MUST BE A SECURED PARTY AND CREDITOR TO USE G.S.A. BONDS

CONSENT OF SURETY

CONTRACT NUMBER
CASENUMBERXXX

2. MODIFICATION NUMBER

3. DATED TODAY'S DATE OMB Control Number: 9000-0045 Expiration Date: 8/31/2025

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 9000-0045. 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.

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.

4. INDIVIDUAL PRINCIPAL	a. NAME OF PRINCIPAL			c. SIGNATURE			
	FIRST MI	DDLE	LAST	By: First Middle List			
	b. BUSINESS ADDRESS			d. TYPED NAME First Middle Last, as surety	(Affix Seal)		
	STREET ADDRESS			e. TYPED TITLE			
	YOUR ADDRESS (	DR JA:	IL ADDRESS	Attorney in Fact			
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	2		
	CITY / TOWN	ST	12345	TODAY'S DATE			
5. CORPORATE PRINCIPAL	a. NAME OF PRINCIPAL			c. PERSON EXECUTING CONSENT (Signature)	(Affix Seal)		
	b. BUSINESS ADDRESS			d. TYPED NAME			
	STREET ADDRESS			e. TYPED TITLE			
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED			

## 6. CORPORATE/INDIVIDUAL SURETY (CO-SURETIES)

The Principal or authorized representative shall execute this consent of surety 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.

a. CORPORATE/INDIVIDUAL SURETY'S NAME  FIRST MIDDLE LAST  By: First Middle  d. TYPED NAME First Middle Last  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  ACCORPORATE/INDIVIDUAL SURETY'S NAME  BY STATE ST., 1st Floor Attorney in Fact CITY NEW YORK NY 10041  ACCORPORATE/INDIVIDUAL SURETY'S NAME  C. PERSON EXECUTING CONSENT EXECUTED TODAY'S DATE  A. CORPORATE/INDIVIDUAL SURETY'S NAME  C. PERSON EXECUTING CONSENT (Signature)  ACCORPORATE/INDIVIDUAL SURETY'S NAME  CITY STATE ZIP CODE  ACCORPORATE/INDIVIDUAL SURETY'S NAME  C. PERSON EXECUTING CONSENT (Signature)  ACCORPORATE/INDIVIDUAL SURETY'S NAME  C. PERSON EXECUTING CONSENT EXECUTED  ACCORPORATE/INDIVIDUAL SURETY SU						
A b. BUSINESS ADDRESS dd. TYPED NAME First Middle Last (Affix Seal)  STREET ADDRESS 55 WATER ST., 1st Floor Attorney in Fact  CITY NEW YORK STATE NY 10041 F. DATE TODAY'S DATE  a. CORPORATE/INDIVIDUAL SURETY'S NAME C. PERSON EXECUTING CONSENT (Signature)  B D. BUSINESS ADDRESS d. TYPED TITLE  CITY STATE ZIP CODE F. DATE THIS CONSENT EXECUTED  CITY STATE ZIP CODE F. DATE THIS CONSENT (Signature)  CITY STATE ZIP CODE F. DATE THIS CONSENT (Signature)  C. PERSON EXECUTING CONSENT (Signature)						(Affix Seal)
A BUSINESS ADDRESS First Middle Last (Affix Seal)  STREET ADDRESS	Α	FIRST MIDDL	E L	AST	By: First Middle Last	
STREET ADDRESS  CITY NEW YORK STATE STATE ZIP CODE 10041  Attorney in Fact f. DATE THIS CONSENT EXECUTED TODAY'S DATE  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED NAME  d. TYPED NAME  e. TYPED TITLE  a. CORPORATE/INDIVIDUAL SURETY'S NAME  CITY STATE ZIP CODE f. DATE THIS CONSENT (Signature)  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED TITLE  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED NAME  c. PERSON EXECUTING CONSENT (Signature)		b. BUSINESS ADI	DRESS			
CITY NEW YORK NY ID041 f. DATE THIS CONSENT EXECUTED TODAY'S DATE  a. CORPORATE/INDIVIDUAL SURETY'S NAME  b. BUSINESS ADDRESS  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED NAME  (Affix Seal)  STREET ADDRESS  c. PERSON EXECUTING CONSENT (Signature)  (Affix Seal)  c. TYPED TITLE  city  state zip code f. Date this consent executed  c. PERSON EXECUTING CONSENT (Signature)  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED NAME  c. PERSON EXECUTING CONSENT (Signature)		STREET ADDRESS			e. TYPED TITLE	
NEW YORK   NY   10041   TODAY'S DATE		55 WATER ST.,	1st	Floor	Attorney in Fact	
B    D. BUSINESS ADDRESS   d. TYPED NAME						
B	В	a. CORPORATE/INDIVIDUAL SURETY'S	NAME	•	c. PERSON EXECUTING CONSENT (Signature)	
B						(Affix Seal)
STREET ADDRESS  e. TYPED TITLE  CITY  STATE ZIP CODE  f. DATE THIS CONSENT EXECUTED  a. CORPORATE/INDIVIDUAL SURETY'S NAME  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED NAME  STREET ADDRESS  e. TYPED TITLE  (Affix Seal)		b. BUSINESS ADDRESS			d. TYPED NAME	
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a. CORPORATE/INDIVIDUAL SURETY'S NAME  c. PERSON EXECUTING CONSENT (Signature)  d. TYPED NAME  (Affix Seal)  STREET ADDRESS  e. TYPED TITLE		CITY	STATE	ZIP CODE	f DATE THIS CONSENT EXECUTED	
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C b. BUSINESS ADDRESS (Affix Seal) STREET ADDRESS e. TYPED TITLE	С	a. CORPORATE/INDIVIDUAL SURETY'S	NAME	•	c. PERSON EXECUTING CONSENT (Signature)	
C b. BUSINESS ADDRESS (Affix Seal) STREET ADDRESS e. TYPED TITLE						
STREET ADDRESS  e. TYPED TITLE  (Affix Seal)					d. TYPED NAME	(Affix Seal)
CITY STATE ZIP CODE f. DATE THIS CONSENT EXECUTED		STREET ADDRESS			e. TYPED TITLE	
		CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	

(Add similar signature blocks on the back of this form if necessary for additional co-Sureties)