UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

In re Building Materials Holding Corporation, <u>et al.</u>
Debtors

12-Month Cash Flow Projection (Form IR-1)

REQUIRED DOCUMENTS

Workers Compensation

Certificates of Insurance:

Case No. 09-12074 (KJC)

Document

Attached

Attached

Attached

Attached

Explanation

Attached

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.

Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."

Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

Property	Attached	
General Liability	Attached	
Vehicle	Attached	
Other: Crime and Special Crime, Fiduciary, D&O Excess		
Coverage, Environmental, Excess Layer, Marine Cargo	Attached	
Identify areas of self-insurance w/liability caps	Attached	
vidence of Debtor in Possession Bank Accounts	See Attac	hed Order
Tax Escrow Account	N/A	
General Operating Account	N/A	
Money Market Account pursuant to Local Rule 4001-3. Refer to	N/A	
http://www.deb.uscourts.gov/	N/A	
Other:	N/A	
	Attached	
declare under penalty of perjury (28 U.S.C. Section 1746) that this are true and correct to the best of my knowledge and belief.		nents attached
declare under penalty of perjury (28 U.S.C. Section 1746) that this		nents attached
declare under penalty of perjury (28 U.S.C. Section 1746) that this		nents attached
declare under penalty of perjury (28 U.S.C. Section 1746) that this are true and correct to the best of my knowledge and belief.	report and the docun	nents attached

WILLIAM W. SMARTT

Printed Name of Authorized Individual

SENIOR VICE PRESIDENT

Title of Authorized Individual

AND CHIEF FINANCIAL OFFICER

^{*}Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

CASH FLOW PROJECTION

BMHC 13 Week Cash Flow									July 2009				
Weak Ending	1 ST29709 Profested	6/5/09 Profested	June 2009 6/12/09 Projected F	ensna Profected	6/26/09 Projected	7/3/09 Projected	7/10/09 Projected	7117/09 Projected	7/24/09 Projected	7/31/09 Projected	87/09 Projected	Brisched Projected	Tolais
Receipt			44 676 887		9 808 286	10.973.536	11,037,063	14,263,383	8,192,354	11,525,038	9,548,508	15,700,833	917,001,001
BMC West SelectBuild	10,317,154 5,256,488	5,459,807	13,507,051	4,847,560	5,227,001	4,789,044	4,248,253	4,685,147	4,850,442 250	5,116,297	4,365,250 250	630,078	62,592,977
BMHCJOther Tolid Cash Receipts	278,727,21	15,001,752	17,360,387	15,562,013	15,035,536	15,777,830	15,285,566	18,999,779	14,043,045	15,641,586	14,032,403	755,850,12	rakiantiant
Distructions Related	192.054	6.945.200	175,559	0,440,585	8,255,845	7,434,088	10,623,377	852,632,8	6,213,966	7,652,258	7,865,789	11,338,810	125,148,626
Molecular Poyroll COGS	1,535,187	1,577,519	1,584,099	2,115,009	1,551,649	2,102,461	1,556,413	2,156,616	1,563,788	2,189,439	1,542,739	2,230,567	25,827,505
508.A	1,56(,999	30,000	487,463	2,442,093	30,000	1,761,563 000,02E	30,000	320,000	30,00	000,020	30,000	320,000	2,481,454
amne paren	3,427,186	2,293,763	2,171,562	4,587,163	2,071,112	4,184,044	2,081,095	4,963,656	2,038,471	2.278.101	1,558,081	2,814,179	00,700,80
Payral Reisled	2,016,121	1,142,558	520,085	237,202	267,782	1,581,100	204,751	235,501	219,395	974,685	691,103	306,064	6,318,552
Other Operating Expenses	400,281	455,688	479,386	507,318	441,204	524,028 1,758,315	192,317	475,624	2,758,992	570.03	1,609,050	375,052	20,360,641
Other Admin Helated Expenses	15,751,756	18,128,938	15,879,738	20,984,092	15,105,675	17,941,665	15,259,172	14,816,333	14,533,407	15,279,702	14,300,820	40,40f,174	24,1000,122
Enancing Related	210,826	-	0			Б.	.	05		00		00	929,312 42,984,831
Principal Payments			00	60	o 6	90	9 19			~	0.0	66	413,138
Bending rece Swap Poyments	395,575		0	٥		0	0	0				0	44,723,053
	1,324,887	3 4	2 5	, ,	9006	24.000	8.000	8,000	25,000	000,0	000'8\$	18,000	183,784
Copiled Expenditures	2,000	19,000	40,000	מימה	nanda		1000	100	14 558 407	16 282 707	14.327.920	20,505,172	292,003,503
Total Cash Disbursements	17,081,652	18,147,938	15,918,758	20,992,092	15,108,675	17,965,665	15,251,172	14,342,33	יאנים דרי לי				
Restructuring Related (Negative = Cash Outflow) Tokal Restructuring Refolded	(000,120)	(1,614,500)	(4,563,456)	(852,044)	(4,866,884)	(1,755,000)	4,500,000	(1,372,000)	2,500,000	(130,762)	60,063	C90°09	(6,155,521)
NET CASH FLOW	(1,574,780)	(4,730,586)	(1,222,867)	(6,202,124)	(2,640,022)	(3,947,836)	4,518,394	2,704,446	1,984,539	226,121	(235,449)	649,384	2,150,362
CASH BALANCE (book) Opening Balance Net Cash Flow Revolver Clow (Repsymen) Foresthe Finding Balance	9,509,561 (1,674,780) 0 7,934,881	7,934,881 (4,730,686) 2,795,805 5,010,000	6,000,000 (7.222,C) (7.22,267) (2.000,000	6,000,000 (6,282,124) 6,282,124 6,000,000	6,000,000 (2,540,022) 2,640,022 5,030,000	6,000,000 (3,947,836) 3,847,836 6,000,000	5,000,000 4,516,394 (4,518,394) 5,000,800	6,000,000 2,704,446 (2,704,446) 6,000,000	6,000,000 1,984,639 (1,884,639) 5,000,000	6,000,000 228,121 (228,121) 6,000,000	6,000,000 (235,449) 235,449 6,000,000	6,000,000 649,384 (649,384) 6,000,000	
REVOLVER Opening Bolance Portion of Revolver not Rolled Up	60	0	2,785,805	8,018,671 (2,018,671)	10,262,124	12,822,146	16,669,982 0	12,351,588	9,647,142 0	7,662,503	7,434,381 0 235,449	7,668,838 0 0	
Drawdown Repayment Ending Balance	0 0 0	2,795,805 0 2,795,805	3,222,867 0 6,018,671	6,282,124 0 10,282,124	2,640,022 0 12,922,145	15,869,962	(4,516,394) 12,351,500	9,647,142	(1,984,638) 7,062,503	7,424,281	7,669,830	7,020,440	
Neek Ending	\$ S729/09 Projected	6/5/09 Projected	6112109 Projected	6119/09 Projected	6725/09 Projected	773/09 Projected	7110109 Projected	7/17/09 Projected	7124las Projected	7/31/09 Projected	817/09 Projected	arraros Projected	
LIGUIDITY SUMMARY Borrowing Base Contractor Beauther				40,000,000 (10,262,124)	40,000,000	40,000,000 (16,869,952)	40,000,000	40,000,000 (8,647,142)	80,000,000 (7,662,503)	80,000,000 (7,434,351)	80,000,000 (7,668,830)	60,000,000 (7,020,446)	
New L/C Revolver Availability			•	(5,000,000) 24,717,878 0	22,077,854	810,051,51 0	17,648,412	20,352,858	62,337,497 0	62,565,619	071,000,772	57,978,554 D	
TOTAL LIQUIDITY			•	24,717,878	22.077,854	13,130,018	17,648,412	20,352,858	62,337,497	62,505,619	0.110001.10	21,212,12	

CERTIFICATES OF INSURANCE

PRODUCER	LIC #OE77964	GATE OF PROPE		In Gil Zantala Market Control of the		INTO DESCRION
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101 Califor			ALTER THE	COVERAGE A	FFORDED BY THE PO AFFORDING COVERAC	LIGILO DELCOTI.
Suite 1600	sco, CA 94111		COMPANY A *SE	E ATTACHED*		
INSURED			COMPANY	E ATTIONE		
SelectBuild	i Construction, Inc.		B			
720 Park Bl	lvd., Suite 200		С	\$2.		
Boise, ID 8			COMPANY D			
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A X PROP	DEDTY	EAF7440039-08	11/11/08	11/11/09	X BUILDING	\$ PerPolicy
A CAUSES C	i .	D37339945002	11/11/08	11/11/09	X PERSONAL PROPERTY	\$ Included
A BASI	i.	MAX4XP0003248	11/11/08	11/11/09	X BUSINESS INCOME	§ Included § Included
BROA	AD				X EXTRA EXPENSE BLANKET BUILDING	\$ Included
SPEC	CIAL				BLANKET PERS PROP	s
EART	THQUAKE				BLANKET BLDG & PP	s
FLOO	OD					\$
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	AND MARINE					\$
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TYPE OF						s
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ОТН		8122-2977	D6/04/0B	06/04/10	Limit	\$10,000,000
A Fiduci	iary Liability yment Practices Liab		06/04/08	06/04/10	Limit of Liability	T .
A Employ	yment Practices niac					S
LOCATION OF	PREMISES/DESCRIPTION OF PRI	OPERTY				
SPECIAL CONI Evidence	DITIONS/OTHER COVERAGES of Coverage.					
GERIJIFIC/	ATEHOLDER		CANCELLA	NY OF THE ABOVE	DESCRIBED POLICIES BE CA	
Office of	f the U.S. Trustee		EXPIRATION 30 DA	N DATE THEREOF, 1	THE ISSUING COMPANY WILL TO THE CERTIFICATE HOLDE	ENDEAVOR TO MAIL R NAMED TO THE LEFT,
			BUT FAILU	RE TO MAIL SUCH N	OTICE SHALL IMPOSE NO OB	LIGATION OR LIABILITY
844 King	Street				COMPANY, ITS AGENTS C	R REPRESENTATIVES.
1	07, Lockbox 35		AUTHORIZED R	EPRESENTATIVE	<u>Ellen</u>	-
_	on, DE 19801	USA				CORPORATION 1995

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

Δ	CORD GERTIF	ICATE OF PROP	ERIYIN	SURANC		DATE (MM/DD/YY) 06/22/09
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	e 1600 Francisco, CA 94111		COMPANY A *SE	E ATTACHED*		
INSUF			COMPANY B			
Sele	ctBuild Southern Californi	ia, Inc.	COMPANY			
720	Park Blvd., Suite 200		C			
Boi	se, ID 83712		COMPANY D			
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	X PROPERTY	EAF7440039-08	11/11/08	11/11/09	X BUILDING	\$ PerPolicy
A	CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	X PERSONAL PROPERTY X BUSINESS INCOME	\$ Included \$ Included
A	BASIC	MAX4XP0003248	11/11/08	11/11/09	X BUSINESS INCOME X EXTRA EXPENSE	S Included
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	EARTHQUAKE FLOOD				BLANKET BLDG & PP	\$
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	INLAND MARINE					\$
	TYPE OF POLICY					\$
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A	Fiduciary Liability	8122-2977	06/04/08	06/04/10 06/04/10	Limit of Liability	1
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Ο£	fice of the U.S. Trustee			YS WRITTEN NOTICE	TO THE CERTIFICATE HOLDER TOTICE SHALL IMPOSE NO OB	R NAMED TO THE LEFT,
84	4 King Street				COMPANY, ITS AGENTS C	
Su	ite 2207, Lockbox 35			EPRESENTATIVE		
	lmington, DE 19801	USA	The state of the s			 CORPORATION 1995
Comments.	CODDOLLADE				THE PROPERTY OF ACURD !	בפפו אוטוואאטאאט

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Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

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Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Employment Practices Liability:

THIS CERTIFICATE IS ISSUED AS A MATTER OF REPORTATION ONLY AND CONDERS NOT RIGHTS UPON THE CERTIFICATE COLORS NOT AND CONDERS	HIGH COMPERS NO RIGHTS UPON THE CERTIFICATE STREET COMPERS NO RIGHTS UPON THE CERTIFICATE OF MILES AND RIGHTS UPON THE CERTIFICATE OF MILES AND RIGHTS UPON THE COLORS BELOW. LOCAL COMPANIES AFFORDING COVERAGE LOCAL COMPANIES AFFORDING COVERAGE COMPANY	Z	1C	ORD CERTIF	ICATE OF PROP	ERIYIN	SURANC	E		06/22/09 E
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COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Employment Practices Liability:

A	C	ORD GERTIE	icatie of propi	RIYIN	SURANC	SE SE	DATE (MM/DD/YY) 06/22/09
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INSUR		nild Illinois, LLC		COMPANY B			
		k Blvd., Suite 200		COMPANY C			
Bois	æ,	ID 83712		COMPANY D			
mayara							
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		SPECIAL				BLANKET PERS PROP	\$
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		de d		BUT FAILU	RE TO MAIL SUCH N	COMPANY, ITS AGENTS (OR REPRESENTATIVES.
84 S1	14 K	ing Street 2207, Lockbox 35			REPRESENTATIVE		
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	n-makete	2D/24/7/95) - vermo	USA			© ACORD	CORPORATION 1995

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AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Employment Practices Liability:

COMPANIES AFFORDING COVERAGE:

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Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

ACORD CERTIFICA	TE OF LIAB	ILITY INSU	RANCE		DATE (MM/DD/YYYY) 06/22/2009
DUCER MARSH RISK & INSURANCE SERVIC 345 CALIFORNIA STREET, SUITE 130 CALIFORNIA LICENSE NO. 0437153	ES	THIS CERTIF	CONFERS NO	ED AS A MATTER O RIGHTS UPON TH E DOES NOT AMEN ORDED BY THE POLI	
SAN FRANCISCO, CA 94104		INSURERS AFFOR	DING COVERA	GE	NAIC #
5878PLL-2008				ecially Lines Ins Co	26883
Building Materials Holding Corporation		INSURER A: ATTENDATE	THE HALONG OP		
720 Park Boulevard, Suite 200		INSURER C:		** * * * **** * ******* **** * * * **** *** *	
Boise, ID 83712		***************************************	<u> </u>		
		INSURER D:			
	ya wa baga kata atal anah ana bada da babada da a a la limbaan kata da a ala da abadha baga a	INSURER E		services procedures to the contract of the contract purple to the particular contract of the c	
VERAGES THE POLICIES OF INSURANCE LISTED BY NOTWITHSTANDING ANY REQUIREMENT, TEI MAY BE ISSUED OR MAY PERTAIN, THE INSU CONDITIONS OF SUCH POLICIES, AGGREGAT	TANCE AFFORDED BY THE	POLICIES DESCRIBED H	IEREIN IS SUBJEI D CLAIMS.	CT TO ALL THE TERMS,	EXCLUSIONS AND
ADD'L TYPE OF MELIDANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)			MITS
INSRD GENERAL LIABILITY				DAMAGE TO RENTED	- 0
COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence)	\$ \$
CLAIMS MADE OCCUR				MED EXP (Any one person) PERSONAL & ADV INJURY	
				GENERAL AGGREGATE	g s
				PRODUCTS - COMPIOP A	GG\$
GENERAL AGGREGATE LIMIT APPLIES PER POLICY JECT LOC				COMBINED SINGLE LIMIT	¢
AUTOMOBILE LIABILITY ANY AUTO				(Ea sccident) BODILY INJURY	\$
ALL OWNED AUTOS SCHEDULED AUTOS				(Per person)	\$
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	
NON-OWNED ACTOS				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY				AUTO ONLY - EA ACCIDE	
ANY AUTO				OTHER THAN EA AC	• • •
				EACH OCCURRENCE	\$
EXCESS/UMBRELLA LIABILITY				AGGREGATE	s
OCCUR CLAIMS MADE				AGGREGATIE	\$
					\$
DEDUCTIBLE		1	1	***************************************	\$
RETENTION 3 WORKERS COMPENSATION AND				WC STATU- OT	rH-
EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	3
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLO	YEED
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LI	
OTHER Environmental Pollution Legal Liability - Claims Made	LS 2101368	11/11/08	11/11/09	per claim policy aggregate deductible	\$5,000,0 5,000,0 1,000,0
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/Rividence of Insurance Only	KCLUSIONS ADDED BY ENDOR	I SEMENT/SPECIAL PROVISION	s		
ERTIFICATE HOLDER SEA-0	01427666-02	CANGELLATIO		. O y manus calor - do most de manuel manuel a monde de la manuel de la manuel de la manuel de la manuel de la	
ATT THE STATE OF T	gang talang kan dereman pamalah gandan kan kan dari dari dari dari dari dari dari dari	SHOULD ANY OF	THE ABOVE DESC	RIBED POLICIES BE CANCI	LLED BEFORE THE
		EXPIRATION DAT	E THEREOF, THE	ISSUING INSURER WILL E	NDEAVOR TO MAIL
Office of the U.S. Trustee 844 King Street, Suite 2207		30 DAYS WE	ITTEN NOTICE TO T	HE CERTIFICATE HOLDER N	AMED TO THE LEFT,
		BUT SAUURE TO	DO SO SHALL IMPO	SE NO OBLIGATION OR LIA	BILITY OF ANY KIND
Lockbox 35		BUI TAILBRE TO	DO 00 DIM		
Lockbox 35 Wilmington, DE 19801		UPON THE	INSURER, IT		REPRESENTATIVES.

