc	lification Number	•	3. Dated	
4.	4. The Surety (Co-Sureties) consents (consent) to the foregoing contract modification and agrees (agree that its (their) bond or bonds shall apply and extend to the contract as modified or amended. The Principal and Surety (Co-Sureties) further agree that on or after the execution of this consent, the penalty of the performance bond or bonds is increased by dollars (\$ and the penalty of the payment bond or bonds is increased by dollars (\$ to were, the increase of the liability of each Co-Surety resulting from this consent shall not exceed sums shown below.					
5.	5. Name Of Surety(ies)			6. Increase In Liability Limi Under Performance Bond	Under	
A.				\$	\$	
B.				\$	\$	
C.				\$	\$	
	Individual A. Business Address Principal			consent Executed	(Affix Seal)	
9.	Corporate A. Corporate Name Andress Principal Address	nd Business	 B. Person Executing Consent (Signature) * By C. Typed Name And Title D. Date This Consent Executed 		(Affix Corporate Seal) d	

*The Principal or authorized representative shall execute this Consent of Surety and Increase of Penalty with the modification to which it pertains. If the representative (e.g., attorney-in-fact) that signs the consent is not a member of the partnership, or joint venture, or an officer of the corporation involved, a Power-of-Attorney or a Certificate of Corporate Principal must accompany the consent.

10. Corporate/Individual Surety (Co-Sureties)							
A	A. Corporate/Individual Surety's Name And Address		 B. Person Executing Consent (Signature) By C. Typed Name And Title 	(Affix Seal)			
			D. Date This Consent Executed				
В	A. Corporate Address	e/Individual Surety's Name And	 B. Person Executing Consent (Signature) By C. Typed Name And Title D. Date This Consent Executed 	(Affix Seal)			
Add signature blocks similar to Block C below if necessary for additional co-sureties.							
с	A. Corporate Address	e/Individual Surety's Name And	 B. Person Executing Consent (Signature) By C. Typed Name And Title D. Date This Consent Executed 	(Affix Seal)			

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0001. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street, NW, Washington, DC 20405.