ACORD CERTIFICA	IE OF LIAD	THE PARTY ACCUSES	CATE IS ISSI	ED AS A MATTER O	06/22/2009 F INFORMATION
DUCER MARSH RISK & INSURANCE SERVIC 345 CALIFORNIA STREET, SUITE 13 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	ES DD	ONLY AND	CONFERS NO	RIGHTS UPON THE DOES NOT AMEN	ID. EXTEND OR
5878PLL-2008		INSURERS AFFOI	RDING COVERA	GE	NAIC #
SURED				ecialty Lines Ins Co	26883
Bullding Materials Holding Corporation		INSURER B:			
BMC West Corporation 720 Park Boulevard, Suite 200		INSURER C:	**************************************	** ** *** **** * * *******************	
Bolse, ID 83712		INSURER D:			
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	the distincts before the property management between the state of the	INSURER E:	***************************************		7
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ADD'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MN/DD/YY)			MITS
INSRD GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	18
COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence)	\$
				MED EXP (Any one person)	
CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	(\$
				GENERAL AGGREGATE	\$
GENERAL AGGREGATE LIMIT APPLIES PER PROPERTY JECT LOC				PRODUCTS - COMP/OP A	GG\$
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per accident)	\$
NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
				AUTO ONLY - EA ACCIDE	NT \$
GARAGE LIABILITY ANY AUTO				OTHER THAN EA ACT AUTO ONLY:	
				EACH OCCURRENCE	\$
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RETENTION \$ WORKERS COMPENSATION AND				WC STATU- O'	TH-
EMPLOYERS'LIABILITY				E.L. EACH ACCIDENT	<u> </u>
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. DISEASE - EA EMPLO	YEE \$
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - POLICY LI	
If yes, describe under special PROVISIONS below OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim policy aggregate deductible	\$5,000,0 5,000,0 1,000,0
 ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/ vidence of Insurance Only	EXCLUSIONS ADDED BY ENDOI	RSEMENT/SPECIAL PROVISION	is .		
		CANCELLATI)) december the control of the cont	ar halaning o place before the same by a convenience by their same of the same
ERTIFICATE HOLDER SEA-	01427666-08			ninen nottaire de calici	ELLED BEEDDE THE
		SHOULD ANY O	THE ABOVE DESC	RIBED POLICIES BE CANCI	ENDEAVOR TO MAIL
Office of the U.S. Trustee		EXPIRATION DA	TE THEREOF, THE	ISSUING INSURER WILL E	IAMED TO THE LEFT.
844 King Street, Suite 2207		30 DAYS W	RITTEN NOTICE TO T	HE CERTIFICATE HOLDER	INDICED TO THE LEFT
Lockbox 35 Wilmington, DE 19801		l l		SE NO OBLIGATION OR LIA	REPRESENTATIVES.
MATICULIANOL, OF 1900.		UPON THE	INSURER, IT	S AGENTS OR	REFREGERIATIVES.
•		AUTUADITES OFFICE	TATIUE		
•		AUTHORIZED REPRESE of Marsh Risk & Insu Brian Lynch	rance Services 🚡		CORPORATION 15

ACORD CERTIFICA	TF OF LIABIL	ITY INSUI	RANCE		DATE (MM/DD/YYYY) 06/22/2009
DDUCER MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA I ICENSE NO. 0437153	CES 30D	THIS CERTIFI	CATE IS ISSUE CONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN ROED BY THE POLI	D. EXTEND OR
SAN FRANCISCO, CA 94104		INSURERS AFFOR	DING COVERAG	iE	NAIC #
5878PLL-2008		INSURER A: American			26883
Bullding Materials Holding Corporation	n	INSURER B:			
SelectBuild Construction, Inc. 720 Park Boulevard, Suite 200		INSURER C:			
Bolse, ID 83712		INSURER D:			1
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R. ADD'L TUDE OF INGURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		HITS
INSRD ITTE UT INSURANCE				DAMAGE TO RENTED	\$ \$
COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence) MED EXP (Any one person)	s
CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	\$
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SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per sccident)	\$
NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY				AUTO ONLY - EA ACCIDE	
ANY AUTO				OTHER THAN EA ACT	6
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
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RETENTION \$ WORKERS COMPENSATION AND				WC STATU- OT TORY LIMITS E	H-
EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OF FICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLO	
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LI	νίτ μ ^φ \$5,000,0
OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim policy aggregate deductible	5,000,0 5,000,0 1,000,0
i ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES vidence of Insurance Only	 SIEXCLUSIONS ADDED BY ENDORSEN	I MENTISPECIAL PROVISIONS		,	
CERTIFICATE HOLDER SEA	001427666-09	CANCELLATIO			
		SHOULD ANY OF	THE ABOVE DESCR	IBED POLICIES BE CANCE	LLED BEFORE THE
Office of the U.S. Trustee	•	EXPIRATION DATI	THEREOF, THE IS	SSUING INSURER WILL E IE CERTIFICATE HOLDER N	NUERVUK 10 MAIL
RAA King Street, Suite 2207		30 DAYS WR	II I'EN NOTICE TO TH NO SO SHALL IMPOS	ie no obligation or lia	BILITY OF ANY KIND
Lockbox 35					REPRESENTATIVES.
Wilmington, DE 19801		CONTRACT TOP			
Wilmington, DE 19801		UPON THE AUTHORIZED REPRESENT OF MAISH RISK & INSURA	INSURER, ITS	- Bul	

ODUCER	MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1: CALIFORNIA LICENSE NO. 0437153	CES 300		ONLY AND	CONFERS NO	D AS A MATTER OF RIGHTS UPON THE DOES NOT AMENI RDED BY THE POLICE	EXTEND OR
	SAN FRANCISCO, CA 94104		IMC	HIDEDS AFFOR	DING COVERAG	E	NAIC #
45878	PLL-2008						26883
BURED	Building Materials Holding Corporatio	n		IREK A: ATTIONCOT			
	Ilinois Framing, Inc. 720 Park Boulevard, Sulte 200			JRER C:			
	Bolse, ID 83712			JRER D:			
				JRER E:			
	dry have been properly to the state of the s						6
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RI ADD'L	TWO OF INCUDANCE	POLICY NUMBER		DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MMIDDIYY)		
INSRD	GENERAL LIABILITY					DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Es occurence) MED EXP (Any one person)	\$
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
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-	GENERAL AGGREGATE LIMIT APPLIES PER POLICY PEO LOC AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
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	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
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İ	EXCESSIUMBRELLA LIABILITY					AGGREGATE	\$
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EMP	LOYERS' LIABILITY					E.L. EACH ACCIDENT	\$
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li ye	s, describe under CIAL PROVISIONS below				<u> </u>	E.L. DISEASE - POLICY LIM	
A DTH	CIAL PROVISIONS BROW HER Environmental Pollution Legal bility - Claims Made	PLS 2101368		11/11/08	11/11/09	per claim policy aggregate deductible	\$5,000,0 5,000,0 1,000,0
	PTION OF OPERATIONS/LOCATIONS/VEHICLES ce of Insurance Only	JEXCLUSIONS ADDED BY ENDOR	SEMENT/S	I PECIAL PROVISIONS	1		
CERTI	FICATE HOLDER SEA-	001427666-07		CANCELLATIO		*	
	Office of the U.S. Trustee 844 King Street, Sulte 2207 Lockbox 35 Wilmington, DE 19801			20 DAYS WR	THEREOF, THE I	IBED POLICIES BE CANCEL SSUING INSURER WILL EN IE CERTIFICATE HOLDER NA IE NO OBLIGATION OR LIAB AGENTS OR F	DEAVOR TO MAIL MED TO THE LEFT,
			1	UPON THE UTHORIZED REPRESENT I March Risk & Insure		Pul	
			l'a	of Marsh Risk & Insure	nco Services		_

ACORD CERTIFICA MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1: CALIFORNIA LICENSE NO. 0437153	CES 300		ONLY AND C	ONFERS NO	D AS A MATTER OF RIGHTS UPON THI DOES NOT AMEN ORDED BY THE POLICE	D EXTEND OR
SAN FRANCISCO, CA 94104			URERS AFFORI	NING COVERAG	ŀΕ	NAIC#
878PLL-2008		INS	UKEKS AFFOR	International Spe	cialty Lines Ins Co	26883
RED Building Materials Holding Corporation	n		IRER A: AMERICAN IRER B:		***************************************	
SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200		l	IRER C:		de para la billinguistique des representationes para principal	
Boise, ID 83712			JRER D;			
			JRER E:			
or by bloken and the same and t	and the formal parties and the street date of the street o					SIGN INDICATED
VERAGES THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREMENT, T MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE CONDITIONS OF SUCH POLICIES. AGGREGA	C(110) C(17) I		Le DESCRIBED H	-KFIN 12 2007E0	I TO ALL THE TERMINE	HIS CERTIFICATE EXCLUSIONS AND
CONDITIONS OF SUCH PULICIES. AGGREGA	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/Y)	POLICY EXPIRATION DATE (MM/DD/YY)	LI	AITS
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COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence) MED EXP (Any one person)	s
CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AC	39\$
POLICY JECT LOC					COMBINED SINGLE LIMIT	\$
AUTOMOBILE LIABILITY					(Ee accident)	
ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
SCHEDULED AUTOS HIRED AUTOS					BODILY INJURY (Per accident)	\$
NON-OWNED AUTOS					PROPERTY DAMAGE	s
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GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	100
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OFFICER/MEMBER EXCLUDED!					E.L. DISEASE - POLICY LI	
I yes, describe under SPECIAL PROVISIONS below OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368		11/11/08	11/11/09	per claim policy aggregate deductible	\$5,000,00 5,000,00 1,000,00
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE vidence of Insurance Only	SIEXCLUSIONS ADDED BY ENDOF	RSEMENT	i SPECIAL PROVISION:	\$		
			CANCELLATIO	ON		
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			EXPIRATION DAT	E THEREOF, THE	ISSUING INSURER WILL E	NDEAVOR TO MAIL
Office of the U.S. Trustee			30 DAYS WE	ITTEN NOTICE TO T	HE CERTIFICATE HOLDER I	IAMED TO THE LEFT,
844 King Street, Suite 2207 Lockbox 35			BUT FAILURE TO	DO SO SHALL IMPO	SE NO OBLIGATION OR LIA	BILITY OF ANY KIND
Wilmington, DE 19801		1	UPON THE	INSURER, IT		REPRESENTATIVES.
Attitum:Brood ==		1	AUTHORIZED REPRESEN Of Marsh Risk & Insur			7

DUCER	MARSH RISK & INSURANCE SERVI	CES		HIS CERTIFIC	ONFERS NO	RIGHTS UPON THE	ND. EXTEND OF
;	345 CALIFORNIA STREET, SUITE 1 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	300		LTER THE CO	VERAGE AFF	ORDED BY THE POL	ICIES BELOW.
8781	PLL-2008		INSU	RERS AFFOR	DING COVERA	GE	NAIC#
reen.			INSURI	RA: American	International Sp	pecially Lines Ins Co	26883
	Building Materials Holding Corporation SelectBulld Southern California, Inc. 720 Park Boulevard, Suite 200	תי	INSUR			pr	
	Boise, ID 83712		INSUR				1
			INSUR	·			
VERA	GES	y) as g o e a bacag y pumpaba cas e de dum am dusta cap pumpababa buma bear		** * * ** ** * * ***** *********			1(
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ADDL		POLICY NUMBER		LICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION	L)	IMITS
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ŀ	OF THE PROPERTY OF THE PROPERT					PERSONAL & ADV INJUR GENERAL AGGREGATE	Y \$
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ОТН	s, describe under CIAL PROVISIONS below CIAL PROVISIONS (Selection Legal Billity - Claims Made	PLS 2101368		11/11/08	11/11/09	per claim policy aggregate deductible	\$5,000 5,000 1,000
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				XPIRATION DATE	THEREOF, THE	ISSUING INSURER WILL F	INDEAVOR TO MAIL
	Office of the U.S. Trustee		1 -	O DAYS WRI	TTEN NOTICE TO	THE CERTIFICATE HOLDER I	NAMED TO THE LEFT,
	844 King Street, Suite 2207 Lockbox 35			BUT FAILURE TO I	O SO SHALL IMPO	OSE NO OBLIGATION OR LIA	ABILITY OF ANY KIND
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				an Lynch			

ORD CERTIFICA	TE OF LIAB	LIT	Y INSUF	RANCE		DATE (MM/DD/YYYY 06/22/2009
MARSH RISK & INSURANCE SERVI	CES 300		ONLY AND	ONFERS NO	RIGHIS UPON II	NO EXTEND OR
SAN FRANCISCO, CA 94104				NIC COVERA	GF	NAIC#
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a visit - Metariola Holding Cornoration	ın	J		nternational Sp	Bulany Lines in Co	
C Construction, Inc.		1			military military management of the fallow the section of the sect	
Boise, ID 83712	•					
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RETENTION \$				<u> </u>	I WC STATU-	TH-
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, describe under				11/14/199		\$5,000
ER Environmental Pollution Legal oility - Clalms Made	PLS 2101368		11/11/08	11/11/09	policy aggregate deductible	5,000 1,000
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INSRD	GENERAL LIABILITY COMMERCIAL GENÈRAL LIABILITY CLAIMS MADE OCCUR X OWNER'S & CONTRACTOR'S GENERAL AGGREGATE LIMIT APPLIES PER	OCPG23741817	11/11/08	11/11/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurence) MED EXP (Any one person PERSONAL & ADV INJUR GENERAL AGGREGATE PRODUCTS - COMP/OP	\$ N 0) \$ N CY \$ N \$ 1,000,0
1 5	ANY AUTO	1		,	COMBINED SINGLE LIMI (Ee accident)	\$ \$
	ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				(Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
					(Per accident)	
	GARAGE DABILITY ANY AUTO				OTHER THAN EA A AUTO ONLY:	
					EACH OCCURRENCE	\$
	EXCESSIUMBRELLA LIABILITY OCCUR CLAIMS MADE				AGGREGATE	\$ \$
	DEDUCTIBLE		ľ			\$
•	RETENTION \$				· WC STATU-	DIH-
WOR	KERS COMPENSATION AND LOYERS' LIABILITY		,		ELL EACH ACCIDENT	 \$
	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				ELL DISEASE - EA EMPL	OYEE\$
OFFI	CERMEMBER EXCLUDED? , describe under CIAL PROVISIONS below				EL DISEASE - POLICY I	-IMIT Þ
OTH				,		
			TENTIQUEDIAL DECAUSION	<u> </u>		
	TION OF OPERATIONS/LOCATIONS/VEHICLI be of Insurance Only with respect to s Notice Non Payment of Premium	ESIEXCLUSIONS ADDED BY ENDORSE. liability arising out of Named In	sured's operations (co	ncrete work).		
		N 004 (07504 04	CANCELLATIO	ON		
CERTIF	Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	A-001427594-01	SHOULD ANY OF EXPIRATION DAT 30 DAYS WE BUT FAILURE TO	THE ABOVE DESCR E THEREOF, THE II UTTEN NOTICE TO TH DO SO SHALL IMPOS INSURER, ITS		ENDEAVOR TO MAIL NAMED TO THE LEFT, ABILITY OF ANY KIND REPRESENTATIVES.
			AUTHORIZED REPRESEN Of Marsh Risk & Insur Gloria N. Brumfield		ous N. Bumbu	D CORPORATION 1

	RD CERTIFICA	TE OF LIABIL	IHIS CERTIF	ICATE TO TOUGH	D AS A MATTER O	06/23/2009 F INFORMATION E CERTIFICATE
345	RSH RISK & INSURANCE SERVI CALIFORNIA STREET, SUITE 13 IFORNIA LICENSE NO. 0437153	200	HOLDER. TH	IS CERTIFICATE OVERAGE AFFO	DOES NOT AMEN	ID, EXTEND OR CIES BELOW.
	FRANCISCO, CA 94104	den	INSURERS AFFOI	RDING COVERAG	E	NAIC#
5878MM	-2008 511		INSURER A: XL Speci	alty Ins. Co.		
JRED Bui	Iding Materials Holding Corporation	n	INSURER B:			
720 Bol	Park Boulevard, Suite 200 se, ID 83712		INSURER C:			
			INSURER D:			
			INSURER E:			4
MOTATI	S LICIES OF INSURANCE LISTED ISTANDING ANY REQUIREMENT, T ISSUED OR MAY PERTAIN, THE INS ONS OF SUCH POLICIES. AGGREGA	EI UNI OIL COLLECTION IN	ALIAICO DECODIRED I	イトドトリル 12 2007とん	I TO ALL THE TEXT	
CONDITI	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	PULL EXPROSITION	EACH OCCURRENCE	MITS .S
INSRC	YERAL LIABILITY				DAMAGE TO RENTED PREMISES(Ea occurrence)	\$
	COMMERCIAL GENERAL LIABILITY				MED EXP (Any one person	
	CLAIMS MADEOCCUR				PERSONAL & ADV INJUR	
					GENERAL AGGREGATE PRODUCTS - COMPJOP A	\$.GG\$
GE	NERAL AGGREGATE LIMIT APPLIES PER					
AU	POLICY JECT LOC TOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	Г. (\$
	ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
					AUTO ONLY - EA ACCID	ENT \$
G/	RAGE LIABILITY				OTHER THAN EA AC	cc \$ eg \$
1. -	ANY AUTO				EACH OCCURRENCE	\$
E	(CESS/UMBRELLA LIABILITY				AGGREGATE	\$
-	OCCUR CLAIMS MADE					\$
1 -	DEDUCTIBLE					\$
	RETENTION \$				WC STATU-	TH- ER
WORKE EMPLO	RS COMPENSATION AND YERS' LIABILITY			")	EL EACH ACCIDENT	\$
ANYPR	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPL E.L. DISEASE - POLICY L	IMIT \$
If yes, d	escribe under L PROVISIONS below				SIL DIGENCE "I OLIVIE	
OTHER		NAN3051921	11/11/08	11/11/09	Per Attached	
Non-C	owned Aircraft Liability					
		WALLES AND DE PEROPE	 	NS .	1	
vidence dministra	ON OF OPERATIONS/LOCATIONS/VEHICLE of Insurance Only with respect to alive resources to its subsidiaries, of Y2K Endorsement. Notice Non Payment of Premium	SIEXCLUSIONS ADDED BY ENDORSE liability arising out of Named In BMC West Corporation and S	nsured's operations (felectBuild Constructo	olding company p n, Inc.).	roviding capital, mana	gement and
		001427700 05	CANCELLAT	ION		
CERTIFIC	CATE HOLDER SEA	-001427709-05	SHOULD ANY C	F THE ABOVE DESC	RIBED POLICIES BE CANC	ELLED BEFORE THE
		•	EYPIRATION DA	TE THEREOF, THE	IBSUING INSURER WILL	ENDEAVOR TO MAIL
	Office of the U.S. Trustee 844 King Street, Suite 2207		30 DAYS V	RITTEN HOTICE TO T	HE CERTIFICATE HOLDER	NAMED TO THE LEFT.
	Lockboy 35		1		SE NO OBLIGATION OR LI	REPRESENTATIVES.
	Wilmington, DE 19801		UPON THE AUTHORIZED REPRES Of March Rick & Inc.	INSURER, IT	s agents or Loua N. Bluva fu	
			Gloria N. Brumfie	lu	n ACOR	DCORPORATION

ADDITIONAL INFORMATION	SEA-001427709-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878—MM-2008 eviden	INSURERS AFFORDING COVERAGE INSURER F:	NAIC#
Building Materials Holding Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURER G: INSURER H: INSURER I:	

_	•	,	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (fifty) total seats

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF MAISH RISK & Insurance Services State N. Blumbille Gloria N. Brumfield

Page 2

	ORD CERTIFICA	•		THIS CERTIFIC	MIE 19 1990F	D AS A MATTER O RIGHTS UPON TH	
	MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA LICENSE NO. 043715 SAN FRANCISCO, CA 94104	3UU				DOES NOT AMEN	
	MM-2008 bmcwe ev	den	INS	SURERS AFFOR	DING COVERAG	E	NAIC#
	[V][V]-2000		INS	_{JRER A:} XL Specia	lty Ins. Co.		
Building Materials Holding Corporation			JRER 8:				
	BMC West Corporation 720 Park Boulevard, Suite 200		INSI	URER C:		•	
	Bolse, ID 83712		INS	URER D:			
		•	INS	URER E:			0
π	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, TO BE ISSUED OR MAY PERTAIN, THE INSURANCE AND THE INSU	ENW OIL GOILDING TO BY TI	E DOUGH	es nescriben H	EREIN IS SUBJEC	I TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND
CON	DITIONS OF SUCH POLICIES, AGGINEON	POLICY NUMBER	E DEFIL	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	П	MITS
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	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES(Ea occurence) MED EXP (Any one person)	\$ \$
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	\$
	A A A A A A A A A A A A A A A A A A A					PRODUCTS - COMP/OP A	ed\$
	GENERAL AGGREGATE LIMIT APPLIES PER PROPOSICY JECT LOC					COMBINED SINGLE LIMIT	s
	AUTOMOBILE LIABILITY ANY AUTO					(Ea accident) BODILY INJURY	\$
	ALL OWNED AUTOS SCHEDULED AUTOS					(Per person)	\$
	HIRED AUTOS					BODILY INJURY (Per accident)	Ψ
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDE	NT \$
	GARAGE LIABILITY					OTHER THAN EA AC	or .
	ANY AUTO	•				EACH OCCURRENCE	\$
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	DEDUCTIBLE						. \$
	RETENTION \$					I WC STATU- O'TORY LIMITS E	n+ \$
WO	RKERS COMPENSATION AND					E.L. EACH ACCIDENT	\$
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OFF	PROPRIETOR/PARTNER/EXECUTIVE					E.L. DISEASE - POLICY LI	мгт \$
If ye	es, describe under ECIAL PROVISIONS below					D A4b	
	нек n-Owned Alrcraft Liability	NAN3051921		11/11/08	11/11/09	Per Attached	
iden	PTION OF OPERATIONS/LOCATIONS/VEHICLE ce of Insurance Only with respect to ng engineered jumber products, wind	SEXCLUSIONS ADDED BY ENDOF iability arising out of Named ows, doors, millwork, trusse	RSEMENT/S d Insured es, manu	 SPECIAL PROVISIONS 's operations (su factured wall pan	t s pply construction els and more).	services and quality b	uilding materials
) Da	ys Notice Non Fayment of Forman						
ERT	IFICATE HOLDER SEA	-001427892-05	 -T	CANCELLATIC		ARTE DOLICIES DE CANCI	FILED REFORE THE
				EXPIRATION DAT	E THEREOF, THE I	ibed policies be canci Ssuing insurer will e	INDEAVOR TO MAIL
	Office of the U.S. Trustee 844 King Street, Suite 2207			30 _ DAYS WR	TITEN NOTICE TO TH	IE CERTIFICATE HOLDER I	AMED TO THE LEFT,
	Lockbox 35		1	BUT FAILURE TO		SE NO OBLIGATION OR LLA	BILITY OF ANY KIND
	Wilmington, DE 19801			UPON THE AUTHORIZED REPRESEN of Marsh Risk & Insura	INSURER, ITS	Ma N. Glumbii	REPRESENTATIVES.
			12	an included victions and	in Content 21	COAR AL ENGLYSSIA	worker.

ADDITIONAL INFORMATION	SEA-001427892-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153	·	
SAN FRANCISCO, CA 94104		NAIC #
S45878MM-2008 bmcwe eviden	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
BMC West Corporation 720 Park Boulevard, Sulte 200	INSURER H:	
Boise, ID 83712	INSURER I:	
·		

TEXT

Combined Single Limit Bodlly Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide

Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CI	ERI	riFi	CA	TE	но	LDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF March Risk & Insurance Services Flota N. Burnfills
Gloria N. Brumfield

4 <i>C</i>	CORD_	CERTIFICA	ATE OF LIAB	LIT	Y INSUF	RANCE	D AS A MATTER O	DATE (MM/DD/YYYY 06/23/2009 F INFORMATION	
ODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 15878—MM-2008 C Cons eviden				ONLY AND C	RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI-	D EXTEND OR			
			IN	SURERS AFFORI	DING COVERAG	E	NAIC#		
RED				INS	urer a: XL Specia				
,,	C Constructi	erials Holding Corporatio	·Π	L	URER 8:				
	720 Park Bo	ulevard, Suite 200			URER C:				
Bolse, ID 83712				SURER D: SURER E:					
								. 0	
NOT	MITHETANIIN	IS ANY REGUIREMENT .	BELOW HAVE BEEN ISSUE ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITE LIMITS SHOWN MAY HAVE		IEC DECCRIBED HI	- ドドル は ろりりさい	TIO ALL TILL TERMINE		
ADD'L	IDITIONS OF S	OF INSURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	EACH OCCURRENCE	MITS ,\$	
INSRE	GENERAL LIAB						DAMAGE TO RENTED PREMISES(Ea occurence)	\$	
		CIAL GENERAL LIABILITY					MED EXP (Any one person)		
	CLAI	MS MADE OCCUR					PERSONAL & ADV INJURY		
			,				GENERAL AGGREGATE PRODUCTS - COMP/OP A	\$ 36¢	
	1	REGATE LIMIT APPLIES PER					PRODUCTS - CONFIDE A		
	POLICY	JECT LUG					COMBINED SINGLE LIMIT (Ea accident)	\$	
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	}	ED AUTOS					BODILY INJURY (Per accident)	\$	
	иои-ом	NED AUTOS				-	PROPERTY DAMAGE (Per accident)	\$	
							AUTO ONLY - EA ACCIDE	NT \$	
	GARAGE LIAB	ILITY	•				OTHER THAN EA AC	c (\$	
	ANY AUT	σ					AUTO ONLY: AG	s \$	
├	EXCESS/UMB	RELLA LIABILITY					EACH OCCURRENCE AGGREGATE	\$	
	. OCCUR						1001:101	\$	
	DEDUC	TIR) E						\$	
		TION \$					WC STATU- O	\$	
WC	ORKERS COMPE	ISATION AND					TORY LIMITS LE	\$	
EM	IPLOYERS' LIABII	ALL					E.L. DISEASE - EA EMPLO	YEE\$	
AN OF	FICER/MEMBER	PARTNER/EXECUTIVE EXCLUDED?					EL DISEASE - POLICY L		
TO	res, describe bride PECIAL PROVISIO THER On-Owned Air		NAN3051921		11/11/08	11/11/09	Per Attached		
OT A NO	res, describe unde ECIAL PROVISIO THER ON-OWNED AIR SIPTION OF OPER INCE OF INSURAR	NS below craft Liability ATIONS/LOCATIONS/VEHICLE	NAN3051921 SIEXCLUSIONS ADDED BY ENDOR Ilability arising out of Named Inling, installed doors and mil	sement Insure Iwork, a	/SPECIAL PROVISIONS	s Hallation services	EL DISEASE - POLICY L	міт [\$	
CERT	TIFICATE HO	LDER SEA	-001427896-06		CANCELLATIO		POLICIES DE CANO	FILED REFORE THE	
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL				
Office of the U.S. Trustee			•	30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,					
	844 King	Street, Suite 2207 35			BUT FAILURE TO	UBILITY OF ANY KIND			
Wilmington, DE 19801				UPON THE	REPRESENTATIVES.				
					AUTHORIZED REPRESEN of Marsh Risk & Insur	TATIVE Services	ova N. Blombi	ld.	
					Gloria N. Brumfield				

ADDITIONAL INFORMATION	SEA-001427896-06	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE ND. 0437153 SAN FRANCISCO, CA 94104 S45878–MM-2008 C Cons eviden	INSURERS AFFORDING COVERAGE	NAIC#
Building Materials Holding Corporation C Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURER F: INSURER G: INSURER H: INSURER L	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF MAISH RUSK & INSURANCE Services Flows W. Blumfill

UCE	MARSH RISK & INSURANCE SERVING 345 CALIFORNIA LICENSE NO. 0437153	CES 300		ONLY AND C	ONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	ID FYTEND OR	
SAN FRANCISCO, CA 94104			INS	SURERS AFFORI	DING COVERAG	Ę	NAIC#	
	-MM-2008 , HNR evi			JRER A: XL Specia	ity ins. Co.			
)RED	Building Materials Holding Corporation	n		URER B:				
	H.N.R. Framing Systems, Inc. 720 Park Boulevard, Suite 200	•	INS	URER C:				
720 Park Bollevard, Suite 200 Bolse, ID 83712			INS	URER D:				
			INS	URER E:		1		
	AGES POLICIES OF INSURANCE LISTED TWITHSTANDING ANY REQUIREMENT, T BE ISSUED OR MAY PERTAIN, THE INSUDITIONS OF SUCH POLICIES, AGGREGA							
COL	ADITIONS OF SUCITE OLIGIZATION	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DDYY)	POLICY EXPIRATION DATE (MM/DD/YY)		IMITO	
ADD	d ·	102011000		OUT Luminos 1. 13		EACH DCGURRENCE DAMAGE TO RENTED	\$	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					PREMISES(En occurence) MED EXP (Any one person	\$)	
					:	PERSONAL & ADV INJUR		
	CLAIMS MADE OCCUR					GENERAL AGGREGATE	\$	
				.		PRODUCTS - COMP/OP A		
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<u> </u>	POLICY JECT LOC AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea socident)	r s	
	ANY AUTO					BODILY INJURY	\$	
	ALL OWNED AUTOS					(Per person)	Œ.	
	SCHEDULED AUTOS HIRED AUTOS				1	BODILY INJURY (Per accident)	\$	
	NON-OWNED AUTOS					PROPERTY DAMAGE	s	
	1001-077712					(Per accident)	Ψ	
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	GARAGE LIABILITY					OTHER THAN EA AN	le:	
	ANY AUTO					70	3G \$ \$	
+	EXCESS/UMBRELLA LIABILITY					AGGREGATE	\$	
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	DEDUCTIBLE						s	
\perp	RETENTION \$						TH- ER	
W	ORKERS COMPENSATION AND MPLOYERS' LIABILITY					E.L. EACH ACCIDENT	\$ \$	
1.	NA PROPRIETORIPARTNER/EXECUTIVE					EL DISEASE - EA EMPL	DATE S	
10	FFICER/MEMBER EXCLUDED					EL DISEASE - POLICY I	-imil T	
1 N	yes, describe under PECIAL PROVISIONS below THER Ion-Owned Aircraft Liability	NAN3051921		11/11/08	11/11/09	Per Attached		
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE ence of Insurance Only with respect to Days Notice Non Payment of Premium	SIEXCLUSIONS ADDED BY ENDORS liability arising out of Named I	EMENT/	 special Provision d's operations (fra	 s aming/rough carp	entry).		
	TIEICATE HOLDER SEA	-001427895-05		CANCELLATIO				
CER	TIFICATE HOLDER SEA			SHOULD ANY OF	THE ABOVE DESC	ribed policies be can	CELLED BEFORE THE	
				EVENDATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL				
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35			1	30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.				
				BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
	Wilmington, DE 19801			UPON THE				
	Wilmington, DE 19001			AUTHORIZED REPRESED of Marsh Risk & Insur	TATIVE A	lour N. Bumbe	Ma.	

ADDITIONAL INFORMATION	SEA-001427895-05	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153		
SAN FRANCISCO, CA 94104 S45878—MM-2008 HNR eviden 8779	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Boulevard, Sulte 200	INSURER H:	
Boise, ID 83712	INSURER :	

Combined Single Limit Bodlly Injury and Property Damage Liability (Including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence

Worldwide Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REFRESENTATIVE Of March Risk & Insurance Services House N. Bushapilla Gloria N. Brumfield

4C	ORD. CERTIFICA	TE OF LIAB		THE CEPTIEN	ATE IS ISSUE	D AS A MATTER O	06/23/2009 F INFORMATION
UCER	MARSH RISK & INSURANCE SERVIO 345 CALIFORNIA STREET, SUITE 13 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	CES .		ONLY AND C	ONFERS NO	RIGHTS UPON THE DOES NOT AMEN	D FXTEND OR
		den 8751	INS	SURERS AFFOR	DING COVERAG	E	NAIC#
150			INSI	URER A: XL Specia	lty Ins. Co.		
₹ED	Building Materials Holding Corporation	п	INS	URER B:			
	llinois Framing, Inc. 720 Park Boulevard, Suite 200		INS	URER C:			
1	Boise, ID 83712		INS	URER D:			
	•		INS	URER E:			<u> </u>
NOTE	GES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, TO BE ISSUED OR MAY PERTAIN, THE INSUITIONS OF SUCH POLICIES. AGGREGA	THE ON CONTENTED OF		CO DECCRIRED HI	-K-IN IS SUBJEC	OR THE POLICY PE RESPECT TO WHICH TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND
CONE	OITIONS OF SUCH PULICIES. AGGREGA	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	Ц	MITS
ADD'L INSRD	TYPE OF INSURANCE	1 2001 (13000)		CATE (BIBBIODITY)		EACH OCCURRENCE	\$
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY			1		DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person	\$ \$
-	CLAIMS MADE OCCUR			1		PERSONAL & ADV INJUR	
ŀ	CLAIMS MADE COOK					GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP A	
	GENERAL AGGREGATE LIMIT APPLIES PER PRO- LOC JECT LOC AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Es accident)	\$
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS HIRED AUTOS					BODILY INJURY (Per accident)	\$
	NDN-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
ļ	GARAGE LIABILITY					AUTO ONLY - EA ACCID	
				•		DIHER IMAN	s _G \$
	ANY AUTO					EACH OCCURRENCE	\$
-	EXCESS/UMBRELLA LIABILITY					AGGREGATE	\$
	OCCUR CLAIMS MADE						\$
	DEDUCTIBLE	l					\$
	RETENTION \$					WC STATU- C	TH-
WOF	RKERS COMPENSATION AND					E.L. EACH ACCIDENT	\$ \$
	LOYERS' LIABILITY	,				E.L. DISEASE - EA EMPL	DYEE\$
OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	•				E.L. DISEASE - POLICY L	IMIT \$
If ye	s, describe under CIAL PROVISIONS below						
No	ner n-Owned Aircraft Liability	NAN3051921		11/11/08	11/11/09	Per Attached	
			CEPPERT!	SPECIAL PROVISIONS	<u> </u>		
	PTION OF OPERATIONS/LOCATIONS/VEHICLE ce of Insurance Only with respect to I ys Notice Non Payment of Premium	ability arising out of Named	Insured	d's operations (fra	ming/rough carp ·	entry).	
	TO DEED OF A	-001427890-05		CANCELLATIO			
ERTI	FICATE HOLDER SEA	-001427030-00		SHOULD ANY OF	THE ABOVE DESCI	RIBED POLICIES BE CANO	ELLED BEFORE THE
			Ì	EXPIRATION DAT	E THEREOF, THE	ssuing insurer will	ENDEAVOR TO MAIL
	Office of the U.S. Trustee			30 DAYS WE	ITTEN NOTICE TO T	HE CERTIFICATE HOLDER	NAMED TO THE LEFT,
	844 King Street, Suite 2207 Lockbox 35			BUT FAILURE TO	DO SO SHALL IMPO	SE NO OBLIGATION OR L	ABILITY OF ANY KIND
	Wilmington, DE 19801			UPON THE	INSURER, IT	AGENTS OR	REPRESENTATIVES.
				AUTHORIZED REPRESEN of Meish Risk & Insur Gloria N. Brumfield		du N. Blombe	
				היוחומים וזי היוחומים		ACOR	D CORPORATION

ADDITIONAL INFORMATION	SEA-001427890-05	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300		
CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-MM-2008 SBIL eviden 8751	INSURERS AFFORDING COVERAGE	NAIC#
Building Materials Holding Corporation Illinois Framing, Inc. 720 Park Boulevard, Suite 200 Bolse, ID 83712	INSURER F: INSURER G: INSURER H: INSURER I:	
		<u></u>

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence

Worldwide Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE Of Marsh Risk & Insurance Services **Flowa N. Bumfiila** Gloria N. Brumfield

ACORD CERTIFIC	ATE OF LIABI	LITY INS	JRANCE	D AC A MATTED O	DATE (MM/DD/YYYY) 06/23/2009 F INFORMATION
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SAN FRANCISCO, CA 94104	eviden 8911 8913	INSURERS AFF	ORDING COVERAG	GE	NAIC#
5878-MM-2008 SBAZ	- CHOOK - CO	INSURER A: XL Sp	ecialty ins. Co.		
Bullding Materials Holding Corpor	ation	INSURER B:			
SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200		INSURER C:			
Boise, ID 83712		INSURER D:			
	•	INSURER E:			<u> </u>
				min policy pe	PIOD INDICATED.
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CONDITIONS OF SUCH POLICIES. AGGA ADD'U TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/)	IAE LOURS I ME MANAGE.		inits is
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OFFICER/MEMBER EXCLUDED	1			E.L. DISEASE - POLICY	nwii [4
If yes, describe under SPECIAL PROVISIONS below		11/11/08	11/11/09	Per Attached	
A Non-Owned Aircraft Liability	NAN3051921	1,11,100			
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	OEA 004497000 05	CANCELL	ATION		
CERTIFICATE HOLDER	SEA-001427889-05	SHOULD AN	Y OF THE ABOVE DES	CRIBED POLICIES BE CAN	CELLED BEFORE THE
CERTIFICATE TO		SIDULATION	DATE THEREOF, THE	ISSUING INSURER WILL	ENDEAVOR TO MAIL
OLKII 10,112 II		EXPIRATION			
Office of the U.S. Trustee		30 DAY	S WRITTEN NOTICE TO	THE CERTIFICATE HOLDER	NAMED TO THE LEFT,
Office of the U.S. Trustee 844 King Street, Suite 2207		30 DAY	S WRITTEN NOTICE TO	ose no obligation or i	JABILITY OF ANY KIND
Office of the U.S. Trustee		30 DAY	S WRITTEN NOTICE TO E TO DO SO SHALL IMP THE INSURER, I RESENTATIVE L'INSURANCE SERVICES	THE CERTIFICATE HOLDER OSE NO OBLIGATION OR L TS AGENTS OR JOLA N. BLANCE	LABILITY OF ANY KIND REPRESENTATIVES.

ADDITIONAL INFORMATION	SEA-001427889-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-MM-2008 SBAZ eviden 8911 8913	INSURERS AFFORDING COVERAGE	NAIC#
INSURED Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURER F: INSURER G: INSURER H: INSURER I:	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liabllity Limit Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Floke N. Blumbull.
Gloria N. Brumfield

SURED Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712 SOVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EX CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE POLICY NUMBER TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR INSURER S. XL. Specialty Ins. Co. INSURER S. XL. Specialty Ins. Co. INSURER B: INSURER A: XL. Specialty Ins. Co. INSURER B: INSURER B: INSURER B: INSURER B: INSURER B: INSURER B: INSURER C: INSURER C: INSURER C: INSURER B: INSURER B: INSURER C: INSURER B: INSURER B: INSURER C: INSURER B: INSURER B: INSURER C: INSURER B: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER B: INSURER B: INSURER B: INSURER C: INSURER B: INSURER C: I	DATE (MM/DD/YYYY) 06/23/2009 NFORMATION
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If yes, describe under SPECIAL PROVISIONS below OTHER Non-Owned Aircraft Liability NAN3051921 11/11/08 11/11/09 Per Attached NAN3051921 11/11/08 11/11/09 Per Attached DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Evidence of Insurance Only with respect to liability arising out of Named Insurad's operations (installation services to residential, multi-famely insurance of Insurance Only with respect to liability arising out of Named Insurad's operations (installation services to residential, multi-famely insurad by insurance of Insurance Only with respect to liability arising out of Named Insurad's operations (installation services to residential, multi-famely insurad by insurance Only with respect to liability arising out of Named Insurad's operations (installation services to residential, multi-famely insurad by insurance Only with respect to liability arising out of Named Insurad's operations (installation services to residential, multi-famely insurad b	\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (Installation services to residential, multi-fam Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (Installation services to residential, multi-fam Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (Installation services to residential, multi-fam Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (Installation services to residential, multi-fam	
Evidence of Insurance Only with respect to liability arising out of National Work, and other installed products).	
	ily and light
CERTIFICATE HOLDER SEA-001427893-05 CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL EN Office of the U.S. Trustee 30 Days written notice to the certificate holder na	MED TO THE LEFT,
844 King Street, Suite 2207 But Fallure to do so shall impose no obligation or Liab	LITY OF ANY KIND EPRESENTATIVES.
at the parameter of the	CORPORATION

ADDITIONAL INFORMATION	SEA-001427893-05	DATE (MM/DB/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878MM-2008 C Cons eviden	INSURERS AFFORDING COVERAGE	NAIC#
Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURER F: INSURER G: INSURER H: INSURER I:	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (fifty) total seats

Maximum Seating:

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Services Flour N. Burnspiela Gloria N. Brumfield

AC	CORD CERTIFICA	ATE OF LIABIL	ITY INSUI	RANCE	•	DATE (MM/DD/YYYY) 06/23/2009
RODUCE	MARSH RISK & INSURANCE SERV 345 CALIFORNIA STREET, SUITE 1	ICES	ONLY AND	ONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AME RDED BY THE POL	ND FXTEND OR
45070	SAN FRANCISCO, CA 94104	viden 8750	INSURERS AFFOR	DING COVERAG	E	NAIC#
	2-WW-2008		INSURER A: XL Specia	ilty Ins. Co.		
BURED	Building Materials Holding Corporation	non	INSURER B:			
	SelectBulld Illinois, LLC 720 Park Boulevard, Suite 200		INSURER C:			<u> </u>
	Boise, ID 83712		INSURER D:			
			INSURER E:			1 0
MO	RAGES POLICIES OF INSURANCE LISTED TWITHSTANDING ANY REQUIREMENT, Y BE ISSUED OR MAY PERTAIN, THE IN NDITIONS OF SUCH POLICIES. AGGREG	LIGHT OF CONTRACT BY THE OF	NUCLES DESCRIBED H	EREIN IS SUBJEC	I TO ALL THE TERMO	ERIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND IMITS
RI ADD	TYPE DE INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	. <u>.</u>
NSR	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES(Ea occurence) MED EXP (Any one person	
	CLAIMS MADE OCCUR	, 			PERSONAL & ADV INJUR GENERAL AGGREGATE	Y \$ \$
					PRODUCTS - COMP/OP	
	GENERAL AGGREGATE LIMIT APPLIES PER PRO- POLICY JECT LOC					
+	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMI (Ea accident)	\$
	ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per parson)	\$
	SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS	,			PROPERTY DAMAGE (Per accident)	\$ ·
					AUTO ONLY - EA ACCID	
	GARAGE LIABILITY ANY AUTO				OTHER THAN EA AN	cc \$ sg \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$ \$
	- C. C. C. C. C. C. C. C. C. C. C. C. C.					\$
	DEDUCTIBLE					s
18/	RETENTION \$ ORKER'S COMPENSATION AND				TORYLIMOS	TH-
EN	MPLOYERS' LIABILITY				EL EACH ACCIDENT EL DISEASE - EA EMPL	Ψ
Al O	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?				EL DISEASE - POLICY L	IMIT \$
O.	yes, describe under PECIAL PROVISIONS below THER Von-Owned Aircraft Llability	NAN3051921	11/11/08	11/11/09	Per Attached	
			ENTISPECIAL PROVISIONS	<u> </u> S		4
:	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE ence of insurance Only with respect to Days Notice Non Payment of Premium	ESPECTUSIONS ADDED BY ENDORSE.	sured's operations (fra	ming/rough carpe	entry).	
	TIPLOATE HOLDER DE	N-00142 7 888-05	CANCELLATIO	ON		
CER	Office of the U.S. Trustee 844 King Street, Suite 2207	7001727000 00	EXPIRATION DAT	E THEREOF, THE !!	IBED POLICIES BE CANO SSUING INSURER WILL IE CERTIFICATE HOLDER	endeavor to mail Named to the left,
	Lockbox 35 Wilmington, DE 19801		BUT FAILURE TO UPON THE AUTHORIZED REPRESEN OF Marsh Risk & Insur	INSURER. ITS	SE NO OBLIGATION OR LI AGENTS OR MLAN, BLAME, SU	REPRESENTATIVES.
			Gloria N. Brumileid	D1100 00111000 110	2 December 1 10 1 11 11 11 11 11 11 11 11 11 11 11	

ADDITIONAL INFORMATION	· SEA-001427888-05	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES	·	
CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878MM-2008 SBIL eviden 8750	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F: INSURER G:	
Building Materials Holding Corporation SelectBuild Illinois, LLC 720 Park Boulevard, Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liabllity Limit: Personal Injury: Medical Payments: Baggage Liabilliy: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (8th) total scale

Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF MAISH RISK & Insurance Services Julia N. Bumbilla Gloria N. Brumfield

ACORD, CERTIFICA	TE OF LIABI	LITY INSUI	RANCE	AC A MATTED (DATE (MMIDDIYYYY) 06/23/2009 E INFORMATION
ODUCER MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 13 CALIFORNIA I ICENSE NO. 0437153	CES 300	ONLY AND	CONFERS NO	D AS A MATTER C RIGHTS UPON TH DOES NOT AME RDED BY THE POL	ID FXTEND OR
SAN FRANCISCO, CA 94104 5978 MM-2008 SBNV evi	den 8750	INSURERS AFFOR	DING COVERAG	E	NAIC#
OB10-14114-2003 ;		INSURER A: XL Specia			
Building Materials Holding Corporation	п	INSURER B:			
720 Park Blvd., Sulte 200 Boise, ID 83712		INSURER C:			
Boise, ib 607 12		INSURER D:			
		INSURER E:			. 2
THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREMENT, TO MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE SOURCES AGGREGA		DOUGLES DESCRIBED H	FREIN IS SUBJEC	TIO ALL THE TEXANS	
ADD'L THE OF MEUDANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	IMITS IS
INSRO TYPE OF INSURATION GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES(Ea occurence) MED EXP (Any one person	\$) \$
CLAIMS MADE OCCUR				PERSONAL & ADV INJUR	Y \$
				GENERAL AGGREGATE PRODUCTS - COMP/OP A	.GG\$
GENERAL AGGREGATE LIMIT APPLIES PER PRO-					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMI (Ea accident)	
ANY AUTO ALL OWNED AUTOS				(Per person)	\$
SCHEDULED AUTOS HIRED AUTOS				BODILY (NJURY (Per accident)	\$
NDN-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
				AUTO ONLY - EA ACCID	ENT \$
GARAGE LIABILITY ANY AUTO				OTHER THAN EA AN	3G \$
				EACH OCCURRENCE	\$
EXCESS/UMBRELLA LIABILITY OCCUB CLAIMS MADE				AGGREGATE	\$ \$
OCCUR CLAIMS MADE			•		\$
DEDUCTIBLE					TH-
RETENTION \$ WORKERS COMPENSATION AND				WC STATU- TORY LIMITS	\$
EMPLOYERS' LIABILITY	•			EL DISEASE - EA EMPL	OYEE\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - POLICY I	IMIT \$
If yes, describe under SPECIAL PROVISIONS below OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE: Evidence of insurance Only with respect to I Installed framing; trusses, wall panels and re '10 Days Notice Non Payment of Premium	I SEIEXCLUSIONS ADDED BY ENDORS iability arising out of Named elated components; stucco si	EMENT/SPECIAL PROVISION Insured's operations (cu envices; installed concre	s) istomized packag te services; tile ro	es of framing lumber ofing services).	and bullding materia
CERTIFICATE HOLDER SEA	-001427898-05	CANCELLATIO			
Office of the U.S. Trustee 844 King Street, Sulte 2207 Lockbox 35 Wilmington, DE 19801		EXPIRATION DATE	E THEREOF, THE I	RIBED POLICIES BE CANG SSUING INSURER WILL HE CERTIFICATE HOLDER SE NO OBLIGATION OR U	ENDEAVOR TO MAIL NAMED TO THE LEFT, ABILITY OF ANY KIND
		UPON THE	INSURER, ITS	AGENTS OR	REPRESENTATIVES.

ADDITIONAL INFORMATION	. SEA-001427898-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-MM-2008 SBNV eviden 8750	INSURERS AFFORDING COVERAGE	NAIC#
Building Materials Holding Corporation SelectBuild Nevada, Inc. 720 Park Blvd., Sulte 200 Bolse, ID 83712	INSURER F: INSURER G: INSURER H: INSURER I:	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Llability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating;

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide

Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE of Marsh Risk & Inducance Services House N. Bumbuild Gloria N. Brumfield

UCER	MARSH RISK & INSURANCE SERV 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA LICENSE NO. 043715	ICES	THIS	AND	CATE IS ISSUE	O AS A MATTER C RIGHTS UPON TH DOES NOT AME! RDED BY THE POL	ND. EXTEND OR
	SAN FRANCISCO, CA 94104 MANAZOOR SBNC ev	riden 8751	INSURER	S AFFOR	DING COVERAG	E	NAIC#
	MM-2008 SBNC ev	idon oron	INSURER A:				
RED	Building Materials Holding Corporation	on	INSURER B:				
	SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200		INSURER C:				
	Boise, ID 83712		INSURER D:				
	•		INSURER E:				<u> </u>
$N \cap T_{V}$	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, BE ISSUED OR MAY PERTAIN, THE IN DITIONS OF SUCH POLICIES, AGGREG	LINE OF BUILDING TO THE	DOLLCIES DESI	CRIBED H	FREIN IS SUBJECT	OR THE POLICY PE RESPECT TO WHICH TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND
CONI	TYPE OF INSURANCE	POLICY NUMBER	POLICYE	FFECTIVE MIDDIYY)	POLICY EXPIRATION DATE (MM/DD/YY)	Ľ	IMITS
NSRD	GENERAL LIABILITY		27.20 (11.			EACH OCCURRENCE DAMAGE TO RENTED	\$ \$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence) MED EXP (Any one person	
	CLAIMS MADE CCCUR					PERSONAL & ADV INJUR	
						GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP A	ee\$
	POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED AUTOS	_	٠			BODILY INJURY (Per person)	· \$
	SCHEDULED AUTOS HIRED AUTOS	·				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS		,			PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	<u> </u>
	ANY AUTO					AUTO ONLY: AG	6
	EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE AGGREGATE	\$ \$
	OCCUR CLAIMS MADE		'			Application	\$
	DEDUCTIBLE						\$
	RETENTION \$					LWC STATIL L IO	TH- \$
WOF	RKERS COMPENSATION AND					WC STATU- TORY LIMITS C EL EACH ACCIDENT	Ř. 5
	LOYERS' LIABILITY					EL DISEASE - EA EMPLO	OYEE \$
OFF	PROPRIETOR/PARTNER/EXECUTIVE				1.	E.L. DISEASE - POLICY L	
OTH	s, describe under CIAL PROVISIONS below IER n-Owned Alrcraft Liability	NAN3051921	11/1	1/08	11/11/09	Per Attached	
	•						
4400	PTION OF OPERATIONS/LOCATIONS/VEHICLE Ge of Insurance Only with respect to ys Notice Non Payment of Premium	siexclusions added by endors liability arising out of Named	EMENTISPECIAL F Insured's opera	PROVISIONS	s nstruction and vin	yl window installation	services).
FRTI	FICATE HOLDER SEA	-001427902-05		ELLATIC			
	Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35		EXPIRA 30	TION DAT	E THEREOF, THE IS	IBED POLICIES BE CANC ISUING INSURER WILL E E CERTIFICATE HOLDER I E NO OBLIGATION OR LI	ENDEAVOR TO MAIL NAMED TO THE LEFT, ABILITY OF ANY KIND
	Wilmington, DE 19801	•	UPON	THE	INSURER, ITS	AGENTS OR	REPRESENTATIVES.

ADDITIONAL INFORMATION	SEA-001427902-05	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300		
CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878MM-2008 SBNC eviden 8751	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
	INSURER G:	
Building Materials Holding Corporation SelectBuild Northern California, Inc.	INSURER H:	
720 Park Blvd., Sulte 200 Boise, ID 83712	INSURER I:	
paloel 12 221	HACO ID-	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (6th/) total seate

Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF MATSIN RISK & INSUFANCE Services Flour N. Blura fills Gloria N. Brumfield

AC	ORD CERTIFICA	ATE OF LIABIL		/ INSUF	RANCE		06/23/2009
DUCER	MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA I ICENSE NO. 043715	CES 300		ONLY AND	ONFERS NO	D AS A MATTER ORIGHTS UPON THE DOES NOT AMERICAL BY THE POL	FYTEND OR
	SAN FRANCISCO, CA 94104 AMAZODA CCOnst ev	iden	INSI	JRERS AFFOR	DING COVERAG	E	NAIC#
	-MM-2008 CConst ev			RER A: XL Specia			
IRED	Building Materials Holding Corporation	n		RER B:			
	SelectBuild Southern California, Inc. 720 Park Boulevard, Suite 200		INSU	RER C:			
	Boise, ID 83712		INSU	RER D:	•		
			INSUI	RER E:			<u> </u>
NOT	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, T BE ISSUED OR MAY PERTAIN, THE INI DITIONS OF SUCH POLICIES. AGGREGA	LIMI ON BENEFIT BY THE	OUT TO LEG	s DESCRIBED HE	FREIN IS SUBJECT	I TO ALL THE TERMS,	EXCEOSIONO 71115
ADD'L	THE OF MENDANCE	POLICY NUMBER	Į.	DLICY EFFECTIVE DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	imits ,\$
INSRD	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person PERSONAL & ADV INJUR GENERAL AGGREGATE PRODUCTS - COMP/OP A	\$
	GENERAL AGGREGATE LIMIT APPLIES PER PRO- POLICY JECT LOC AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS					BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCID	\$ ENT 0
	GARAGE LIABILITY ANY AUTO					OTHER THAN EA ACT AUTO ONLY:	
	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE					EACH OCCURRENCE AGGREGATE	\$ \$ \$
	RETENTION 5 RKERS COMPENSATION AND					TORYLIMITS	TH-
EMP	PLOYERS' LIABILITY					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPL	OYEE\$
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?					E.L. DISEASE - POLICY L	_{ІМІТ} \$
OTI	us, describe under <u>ECIAL PROVISIONS below</u> HER un-Owned Aircraft Liability	NAN3051921 .		11/11/08	11/11/09	Per Attached	
viden	PTION OF OPERATIONS/LOCATIONS/VEHICLE ICE of Insurance Only with respect to I 5, wall panels and related component Itys Notice Non Payment of Premium	lahilih/ shsina alli al Mallicu II	MENT/SP	I ECIAL PROVISIONS coperations (cus	stomized package	es of framing lumber	and building maleria
	IFICATE UNI DED CEA	-001427894-05		CANCELLATIO	N		
ERTI	Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801			EXPIRATION DATE	THEREOF, THE ISTEM NOTICE TO THE TO THE TO THE TO SO SHALL IMPOSE INSURER, ITS	SSUING INSURER WILL !! SECRIFICATE HOLDER SE NO OBLIGATION OR U. AGENTS OR SUILS N. BLAMBUS	ENDEAVOR TO MAIL NAMED TO THE LEFT, ABILITY OF ANY KIND REPRESENTATIVES.

ADDITIONAL INFORMATION	SEA-001427894-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878MM-2008 CConst eviden	INSURERS AFFORDING COVERAGE INSURER F:	NAIC#
Building Materials Holding Corporation SelectBuild Southern California, Inc. 720 Park Boulevard, Sulte 200 Boise, ID 83712	INSURER G: INSURER H: INSURER I:	

Combined Single Limit Bodlly Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Territorial Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence

Worldwide Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF METSIN RISK & INSURANCE Services The N. Burn fill Gloria N. Brumfield

ACORD CERTIFICA	ATE OF LIABIL	ITY INSUI	RANCE	DATE (MM/DD 06/23/2009)
DUCER MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA LICENSE NO. 0437152	CES 300	THIS CERTIFIC	D AS A MATTER OF INFORMAT RIGHTS UPON THE CERTIFIC DOES NOT AMEND, EXTEND RDED BY THE POLICIES BELOW	OR	
SAN FRANCISCO, CA 94104	iden 8790	INSURERS AFFOR	DING COVERAG	E NAIC#	
IDEN	•	INSURER A: XL Specia	lty Ins. Co.		
Building Materials Holding Corporatio TWF Construction, Inc.	ח	INSURER 8:			
720 Park Boulevard, Sulte 200		INSURER C:			
Boise, ID 83712		INSURER D:			
		INSURER E:			-0-
VERAGES THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREMENT, T MAY BE ISSUED OR MAY PERTAIN, THE INS CONDITIONS OF SUCH POLICIES. AGGREGA	ERM OR CONDITION OF THE DE	OLICIES DESCRIBED HI	erein is subjec" Claims.	T TO ALL THE TERMS, EXCLUSIONS A	ED. ATE AND
ADD'H THE OF INCHRANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	DATE (MM/DDIYY)	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE 5 DAMAGE TO RENTED \$	
COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence) MED EXP (Any one person) \$	
CLAIMS MADE OCCUR				PERSONAL & ADV INJURY \$	
				GENERAL AGGREGATE \$	
GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$	
POLICY JECT LOC AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO ALL OWNED AUTOS				BODILY INJURY \$ (Per person)	
SCHEDÜLED AUTOS HIRED AUTOS				BODILY INJURY \$ (Per accident)	
NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$.	
· ANY AUTO .	•			AUTO ONLY: AGG \$	
EXCESS/UMBRELLA LIABILITY			1	EACH OCCURRENCE \$ AGGREGATE \$.	
OCCUR CLAIMS MADE				S S	
DEDUCTIBLE				\$	
RETENTION \$				I WC STATU- OTH-	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	**************************************			WC STATU- OTH- FR STATUS STATU	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE \$	
OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT \$	
OTHER	NAN3051921	11/11/08	11/11/09	Per Attached	
SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES dence of Insurance Only with respect to list Days Notice Non Payment of Premium	EXCLUSIONS ADDED BY ENDORSEM ability arising out of Named Ins	 ENTISPECIAL PROVISIONS ured's operations (fran	l ning/rough carpe	ntry).	
ERTIFICATE HOLDER SEA-	001427891-05	CANCELLATIO	N		
Office of the U.S. Trustee 844 King Street, Sulte 2207 Lockbox 35 Wilmington, DE 19801		EXPIRATION DATE	THEREOF, THE IS TTEN NOTICE TO THE O SO SHALL IMPOSE INSURER. ITS	BED POLICIES BE CANCELLED BEFORE TI SUING INSURER WILL ENDEAVOR TO MA E CERTIFICATE HOLDER NAMED TO THE LEI E NO OBLIGATION OR LIABILITY OF ANY KII AGENTS OR REPRESENTATIVE MLS. A. BLAMBULLA	AJL FT, ND
		of Marsh Risk & Insurar Gloria N, Brumfield	ice Services (ILA	O ACORD CORPORATIO	ON 1

ADDITIONAL INFORMATION	SEA-001427891-05	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S45878—MM-2008 TWF eviden 8790	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
TWF Construction, Inc. 720 Park Boulevard, Suite 200	INSURER H:	
Bolse, ID 83712	INSURER I:	

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit: Personal Injury: Medical Payments: Baggage Liability: Temitonal Limits: Maximum Seating:

\$10,000,000 CSL \$10,000,000 Aggregate \$5,000 Each Passenger \$500 Each Person/\$25,000 Each Occurrence Worldwide Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

GACORD CORPORATION 1995

AUTHORIZED REPRESENTATIVE

844 King Street Suite 2207, Lockbox 35

Wilmington, DE 19801

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 - 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa. 575-84-22 06/04/08-06/04/10

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 - 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

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Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa. 575-84-22 06/04/08-06/04/10

	CO	RD CERTIFICA	ATE OF LIABIL	ITY	/ INSUF	RANCE		06/22	ммлоргүүүү) /2009
RODU	CER MA	RSH RISK & INSURANCE SERV CALIFORNIA STREET, SUITE LIFORNIA LICENSE NO. 043715	ICES 1300		ONLY AND	ONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEI RDED BY THE POLI	הא FXT	END OR
	CΛ	N FRANCISCO, CA 94104 n: Priscilla Tom 415-743-7658	,	INSL	JRERS AFFOR	DING COVERAG	E	NAIC #	
						rican Insurance C		22667	
SURI	Die	ilding Materials Holding Corporati	on		RER B: Various -				
	72	D Park Boulevard, Sulte 200 ise, ID 83712	1		RER C:				
	ь	150, 10 00: 12		INSUE	RER D:				
					RER E:				
				1					2
N.		S DLICIES OF INSURANCE LISTED HSTANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, THE IN IONS OF SUCH POLICIES. AGGREG	TERM ON COMBINED BY THE DO	N ICIES	e nescrisfi) H	FREIN IS SUBJEC	TO ALL THE TERMS,	EVOLUGI	TIFICATE ONS AND
DI A	1771	TYPE OF INSURANCE	POLICY NUMBER	PC	OLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	,	MITS	4 000 000
RIN	SRD	HERM HABILITY EVOCECE			11/11/08	11/11/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurence)	\$ \$	1,900,000 N/A
	X	. 1	XSLG23741805 DED: \$1.9MM PER OCC XS OF		1711700		PREMISES(Ea occurence) MED EXP (Any one person		N/A
	<u>^</u>		SELF INSURED RETENTION				PERSONAL & ADV INJUR		1,900,000
	X	RETENTION: \$100,000	GEN AGG SUBJECT TO POLICE	CY			GENERAL AGGREGATE	\$	2,000,000
			MAXIMUM OF \$25,000,000	1			PRODUCTS - COMP/OP A	GG\$	2,000,000
		NERAL AGGREGATE LIMIT APPLIES PER POLICY X JECT X LOC	ISAH0801355A		11/11/08	11/11/09	COMBINED SINGLE LIMIT	г \$	5,000,000
\	X	ANY AUTO	DEDUCTIBLE: \$1,000,000 PER ACCIDENT				(Ea accident) BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS	AUTO PHYSICAL DAMAGE—				BODILY INJURY (Per accident)	\$	
	_	NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED				PROPERTY DAMAGE (Per sccident)	\$	
	-						AUTO ONLY - EA ACCID	ENT \$	
	G	ARAGE LIABILITY ANY AUTO					OTHER THAN EA ACT O'ONLY:	CC \$	
			V0000004547		44/44/00	11/11/09	EACH OCCURRENCE	\$	10,000,00
A	X	XCESS/IUMBRELLA LIABILITY OCCUR CLAIMS MADE	XOOG23891517		11/11/08	11/11/05	AGGREGATE	\$ \$	10,000,00
		DEDUCTIBLE RETENTION \$.2,000,000					ivio escant 1 10	\$ - \$	
-+	WORKE	RS COMPENSATION AND	WLRC44347635 (All States inc	of FL)	11/11/08	11/11/09		TH- FR S	1,000,00
A	EMPLO	YERS' LIABILITY	DEDUCTIBLE:				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPL	OYEE \$	1,000,00
	ANY PR	OPRIETOR/PARTNER/EXECUTIVE RMEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT				E.L. DISEASE - POLICY L		1,000,00
	If yes, d	escribe under L PROVISIONS below						L	
	OTHER	OWING FORM	SEE ATTACHED LIST		11/11/08	11/11/09		SE	E ATTACHE
В	EXCE	SS LIABILITY							. <u></u>
Evi	dence	ON OF OPERATIONS/LOCATIONS/VEHICLE of Insurance Only with respect to ative resources to its subsidiaries, Notice Non Payment of Premium	I SIEXCLUSIONS ADDED BY ENDORSEM Ilability arising out of Named Ins BMC West Corporation and Sel	ient/sp sured's lectBui	ECIAL PROVISIONS s operations (ho ild Construction	s Iding company pr , Inc.).	oviding capilal, mana	gement a	ınd
L		CATE UOI DEB	\-001427569 - 03		CANCELLATIO	N			
CE		Office of the U.S. Trustee 844 King Street, Suite 2207	1921 JUSTU	T	SHOULD ANY OF EXPIRATION DAT	THE ABOVE DESCR	IBED POLICIES BE CANC SSUING INSURER WILL IE CERTIFICATE HOLDER IE NO OBLIGATION OR LI	ENDEAVOR NAMED TO ABILITY OF	TO MAIL THE LEFT, ANY KIHD
		Wilmington, DE 19801		AU of G	UPON THE THORIZED REPRESENT I Marsh Risk & Insur- Iloria N. Brumfield	INSURER, ITS	agents or Ma.N. Blumbii	REPRESE Ad-	NTATIVES. ORATION 198

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	KOAOABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Llability-3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

A	C	O l	RD. CERTIFICA	ATE OF LIABIL	IT.	Y INSUI	RANCE		06/	22/2009	
RODU	CER N	MAR 345	SH RISK & INSURANCE SERV CALIFORNIA STREET, SUITE 1	, ICES 300		ONLY AND	CONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	ID F	XTEND OF	
		2 A KI	FRANCISCO, CA 94104 Priscilla Tom 415-743-7658		INS	SURERS AFFOR	DING COVERAG	E	NAIC	÷	
					INS	URER A: ACE Ame	rican Insurance C	ompany	2266	7	_
(SUR	F	3uik	ding Materials Holding Corporation	on		URER B: Various -					_
		コルルに	West Corporation Park Boulevard, Suite 200		INSI	URER C:					
	Ė	Bois	e, ID 83712	!	INSI	URER D:					
						URER E:					
					<u> </u>					2	
N	M	лтн	G LICIES OF INSURANCE LISTED STANDING ANY REQUIREMENT, T SSUED OR MAY PERTAIN, THE IN NIS OF SUCH POLICIES. AGGREG	EIN ON CONDITION OF THE DO	1 105	ES DESCRIBED H	FREIN IS SUBJEC	TTO ALL THE TERMS,	RIOD THIS C EXCLU MITS	ERTIFICATED. JSIONS AND	
RIA	שיממ		TYPE OF INSURANCE	POLICY NUMBER		DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	,\$	1,900	.000
	SRC	GEN	ERAL LIABILITY EXCESS	XSLG23741805		11/11/08	11/11/09	DAMAGE TO RENTED PREMISES(Es occurence)	\$	1,000	N/A
١	-	\overline{x}	COMMERCIAL GENERAL LIABILITY	DED: \$1.9MM PER OCC XS OF				MED EXP (Any one person	<u> -</u> -	J	N/A
			CLAIMS MADE X OCCUR	SELF INSURED RETENTION				PERSONAL & ADV INJUR		1,900	,000
1	F	X		GEN AGG SUBJECT TO POLIC	Ϋ́			GENERAL AGGREGATE	\$	2,000	,000
	-	GEN	ERAL AGGREGATE LIMIT APPLIES PER	MAXIMUM OF \$25,000,000				PRODUCTS - COMP/OP A	GG\$	2,000	,000
+	- 1	- 1	OMOBILE LIABILITY	ISAH0801355A		11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000),00
		X	ANY AUTO ALL OWNED AUTOS	DEDUCTIBLE: \$1,000,000 PER ACCIDENT				BODILY INJURY (Per person)	\$		
	•		SCHEDULED AUTOS HIREO AUTOS	AUTO PHYSICAL DAMAGE				BODILY INJURY (Per eccident)	\$		
			NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED				PROPERTY DAMAGE (Per scoldent)	\$		
_								AUTO ONLY - EA ACCIDE	NT \$		
		OAF	ANY AUTO					OTHER THAN EA AC AUTO ONLY:	6		
			A LESS DISTRICT	XOOG23891517		11/11/08	. 11/11/09	EACH OCCURRENCE	\$	10,00	
A		X	CCUR CLAIMS MADE	1		1,1,1,100		AGGREGATE	\$ \$	10,00	0,00
		_	DEDUCTIBLE								<u></u>
_;		X	RETENTION \$ 2,000,000	WLRC44347635 (All States Inc	FL) 11/11/08	11/11/09	A TORY LIMITS	IH-	4.00	10.01
4	WOR	LOYE	S COMPENSATION AND	DEDUCTIBLE:				E.L. EACH ACCIDENT	\$		00,00
- 1	ANY	PRO	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT				EL DISEASE - EA EMPLO	OYEE P		00,00
-	OFFI If ves	CER.	MEMBER EXCEODED Cribe under PROVISIONS below	7-7				EL DISEASE-POLICY L	міт Ф	1,00	70,00
	отн	ER		SEE ATTACHED LIST		11/11/08	11/11/09			SEE ATTAC	CHE
	EXC	CES	S LIABILITY								
Εvi	EXC	TION TO O	WING FORM S LIABILITY OF OPERATIONS/LOCATIONS/VEHICLE If Insurance Only with respect to rgineered lumber products, wind otice Non Payment of Premium	S/EXCLUSIONS ADDED BY ENDORSEM	ENT/S ured anu	SPECIAL PROVISION: I's operations (su factured wall pan	s ppfy construction els and more).	services and quality t	ouildin	g materials	_
CF	RTIF	FICA	ATE HOLDER SEA	v-001427584-03		CANCELLATIO					
						EXPIRATION DAT	E THEREOF, THE	IBED POLICIES BE CANC	NDEAV	OR TO MAIL	•
		84	ffice of the U.S. Trustee 44 King Street, Suite 2207 ockbox 35			30 DAYS WE	NOTICE TO THE	E CERTIFICATE HOLDER	BILITY	OF ANY KIND	,
		W	/ilmington, DE 19801			UPON THE AUTHORIZED REPRESEN of March Risk & Insur	INSURER, ITS	AGENTS OR Ma N. Blumbi		SENTATIVES.	
					ĺ	Gloria N. Brumfield	J			PORATION	1 40

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	KOAOABFOBAOX	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability-3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	мн 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

A	CORI	D CERTIFIC	ATE OF LIABIL	IT	Y INSUI	RANCE		06/23	MM/DD/YYY) 3/2009
RODUCE	MARSH 345 CA	1 RISK & INSURANCE SERV LLIFORNIA STREET, SUITE DRNIA LICENSE NO. 043715 RANCISCO, CA 94104	ICES 1300		THIS CERTIFI	CATE IS ISSUE CONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN RIDED BY THE POLI	ID. EXT	END DR
	Aftn: Pi	riscilla Tom 415-743-7658	iden	IN!	SURERS AFFOR	DING COVERAG	Ε	NAIC #	Į.
45878		MM-08-09 C Cons ev		i	URER A: ACE Ame			22667	
JUILED	Buildin	g Materials Holding Corporati struction, Inc.	on		URER 8:				
	720 Pa	ark Boulevard, Suite 200 ID 83712	•	INS	URER C:			ļ	
	Boise,	ID 63/12		INS	URER D:			 	•
				INS	SURER E:		•	<u> </u>	
THE	TWITHST	ANDING ANY REQUIREMENT	BELOW HAVE BEEN ISSUED TERM OR CONDITION OF ANY CO SURANCE AFFORDED BY THE PO ATE LIMITS SHOWN MAY HAVE BE	LICI	ES DESCRIBED H	EREIN IS SUBJEC' CLAIMS.	T TO ALL THE TERMS,	RIOD IN THIS CEF EXCLUSI	DICATED. THEICATE ONS AND
RI ADD	עי	TYPE OF INSURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		MITS	4 000 000
RINSF	GENERA	AL LIABILITY EXCESS DIMMERCIAL GENERAL LIABILITY	XSLG23741805 DED: \$1.9MM PER OCC XS OF		11/11/08	11/11/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Es occurence) MED EXP (Any one person)	\$ \$ \$	1,900,000 N/A N/A
	X RE	CLAIMS MADE X OCCUR	SELF-INSURED RETENTION GEN AGG SUBJECT TO POLIC				PERSONAL & ADV INJURY GENERAL AGGREGATE		1,900,000 2,000,00
		AL AGGREGATE LIMIT APPLIES PER PRO- OLICY X JECT X LOC	MAXIMUM OF \$25,000,000			•	PRODUCTS - COMPIOP A		2,000,00
+	AUTOM	OBILE LIABILITY	ISAH0801355A DEDUCTIBLE:		11/11/08	11/11/09	COMBINED SINGLE LIMIT (En accident) BODILY INJURY	\$	5,000,00
	ALI	L OWNED AUTOS HEDULED AUTOS	\$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE—				(Set betsou)	\$	
	X No	RED AUTOS DN-OWNED AUTOS EDUCTIBLE:	OWNED & HIRED VEHICLES: SELF-INSURED				(Per accident) PROPERTY DAMAGE (Per accident)	\$	
		IMM PER ACCIDENT			_		AUTO ONLY - EA ACCIDE	NT S	
	├ ─┐	E LIABILITY VY AUTO					OTHER THAN EA AC AUTO ONLY:	-	
1	X d	S/UMBRELLA LIABILITY DCCUR CLAIMS MADE DEDUCTIBLE	XOOG23891517		11/11/08	11/11/09	EACH OCCURRENCE AGGREGATE	\$ \$ \$	10,000,00
	XF	RETENTION \$ 2,000,000	WI-RC44347635-(All-States-inc	ŀFĿ)- -11/1 1 /08	11/11/09	X WC-STATU- OT	H	
. EV	IPLOYERS		DEDUCTIBLE:	,			E.L. EACH ACCIDENT	\$	1,000,0
		ETOR/PARTNER/EXECUTIVE MBER EXCLUDED? e under OVISIONS below	\$2,000,000 PER ACCIDENT				EL DISEASE - EA EMPLO EL DISEASE - POLICY LII	MIT \$	1,000,00 1,000,0
	FHER								
Evide	nce of in	OPERATIONS/LOCATIONS/VEHICLE surance Only with respect to littlers including structural france Non Payment of Premium	I SPEXCLUSIONS ADDED BY ENDORSEME IABILITY ATISING OUT OF NAMED INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INSURING INS	ent/s ured k, ar	SPECIAL PROVISIONS 's operations (Ins and other installed	tallation services products).	to residential, multi-fa	mily and	light
CEPT	TIFICATE	HOLDER SEA	-001427750-01		CANCELLATIO				
JEK!	Office 844 i	e of the U.S. Trustee King Street, Suite 2207 box 35 ington, DE 19801		A	EXPIRATION DATE	THEREOF, THE IS TTEN NOTICE TO TH OO SO SHALL IMPOS	BED POLICIES BE CANCE SUING INSURER WILL EI E CERTIFICATE HOLDER N E NO OBLIGATION OR LIAI AGENTS OR WAS N. Blambin	NDEAVOR AMED TO BILITY OF REPRESE!	TO MAIL THE LEFT,
				1	of March Risk & Incura Gloria N. Brumfield	<i>U</i> ***	O ACORD		RATION 19

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Llability3rd Layer XI. Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
	•	Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

AC	COF	RD CERTIFICA	ATE OF LIABIL	ITY	INSUF	RANCE) AS A MATTER O	06/22	MATION
ODUCE	MAR 345	SH RISK & INSURANCE SERVI CALIFORNIA STREET, SUITE 1 IFORNIA LICENSE NO. 043715	300	ON	ILY AND	ONFERS NO	RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	n FXT	FND OR
	CAN	FRANCISCO, CA 94104 Priscilla Tom 415-743-7658		INSURI	ERS AFFOR	DING COVERAG	E	NAIC #	
						ican Insurance C		22667	
URED	Bullo	ling Materials Holding Corporation			B: Various -				
	⊔ N	R. Framing Systems, Inc. Park Boulevard, Suite 200		INSURER					
	Bois	e, ID 83712		INSURER	R D:				
				INSURER	₹E:				
				1					Z
NO.	TWITH	G ICIES OF INSURANCE LISTED STANDING ANY REQUIREMENT, I SSUED OR MAY PERTAIN, THE IN INS OF SUCH POLICIES, AGGREGA	LIGHT OF COMPTION BY THE BO	VIOLES D	SESCRIBED H	EKEIN IS SUBJECT	TO ALL THE TERMO,		TIFICATE ONS AND
DI ADD	LF	TYPE OF INSURANCE	POLICY NUMBER	POLIC	CY EFFECTIVE E (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		WITS	4 000 000
INSF	e D				/11/08	11/11/09	DAMAGE TO RENTED	\$ \$	1,900,000 N/A
		i i	XSLG23741805 DED: \$1.9MM PER OCC XS OF		, , ,,,,,,		PREMISES(Ea occurence) MED EXP (Any one person)		N/A
	計	CLAIMS MADE X OCCUR	SELF INSURED RETENTION	- 1			PERSONAL & ADV INJURY		1,900,000
	X	RETENTION: \$100,000	GEN AGG SUBJECT TO POLIC	Y			GENERAL AGGREGATE	\$	2,000,000
	GEN	ERAL AGGREGATE LIMIT APPLIES PER	MAXIMUM OF \$25,000,000				PRODUCTS - COMP/OP A	GG \$	2,000,00
+	AUT		ISAH0801355A	11	1/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,00
	X	ANY AUTO ALL OWNED AUTOS	DEDUCTIBLE: \$1,000,000 PER ACCIDENT				BODILY INJURY (Per person)	\$	
		COUEDINED ALTIOS	AUTO PHYSICAL DAMAGE-	•			BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED				PROPERTY DAMAGE (Per accident)	\$	
İ							AUTO ONLY - EA ACCIDE	NT \$	
	GAF	RAGE LIABILITY ANY AUTO					OTHER THAN EA AC	c.	
						4444100	EACH OCCURRENCE	\$	10,000,00
	EXC	CESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE	XOOG23891517	1	1/11/08	11/11/09	AGGREGATE	\$ \$	10,000,00
		DEDUCTIBLE						\$	
	X	RETENTION -\$-2,000,000	WLRC44347635 (All States inc	1F() 1	1/11/08	11/11/09	X WC STATU- TORY LIMITS 0	rH-	
		S COMPENSATION AND ERS' LIABILITY	DEDUCTIBLE:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,711.00		E.L. EACH ACCIDENT	\$	1,000,0
		PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT	1			E.L. DISEASE - EA EMPLO	YEE \$	1,000,0
0	FFICER	MEMBER EXCLUDEDY	#=100010±3: =:::==:::				EL DISEASE - POLICY L	міт 🌣	1,000,0
	PECIAL THER	cribe under PROVISIONS below		<u> </u>	4444100	11/11/09		SF	E ATTACHE
		WING FORM	SEE ATTACHED LIST	1	11/11/08	11/11/09		-	
E	XCES	S LIABILITY							
mutale.		of OPERATIONS/LOCATIONS/VEHICLE f Insurance Only with respect to otice Non Payment of Premium	SJEXCLUSIONS ADDED BY ENDORSEM liability arising out of Named Ins	ENTISPEC Sured's of	IAL PROVISION: perations (fra	s ming/rough carpe	entry).		
				r:A	ANCELLATIO	ON .			
CER	TIFIC	ATE HOLDER SEA	A-001427572-03				IBED POLICIES BE CANC	ELTED BEI	ORE THE
				SH	TOULD ANY UF	E THEREOF. THE I	SSUING INSURER WILL I	NDEAVOR	TO MAIL
	o	ffice of the U.S. Trustee	•	30	D DAYS WE	ITTEN NOTICE TO TH	IE CERTIFICATE HOLDER !	IAMED TO	THE LEFT,
ł	8	44 King Street, Suite 2207 ockbox 35		BU	IT FAILURE TO	DO SO SHALL IMPOS	SE NO OBLIGATION OR LIA	BILITY OF	диу Кінд
				1					
	Ň	Vilmington, DE 19801		UF	PON THE DRIZED REPRESEN AISH RISK & INSUR	INSURER, ITS	die N. Bumbi	REPRESE	NTATIVES.

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability-3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE00013B0L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Осситепсе \$10,000,000 p/o \$40,000,000 Each Осситепсе
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

ACORD, CERTIFIC	ATE OF LIABIL	ITY INSU	RANCE		DATE (MM/D 06/22/200	9
RODUCER MARSH RISK & INSURANCE SER 345 CALIFORNIA STREET, SUITE CALIFORNIA LICENSE NO. 04371:	VICES 1300	THIS CERTIFI	CATE IS ISSUE CONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN DRDED BY THE POLI	ID EXTEND	OR
SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658		INSURERS AFFOR	DING COVERAG	iE	NAIC#	
		INSURER A: ACE AME			22667	
SURED Building Materials Holding Corporat	ion	INSURER B: Various -				
llinois Framing, Inc. 720 Park Boulevard, Suite 200		INSURER C:				
Bolse, ID 83712		INSURER D:				
		INSURER E:				
ALED A DED						3
OVERAGES THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREMENT, MAY BE ISSUED OR MAY PERTAIN, THE INCONDITIONS OF SUCH POLICIES. AGGRECO	TERM OR COMMITTED BY THE PO	LICIES DESCRIBED H	IEREIN IS SUBJEC O CLAIMS.	T TO ALL THE TERMS,	EXCLUSIONS	CATE AND
RI ADD'U TYPE OF INCHEANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)			MITS	000 000
GENERAL LIABILITY EXCESS	VCI C227/1905	11/11/08	11/11/09	DAMAGE TO RENTED	\$ <u>1</u>	<u>000,000,</u> AVA
X COMMERCIAL GENERAL LIABILITY	XSLG23741805 DED: \$1.9MM PER OCC XS OF	1		PREMISES(Ea occurence) MED EXP (Any one person)		N/A
CLAIMS MADE X OCCUR	SELF INSURED RETENTION			PERSONAL & ADV INJURY		,900,000
X RETENTION: \$100,000	GEN AGG SUBJECT TO POLIC	Y		GENERAL AGGREGATE		,000,000
GENERAL AGGREGATE LIMIT APPLIES PER	MAXIMUM OF \$25,000,000			PRODUCTS - COMP/OP A	GG\$ 2	,000,000
POLICY X PRO- AUTOMOBILE LIABILITY	ISAH0801355A	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Es accident)	\$ 5	5,000,000
X ANY AUTO ALL OWNED AUTOS	DEDUCTIBLE: \$1,000,000 PER ACCIDENT			BODILY INJURY (Per person)	\$	
SCHEDULED AUTOS HIRED AUTOS	AUTO PHYSICAL DAMAGE OWNED & HIRED VEHICLES			BODILY INJURY (Per sccident)	\$	
NON-OWNED AUTOS	SELF-INSURED			PROPERTY DAMAGE (Per socident)	\$	
GARAGE NABILITY				AUTO ONLY - EA ACCIDE	— 	
ANY AUTO				OTHER THAN EA AC AUTO DNLY: AG	G \$	0,000,00
EXCESSIUMBRELLA LIABILITY X OCCUR CLAIMS MADI	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE AGGREGATE		0,000,00
X RETENTION \$ 2,000,000			14444100	Y I WC STATU- OT	S	
WORKERS COMPENSATION AND	WLRC44347635 (All States inc	FL) 11/11/08	11/11/09	X WC STATU- OT TORY LIMITS E		1,000,00
EMPLOYERS' LIABILITY	DEDUCTIBLE:			E.L. DISEASE - EA EMPLO		1,000,00
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT			E.L. DISEASE - POLICY LI	міт \$	1,000,00
If yes, describe under SPECIAL PROVISIONS below						
FOLLOWING FORM	SEE ATTACHED LIST	11/11/08	11/11/09		SEE AT	TACHE
EXCESS LIABILITY						
 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL Evidence of Insurance Only with respect to 10 Days Notice Non Payment of Premium	liability arising out of Nameo Inst	nt/special Provisions fred's operations (fra	ming/rough carpe	entry).		
To Baye Hallet Hall Age						
CERTIFICATE HOLDER SE	A-001427580-03	CANCELLATIC	N			
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801		EXPIRATION DATE 30 DAYS WE BUT FAILURE TO UPON THE	E THEREOF, THE IS ITTEN NOTICE TO TH DO SO SHALL IMPOS INSURER, ITS		NDEAVOR TO AMED TO THE I BILLTY OF ANY REPRESENTATI	MAIL EFT, KIND
		AUTHORIZED REPRESEN of Marsh Risk & Insura Gloria N. Brumfield	FATIVE Ince Services &	ous N. Bumbii	CORPORAT	CION 191

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability-1st Layer Aspen Insurance (UK) Ltd.	KOAOABFO8AOX	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Llability2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability-3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	мн 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

AC	ORD CERTIFICA	ATE OF LIABIL	IT'	Y INSUF	RANCE		06/2	2/2009
DDUCER	MARSH RISK & INSURANCE SERV 345 CALIFORNIA STREET, SUITE CALIFORNIA LICENSE NO. 043715	ICES 1300	THIS CERTIFICATE IS ISSUED AS A MATTER ONLY AND CONFERS NO RIGHTS UPON THOUSER. THIS CERTIFICATE DOES NOT AME ALTER THE COVERAGE AFFORDED BY THE PO					TEND OR
	SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658		INS	SURERS AFFOR	DING COVERAG	E	NAIC	#
			INSL	JRER A: ACE Ame	rican Insurance C	ompany	22667	
URED	Building Materials Holding Corporati	on		JRER B: Various - :				
	SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200		INSU	JRER C:				
	Boise, ID 83712		INSI	URER D:				
			INSI	URER E:			1	
OVERA	CES		<u></u>			THE POLICY DE	DIOD II	MDICATED
NOTV	GES POLICIES OF INSURANCE LISTED MITHSTANDING ANY REQUIREMENT, BE ISSUED OR MAY PERTAIN, THE IN DITIONS OF SUCH POLICIES, AGGREG	LIGHT OF COURSE PART DO	of total	ce negarisen H	EKEIN IS SURIFC	TO ALL THE TERMS.		RTIFICATE SIONS AND
PI ADDTU	THE ST WOURSES	POLICY NUMBER		DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		MITS	1,900,000
INSRU	THE ALLIABILITY EVOECE	XSLG23741805		11/11/08	11/11/09	EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	1,900,000 N/A
1 1		XSLG23741605 DED: \$1.9MM PER OCC XS OF	:			PREMISES(Es occurence) MED EXP (Any one person		N//
	CLAIMS MADE X OCCUR	SELF INSURED RETENTION				PERSONAL & ADV INJUR	<u> -</u> -	1,900,00
1	X RETENTION: \$100,000	GEN AGG SUBJECT TO POLIC	Ϋ́		1	GENERAL AGGREGATE	\$	2,000,000
	GENERAL AGGREGATE LIMIT APPLIES PER	MAXIMUM OF \$25,000,000				PRODUCTS - COMPIOP A	GG \$	2,000,00
	AUTOMOBILE LIABILITY	ISAH0801355A DEDUCTIBLE:		11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)		5,000,00
	ALL OFFICE TO . TO	\$1,000,000 PER ACCIDENT				BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS HIRED AUTOS	AUTO PHYSICAL DAMAGE- OWNED & HIRED VEHICLES				BODILY INJURY (Per eccident)	\$	
	NON-OWNED AUTOS	SELF-INSURED				PROPERTY DAMAGE (Per accident)	\$	
-	GARAGE LIABILITY					AUTO ONLY - EA ACCIDI		
	ANY AUTO					AUTO ONLY:	sG \$	10,000,00
	EXCESSIUMBRELLA LIABILITY	XOOG23891517		11/11/08	11/11/09	EACH OCCURRENCE	\$ \$	10,000,00
`	X OCCUR CLAIMS MADE					AGGREGATE	\$ \$	
	DEDUCTIBLE				1.		- Φ - 5	
	X RETENTION \$ 2,000,000	WLRC44347635 (All States inc	IFL') 11/11/08	11/11/09	X WC STATU-	TH- R	
EMP	RKERS COMPENSATION AND	DEDUCTIBLE:				E.L. EACH ACCIDENT	\$	1,000,0
ANY	PROPRIETOR/PARTNER/EXECUTIVE	\$2,000,000 PER ACCIDENT				E.L. DISEASE - EA EMPLO	OYEE \$	1,000,0 1,000,0
lf ye	es, describe under ECIAL PROVISIONS below					E.L. DISEASE - POLICY L	IMII 4	1,000,0
SPE	ECIAL PROVISIONS BEIOW RER			11/11/08	11/11/09		S	EE ATTACHE
	LLOWING FORM	SEE ATTACHED LIST		13/11/08	1111105			
EX	CESS LIABILITY							
Eviden	PTION OF OPERATIONS/LOCATIONS/VEHICLE ce of Insurance Only with respect to vindows and doors; installed millwork ys Notice Non Payment of Premium				s mber and building	materials; made-to-o	rder wo	od and clad
	THOUSE HOLDER	\-001427579-03		CANCELLATIO	ON			
CERT	Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801			EXPIRATION DAT 30 DAYS WE BUT FAILURE TO	E THEREOF, THE IS INTTEN NOTICE TO THE DO SO SHALL IMPOS INSURER, ITS		ENDEAVO NAMED T ABILITY O REPRES	OR TO MAIL
			ľ	AUTHORIZED REPRESEN of Marsh Risk & Insun Gloria N. Brumfield	anco Services 74	ous N. Blombi		PORATION 15

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability-1st Layer Aspen Insurance (UK) Ltd.	KOAOABFO8AOX	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Оссиленсе
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
·		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

UCE	CORD CERTIFICA MARSH RISK & INSURANCE SERV 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA LICENSE NO. 043715	ICES 300	Ìċ	NLY AND C	ONFERS NO F	AS A MATTER OF RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	IN FXTE	ND OR I
	SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-765B		INSURERS AFFORDING COVERAGE					
			INSUR	ER A: ACE Amer	ican Insurance Co	ompany	22667	
RED	nutrice Materials Holding Coloulati	חכ	INSURI	ER B: Various - S	See Attached		ļ	
	SelectBuild Construction, Inc.		INSUR	ER C:			 	
	Boise, ID 83712		INSUR	ER D:			 	
			INSUR				!	2
TH NO	RAGES HE POLICIES OF INSURANCE LISTED OTWITHSTANDING ANY REQUIREMENT, ALY BE ISSUED OR MAY PERTAIN, THE IN ONDITIONS OF SUCH POLICIES. AGGREG	BELOW HAVE BEEN ISSUED TERM OR CONDITION OF ANY C SURANCE AFFORDED BY THE F	TO THE CONTRACTORION OF THE POLICIES BEEN RE	HE INSURED N CT OR OTHER I DESCRIBED HI DUCED BY PAID	IAMED ABOVE F DOCUMENT WITH EREIN IS SUBJECT OCLAIMS.	OR THE POLICY PE RESPECT TO WHICH ' TO ALL THE TERMS,	RIOD IND THIS CERT EXCLUSIO	ICATED. ITFICATE DNS AND
CC	ONDITIONS OF SUCITION OF SUCITION	POLICY NUMBER	PU	DLICY EFFECTIVE NATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	EACH OCCURRENCE	IMITS \$	1,900,000
INS	SRD			11/11/08	11/11/09	DAMAGE TO RENTED PREMISES(Es occurence)		NVA
	X COMMERCIAL GENERAL LIABILITY	XSLG23741805 DED: \$1.9MM PER OCC XS C	- 1			MED EXP (Any one person		N/A
	CLAIMS MADE X OCCUR	SELF INSURED RETENTION	ì			PERSONAL & ADV INJUR		1,900,000
	X RETENTION: \$100,000	GEN AGG SUBJECT TO POL	ICY			GENERAL AGGREGATE	\$	2,000,000
	ACONTOATE I BAIT ADDI IFO PER	MAXIMUM OF \$25,000,000				PRODUCTS - COMP/OP /	AGG\$	∠,∪00,∪00
_	GENERAL AGGREGATE LIMIT APPLIES PER PRO-PRO-PRO-PRO-PRO-PRO-PRO-PRO-PRO-PRO-	IISAH0801355A		11/11/08	11/11/09	COMBINED SINGLE LIMI (Ea accident)	т \$	5,000,000
	X ANY AUTO	DEDUCTIBLE:				BODILY INJURY	\$	
	ALL OWNED AUTOS	\$1,000,000 PER ACCIDENT	Ì			(Per person)		
	SCHEDULED AUTOS	AUTO PHYSICAL DAMAGE-				BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED	5			PROPERTY DAMAGE (Per accident)	\$	
						AUTO ONLY - EA ACCID	ENT \$	
\dagger	GARAGE LIABILITY ANY AUTO					OTHER THAN EA A AUTO ONLY:	cc \$.cc \$	
				11/11/08	11/11/09	EACH OCCURRENCE	\$	10,000,00
十	EXCESS/UMBRELLA LIABILITY	XOOG23891517		11/11/08	1,,,,,,,,	AGGREGATE	\$ \$	10,000,00
۱,	X OCCUR L CLAIMS MAD	E					\$	
	DEDUCTIBLE						\$	
-	X RETENTION \$ 2,000,000	WLRC44347635 (All States	incl FL)	11/11/08	11/11/09	TORYLIMILST	OTH C	1,000,0
1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	DEDUCTIBLE:	/			EL EACH ACCIDENT	\$	1,000,0
ŧ	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT	Г			E.L. DISEASE - EA EMP	IMIT S	1,000,0
	OFFICER/MEMBER EXCLUDED? Kives describe under	A-10401-1-			<u> </u>	E.L. UISEASE - POLICT		
	If yes, describe under SPECIAL PROVISIONS below OTHER	SEE ATTACHED LIST		11/11/08	11/11/09		SE	E ATTACHE
в	FOLLOWING FORM EXCESS LIABILITY							
	SCRIPTION OF OPERATIONS/LOCATIONS/VEHIC	LESIEVOLUSIONS ADDED BY ENDORS	EMENTIS	PECIAL PROVISIO	is .	s to recidential multi.	family and	d light
Evi	SCRIPTION OF OPERATIONS/LOCATIONS/VEHIC vidence of Insurance Only with respect to Inmercial builders including structural from the Comment of Premiur O Days Notice Non Payment of Premiur	aming, installed doors and milk	insured work, ar	's operations (in and other installe	nstallation service d products).	s to residential, multi-	-latiny are	J iig.ii.
	CI CI	EA-001427586-03		CANCELLAT	ION			
CE	Office of the U.S. Trustee	-M-00 (42) 000 00		EXPIRATION DA	TE THEREOF, THE	RIBED POLICIES BE CAN ISSUING INSURER WILL THE CERTIFICATE HOLDE	R NAMED TO	THE LEFT,
l	Office of the U.S. Musice 844 King Street, Suite 2207 Lockbox 35		1	BUT FAILURE T	D DO SO SHALL IMP	DSE NO OBLIGATION DR	TIVBILLIA O	F ANY KIND ENTATIVES.
1				MAL I LIMOTON .				

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability-1st Layer Aspen Insurance (UK) Ltd.	KOAOABFOBAOX	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability—2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability-3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	мн 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
Cinati in Carana		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

AC	ORD. CERTIFICA	TE OF LIABIL	ITY	INSUR	ANCE	AS A MATTER OF	06/22/20	MOITA
DUCER	MARSH RISK & INSURANCE SERVI 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA I ICENSE NO. 0437153	CES 300	OF	ILY AND C	ONFERS NO	RIGHTS UPON THE DOES NOT AMEN	n FXTF	un or i
	SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658		INSUR	ERS AFFORD	ING COVERAGI		NAIC#	
					can Insurance C	ompany	22667	
URED	Building Materials Holding Corporation SelectBuild Illinois, LLC	วก		RB: Various - S	ee Attached		 	
	720 Park Boulevard, Suite 200 Boise, ID 83712		INSURE					
	Boise, ID 631 12		INSURE					
	•		1 "					
VERA THE NOT MAY	AGES POLICIES OF INSURANCE LISTED MITHSTANDING ANY REQUIREMENT, 1 BE ISSUED OR MAY PERTAIN, THE IN DITIONS OF SUCH POLICIES. AGGREG	BELOW HAVE BEEN ISSUED FERM OR CONDITION OF ANY CO SURANCE AFFORDED BY THE PI ATE LIMITS SHOWN MAY HAVE B	TO THE ONTRACT OLICIES I EEN RED	INSURED NO OR OTHER DOESCRIBED HE UCED BY PAID	AMED ABOVE FOUNDED TO THE PROPERTY OF THE PROP	OR THE POLICY PE RESPECT TO WHICH T TO ALL THE TERMS,	RIOD INDI THIS CERTI EXCLUSIOI MITS	FICATE NS AND
CON RI ADD'U	DITIONS OF SUCH FOLIALIST	POLICY NUMBER	PDL	ICY EFFECTIVE I TE (MM/DD/YY)	OLICY EXPIRATION DATE (MM/DD/YY)	EACH OCCURRENCE	<u>.</u> \$	1,900,000
INSRD		XSLG23741805	11	1/11/08	11/11/09	DAMAGE TO RENTED PREMISES(Ea DOCUMENCE)	\$	N/A
	X COMMERCIAL GENERAL LIABILITY	DED: \$1.9MM PER OCC XS O	F			MED EXP (Any one person)		N/A
	CLAIMS MADE X OCCUR	SELF INSURED RETENTION				PERSONAL & ADV INJUR	r \$	1,900,000
1	X RETENTION: \$100,000	GEN AGG SUBJECT TO POLIC MAXIMUM OF \$25,000,000	CY			GENERAL AGGREGATE PRODUCTS - COMPIOP A	\$.cce	2.000.000
	OFNEDAL AGGREGATE LIMIT APPLIES PER	MAXIMUM OF \$23,088,000				PRODUCTS - COMPTOR A		2,000,00
-	POLICY X JECT X LOC	ISAH0801355A	1	1/11/08	11/11/09	COMBINED SINGLE LIMIT (En accident)		5,000,000
	X ANY AUTO	DEDUCTIBLE: \$1,000,000 PER ACCIDENT				BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY	\$	
	HIRED AUTOS	AUTO PHYSICAL DAMAGE-				(Per accident)		
	NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED	'			PROPERTY DAMAGE (Per accident)	\$	
1						AUTO ONLY - EA ACCID		
	GARAGE LIABILITY					OTHER THAN EA A	le:	
	ANY AUTO				<u> </u>	EACH OCCURRENCE	3G ⊅ \$	10,000,00
-	EXCESSIUMBRELLA LIABILITY	XOOG23891517		11/11/08	11/11/09	AGGREGATE	\$	10,000,00
A	X OCCUR CLAIMS MADI	E					\$	
							\$	
	DEDUCTIBLE XRETENTION\$-2,000,000				11/11/09	X WC STATU-	TH- ER	
, wc	ORKERS COMPENSATION AND	MUKC44341622 (VII OTRICA II	nci FL)	11/11/08	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E.L. EACH ACCIDENT	3	1,000,0
EM	IPLOYERS' LIABILITY	DEDUCTIBLE:				EL DISEASE - EA EMPL	OYEE\$	1,000,0
AN OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT				EL DISEASE - POLICY	LIMIT \$	1,000,0
	yes, describe under PECIAL PROVISIONS below			44/44/00	11/11/09		SEI	E ATTACHE
ı	THER OLLOWING FORM	SEE ATTACHED LIST		11/11/08	11111100			
E	XCESS LIABILITY							
DESCR	RIPTION OF OPERATIONS/LOCATIONS/VEHICL	ESIEXCLUSIONS ADDED BY ENDORSE	EMENT/SPE	CIAL PROVISION	s aming/rough carp	entry).		
	RIPTION OF OPERATIONS/LOCATIONS/VEHICL INCE of Insurance Only with respect to lays Notice Non Payment of Premium) habinly arising out a	nsureas	operations (in				
	TITIOATE UOI DED	A-001427576-03		CANCELLAŤI	NC			
CER	TIFICATE HOLDER SE	3,00112101000		SHOULD ANY OF	THE ABOVE DESC	RIBED POLICIES BE CAN	CELLED BEF	ORE THE
				DESCRIPTION DAT	THEREOF, THE	ISSUING INSURER WILL	ENDEAVOR	IO MAIL
	Office of the U.S. Trustee 844 King Street, Suite 2207		.	30 DAYS W	RITTEN NOTICE TO T	HE CERTIFICATE HOLDER SE NO OBLIGATION OR I	LABILITY OF	ANY KIND
	Lockbox 35 Wilmington, DE 19801		- 1		INSURER, IT		REPRESE	NTATIVES.
1	William Co. 1900		L	UPON THE HORIZED REPRESEI Marsh Risk & Insu		wan Bumb	ila	
ì			INO	Blarch Diet & Inett	anco Sorvicos /	PROCE IN MAIN		

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	KOAOABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability—2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
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Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
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Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	KOAOABFO8AOX	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	мн 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

ACC	ORD. CERTIFICA	ATE OF LIABIL	ITY INSUI	RANCE		DATE (MM)	109
DUCER M	JARSH RISK & INSURANCE SERV 45 CALIFORNIA STREET, SUITE 1	ICES	ONLY AND	ONFERS NO	O AS A MATTER O RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	in FXTEN	ID OR I
	AN FRANCISCO, CA 94104 Ath: Priscilla Tom 415-743-7658		INSURERS AFFOR	DING COVERAG	E	NAIC #	
			INSURER A: ACE Ame			22667	
URED F	Building Materials Holding Corporation	on	INSURER B: Various -				
	SelectBuild Southern California, Inc. 720 Park Boulevard, Suite 200		INSURER C:				
É	30ise, ID 83712		INSURER D:				
			INSURER E:				2
VERA	POLICIES OF INSURANCE LISTED	DELCAN HAVE DEEN ISSUED	TO THE INSURED	NAMED ABOVE F	OR THE POLICY PE	RIOD INDIC	CATED.
	GES POLICIES OF INSURANCE LISTED ATHISTANDING ANY REQUIREMENT, SE ISSUED OR MAY PERTAIN, THE IN ITIONS OF SUCH POLICIES. AGGREG					EXCLUSION	IS AND
L'DOA II	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	1\$	1,900,000
INSRD		VOI 022741805	11/11/08	11/11/09	DAMAGE TO RENTED PREMISES(Ea occurence)	\$	N/A
i L		XSLG23741805 DED: \$1.9MM PER OCC XS OF	1		MED EXP (Any one person		N/A
F	CLAIMS MADE X OCCUR	SELF INSURED RETENTION			PERSONAL & ADV INJUR		1,900,00
	X RETENTION: \$100,000	GEN AGG SUBJECT TO POLIC	CY		GENERAL AGGREGATE	\$	2,000,00
	OFFICEN ACCREGATE LIMIT APPLIES PER	MAXIMUM OF \$25,000,000			PRODUCTS - COMPION A	AGG\$	2,000,00
l h	POLICY X JECT X LOC	ISAH0801355A	11/11/08	11/11/09	COMBINED SINGLE LIMF	т \$	5,000,00
		DEDUCTIBLE:			BODILY INJURY	\$	
	X ANY AUTO \$1,000,000 PER AC				(Per person)		
	SCHEDULED AUTOS HIRED AUTOS	AUTO PHYSICAL DAMAGE			BODILY INJURY (Per accident)	\$	
	NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED			PROPERTY DAMAGE (Per accident)	\$	
		SELF-INGUNED			AUTO ONLY - EA ACCID	ENT \$	
	GARAGE LIABILITY				OTHER THAN EA A	cc \$ GG \$	
	ANY AUTO				EACH OCCURRENCE	\$	10,000,0
-	EXCESS/UMBRELLA LIABILITY	XOOG23891517	11/11/08	11/11/09	AGGREGATE	\$	10,000,0
-	X OCCUR CLAIMS MADI	E				\$	
						\$	
	DEDUCTIBLE -X				V UNC STATE I	\$	
18/01	RETENTION 5 2,000,000	WLRC44347635 (All States in	cl FL) 11/11/08	11/11/09	X WC STATU- TORY LIMITS C	FR \$	1,000,0
EMP	LOYERS' LIABILITY	DEDUCTIBLE:			ELL DISEASE - EA EMPL	OYEE\$	1,000,0
ANY	PROPRIETOR/PARTNER/EXECUTIVE	\$2,000,000 PER ACCIDENT			EL DISEASE - POLICY		1,000,0
liye	s, describe under CIAL PROVISIONS below			_			
OTH	(ER	SEE ATTACHED LIST	11/11/08	11/11/09		SEE	ATTACH
	LLOWING FORM	SEL AT MONES are					
	CESS LIABILITY			<u> </u>			
Eviden	PTION OF OPERATIONS/LOCATIONS/VEHICE ICE of Insurance Only with respect to s, wall panels and related componer lys Notice Non Payment of Premium	is: framing/rough carpentry).	MENTISPECIAL PROVISION SUTED'S OPERATIONS (C	ns ustomized packag	es of framing lumber	and buildin	g material
		A-001427593-03	CANCELLAT				
CERT	IFICATE HOLDER SE	74-00 lati 000-00	S AND GILLORS	F THE ABOVE DESC	RIBED POLICIES BE CAN	CELLED BEFO	ORE THE
			EVELOATION DA	TE THEREOF. THE	ISSUING INSURER WILL	ENDEAVOR	TO MAIL
	Office of the U.S. Trustee		30 DAYS W	RITTEN NOTICE TO T	HE CERTIFICATE HOLDER	NAMED TO T	HE LEFT,
	844 King Street, Suite 2207		BUT FAILURE T	DO SO SHALL IMPO	SE NO OBLIGATION OR I	JABILITY OF A	MA KIND
	Wilmington, DE 19801		UPON THE	INSURER, IT	S AGENTS OR	REPRESEN	IAIIVES.
i			AUTHORIZED REPRESI of Marsh Risk & Inc.		loka V. Blumbe		
			Gloria N. Brumlie	d		D CORPO	

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability—1st Layer Aspen Insurance (UK) Ltd.	KOAOABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability—2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability—3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

ACORD CER	TIFICATE OF L	IABILIT	Y INSUI	RANCE		06/22	
DUCER MARSH RISK & INSUR 345 CALIFORNIA STRI CALIFORNIA LICENSE	ANCE SERVICES		ONLY AND	ONFERS NO) AS A MATTER D RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	n FXT	FND OR
SAN FRANCISCO, CA Attn: Priscilla Tom 415	94104	INS	URERS AFFOR	DING COVERAG	Ε	NAIC#	
704-Selec-MM-08-09				rican Insurance C		22667	
RED Building Materials Hold	ing Corporation		RER B: Various -				
SelectBuild Nevada, Inc 720 Park Boulevard, Sc	3.		IRER C:				
Boise, ID 83712	116 200		IRER D:				
·			JRER E:				
						•	3
NOTATHSTANDING ANY KEY	NCE LISTED BELOW HAVE BEE QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDE IES. AGGREGATE LIMITS SHOWN N	A PART POLICE	e necceleen H	ととにい 12 2087501	OR THE POLICY PE RESPECT TO WHICH T TTO ALL THE TERMS,	RIOD INI THIS CER EXCLUSI	DICATED. TIFICATE ONS AND
CONDITIONS OF SUCH POLICE	IEO. AGGILLOTTE CIMITO CONTRACTOR		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	U	MITS	•
ADD'U TYPE OF INSURAN	JE				EACH OCCURRENCE	\$	1,900,000 N/A
GENERAL LIABILITY EXCE	NOLOZOI 4 1000	0001000	11/11/08	11/11/09	DAMAGE TO RENTED PREMISES(Ea occurence)	\$	N/A
X COMMERCIAL GENERA		OCC XS OF			MED EXP (Any one person)		1,900,000
CLAIMS MADE X RETENTION: \$10	O OCCUR SELF-INSURED RE	T TO POLICY			PERSONAL & ADV INJURY		2,000,00
A RETENTION PIN	MAXIMUM OF \$25,				GENERAL AGGREGATE PRODUCTS - COMP/OP A	\$ GG &	2,000,00
GENERAL AGGREGATE LIM	IT APPLIES PER	•					_,
AUTOMOBILE LIABILITY	ISAH0801355A DEDUCTIBLE:		11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,00
X ANY AUTO ALL OWNED AUTOS	\$1,000,000 PER AC	CCIDENT			BODILY INJURY (Per person)	\$	
SCHEDULED AUTOS HIRED AUTOS	AUTO PHYSICAL I		,		BODILY INJURY (Per accident)	\$	
X NÓN-OWNED AUTOS	OWNED & HIRED'SELF-INSURED	VEHICLES			PROPERTY DAMAGE (Per accident)	\$	
					AUTO ONLY - EA ACCIDE		
GARAGE LIABILITY ANY AUTO					OTHER THAN EA AC	c	
	TY XOOG23891517		11/11/0B	11/11/09	EACH OCCURRENCE	\$	10,000,00
EXCESS/UMBRELLA LIABIL X OCCUR	CLAIMS MADE				AGGREGATE	\$ \$	10,000,00
DEDUCTIBLE						\$	
XRETENTION: \$-2;0	00.000				X WC STATU- O	TH- \$	
WORKERS COMPENSATION AND	WLRC44347635 (All States incl FL)	11/11/08	11/11/09	TORY LIMITS LE		1,000,0
EMPLOYERS' LIABILITY	DEDUCTIBLE:		[EL DISEASE - EA EMPLO	OYEE \$	1,000,0
ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED?	\$2,000,000 PER A	ACCIDENT			E.L. DISEASE - POLICY L		1,000,0
If yes, describe under SPECIAL PROVISIONS below OTHER			11/11/08	11/11/09			E ATTACHE
SEE ATTACHED	SEE ATTACHED		11/11/00	11111100			
ESCRIPTION OF OPERATIONS/LOC vidence of Insurance Only w	ATIONSNEHICLES/EXCLUSIONS ADDED ith respect to liability arising out of panels and related components;	BY ENDORSEMENT/E of Named Insured stucco services;	I SPECIAL PROVISION 's operations (Cu installed concre	s sustomized packag te services; tile ro	es of framing lumber a ofing services).	and build	ing materials
stalled framing; trusses, wal 10 Days Notice Non Paymen		1 0.0000			•		
ERTIFICATE HOLDER	SEA-001427600-01		CANCELLATIO				
Office of the U.S. Tr 844 King Street, Sui Lockbox 35 Wilmington, DE 198	ustee te 2207		EXPIRATION DAT	TE THEREOF, THE INTERPRETED TO THE TO THE DO SO SHALL IMPORT	RIBED POLICIES BE CANC SSUING INSURER WILL I RE CERTIFICATE HOLDER SE NO OBLIGATION OR LI	ENDEAVOR NAMED TO ABILITY OF	THE LEFT,
wateriaaton DE 198	เบา		UPON THE	INSURER, ITS	AGENTS OR	KEPKESE	MINITED.

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	KOAOABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Llability2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability—3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Оссителсе \$10,000,000 p/o \$40,000,000 Each Оссителсе
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR international Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
•		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

		PD CERTIFICA	AIL OI LIADIL	-	THIS CERTIFIC	-WIE 13 1330F	AS A MATTER OF	INFO	RMATION
DUCE	MAR 345 (SH RISK & INSURANCE SERV CALIFORNIA STREET, SUITE 1 FORNIA LICENSE NO. 043715	.500		ONLY AND CHOLDER. THE	S CERTIFICATE DVERAGE AFFO	RIGHTS UPON THE DOES NOT AMENI RDED BY THE POLIC), EXT IES BE	END OR LOW.
	$\sim M_{\rm H}$	FRANCISCO, CA 94104 Priscilla Tom 415-743-7658				DING COVERAG		NAIC #	
URED				INSI	JRER A: ACE Ame	rican Insurance C	ompany	22667	
UILLE	Build	ing Materials Holding Corporation Construction, Inc.	n	INSI	URER B: Various - :	See Attached			
	720	Park Boulevard, Suite 200		INS	URER C:				
	Bois	e, ID 83712		INS	URER D:				
				INS	URER E:				
WED	AGES					MARIN ADOME E	OR THE POLICY PER	IOD IN	DICATED.
MOT	1007711	ICIES OF INSURANCE LISTED STANDING ANY REQUIREMENT, I SUED OR MAY PERTAIN, THE IN NS OF SUCH POLICIES. AGGREG	LIGHT ON COMPANY THE DE	1 101	ce neerbiren H	FRFIN IS SUBJECT	TO ALL THE TESTION		TIFICATE ONS AND
U ADD'	Ц	TYPE OF INSURANCE	POLICY NUMBER		DATE (MMIDDIYY)	POLICY EXPIRATION DATE (MM/DD/YY)		IITS	1,900,000
INSR	Q		VOLODO74400E		11/11/08	11/11/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurence)	\$	1,900,000 N/A
		T.	XSLG23741805 DED: \$1.9MM PER OCC XS OF	:			PREMISES(Ea occurence) MED EXP (Any one person)	\$	N/A
	H	CLAIMS MADE X OCCUR	SELF INSURED RETENTION				PERSONAL & ADV INJURY	\$	1,900,000
	X	RETENTION: \$100,000	GEN AGG SUBJECT TO POLICE	ΣY			GENERAL AGGREGATE	\$	2,000,000
		ERAL AGGREGATE LIMIT APPLIES PER	MAXIMUM OF \$25,000,000				PRODUCTS - COMP/OP AG	iq\$	2,000,000
<u> </u>	\Box	POLICY X JECT X LOC MOBILE LIABILITY	ISAH0801355A		11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,00
		AND ANITO	DEDUCTIBLE: \$1,000,000 PER ACCIDENT				BODILY INJURY (Per person)	\$	
	H	SCHEDULED AUTOS HIRED AUTOS	AUTO PHYSICAL DAMAGE-				BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS	OWNED & HIRED VEHICLES SELF-INSURED				PROPERTY DAMAGE (Per accident)	\$	
		IAGE LIABILITY					AUTO ONLY - EA ACCIDE		
	GAI	ANY AUTO					AUTO ONLY: AG	3 \$	10,000,00
+-	FXC	ESS/UMBRELLA LIABILITY	XOOG23891517		11/11/08	11/11/09	EACH OCCURRENCE AGGREGATE	\$	10,000,00
`	X	OCCUR CLAIMS MADE					Abortonic	\$	
		DEDUCTIBLE						- 5-	
<u>. -</u>	X	RETENTION. \$ 2,000,000	WLRC44347635 (All States in	cl FL) 11/11/08	11/11/09	X WC STATU- OT	R	1,000,0
, EV	1PLOYE	S COMPENSATION AND RS' LIABILITY	DEDUCTIBLE:				E.L. EACH ACCIDENT	\$	1,000,0
AN	Y PRO	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	\$2,000,000 PER ACCIDENT				E.L. DISEASE - EA EMPLO E.L. DISEASE - POLICY LII	ATT S	1,000,0
If y	yes, des	cribe under PROVISIONS below					EL DISEASE - FOCIOTE	L	
	THER	PROVISIONS DELON	SEE ATTACHED LIST		11/11/08	11/11/09		SE	E ATTACHE
		WING FORM	SEE ATTACHED LIGH						
		S LIABILITY]			
DESCR	RIPTION	OF OPERATIONS/LOCATIONS/VEHICLE f Insurance Only with respect to otice Non Payment of Premium	ESIEXCLUSIONS ADDED BY ENDORSEN liability atising out of Named In:	MENT/ SUFEC	 SPECIAL PROVISION d's operations (fra	s aming/rough carps	entry).		
			A-001427582-03		CANCELLATIO	ON			
CER	O 84	ffice of the U.S. Trustee 44 King Street, Suite 2207	7-00 1421 00E-00		EXPIRATION DAT	E THEREOF, THE I	RIBED POLICIES BE CANCE SSUING INSURER WILL E HE CERTIFICATE HOLDER N SE NO OBLIGATION OR LIA LAGENTS OR	NDEAVOR AMED TO BILITY OF	THE LEFT,
	L	filmington, DE 19801							

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Llability-2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence
		Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

ACORD CERTIF	ICATE OF LIABIL	ITY INSUI	RANCE	06	TE (MM/DD/YYYY) 6/23/2009
RODUCER MARSH RISK & INSURANCE 345 CALIFORNIA STREET, S CALIFORNIA I (CENSE NO. C	SERVICES JUITE 1300 0437153	ONLY AND	CONFERS NO	D AS A MATTER OF IN RIGHTS UPON THE C DOES NOT AMEND, I RDED BY THE POLICIES	XTEND OR
SAN FRANCISCO, CA 94104		INSURERS AFFOR	DING COVERAG	E NA	IC#
45878-MM-2009	eviden	INSURER A: Midwest E			12
SURED Building Materials Holding Co	rporation	INSURER B:			
BMC West Corporation 720 Park Boulevard, Suite 20		INSURER C:			
Boise, ID 83712		INSURER D:			
	•	INSURER E:		1	3
MOTWITHSTANDING ANY REQUIRED	ISTED BELOW HAVE BEEN ISSUED MENT, TERM OR CONDITION OF ANY O THE INSURANCE AFFORDED BY THE P GGREGATE LIMITS SHOWN MAY HAVE E	OLICIES DESCRIBED H	erein is subjec Oclaims.	1 TO ALL THE TERMS, EXCE	INDICATED. CERTIFICATE USIONS AND
SRI ADD'LL TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS EACH OCCURRENCE 1	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OC	LITY CUR			DAMAGE TO RENTED PREMISES(Es occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGGS	
GENERAL AGGREGATE LIMIT APPL	IES PER			PRODUCTS - COMPTOR AGGS	
POLICY JECT AUTOMOBILE LIABILITY	100			COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per percon) \$	
SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY \$ (Per sccident)	
NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
GARAGE LIABILITY			•	AUTO ONLY - EA ACCIDENT \$	
ОТИА УИА				OTHER THAN AUTO ONLY: AGG \$	
EXCESSIUMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$	
OCCUR CLAIN	IS MADE			\$	
DEDUCTIBLE				\$	
RETENTION \$	EWC007170 (WA Only)	01/01/09	01/01/10.	X WC STATU- OTH-	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SELF-INSURED RETENTION	1 '		E.L. EACH ACCIDENT	φ.,σσσ,-
ANY PROPRIETOR/PARTNER/EXECUTIVI OFFICER/MEMBER EXCLUDED?	E son oop EL Ea. Accident;			E.L. DISEASE - EA EMPLOYEES	
If yes, describe under SPECIAL PROVISIONS below OTHER	\$500,000 EL-Disease Ea. Em	iployee		. E.E. DISEASE A SELOT ELISTIC	
DESCRIPTION OF OPERATIONS/LOCATIONS/ Evidence of Insurance Only with rest building components and/or hardwar *10 Days Notice Non Payment of Pre	VEHICLES/EXCLUSIONS ADDED BY ENDORSE pect to liability arising out of Named In e). emium	MENTISPECIAL PROVISION: Isured's operations (Su	s pply lumber and l	building materials, millwork	, doors, window
	OFA 004497524 04	CANCELLATIO	DN	. ,	
Office of the U.S. Trustee 844 King Street, Suite 220' Lockbox 35 Wilmington, DE 19801	SEA-001427631-01	SHOULD ANY OF EXPIRATION DAT 30 DAYS WE BUT FAILURE TO UPON THE	THE ABOVE DESCRIPTION THE LEASE THE NOTICE TO THE DO SO SHALL IMPOUNDED.		NOR TO MAIL TO THE LEFT, Y OF ANY KIND RESENTATIVES.
•		AUTHORIZED REPRESEN of Marsh Risk & Insur Gloria N. Brumfield	TATIVE ando Sarvicos	ous N. Bumbils	RPORATION 19

4C0	RD. CERTIFICA	ATE OF LIAB	ILITY II	VSUF	RANCE		DATE (MM/DD/YYYY) 06/22/2009
DUCER MAI 345	RSH RISK & INSURANCE SERVI 5 CALIFORNIA STREET, SUITE 1 1 JEORNIA LICENSE NO. 043715	CES 300	THIS	CERTIFIC	ONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	D FXTEND OR
	N FRANCISCO, CA 94104		INCHER	S AFFOR	DING COVERAG	E	NAIC #
5878EN'	V-2008		HOOKE	Amorioon	International Spe	cially Lines Ins Co	26883
URED	ilding Materials Holding Corporation	nn.		American	international ope		***************************************
720) Park Boulevard, Suite 200	~~	INSURER B				
Boi	ise, ID 83712		INSURER C				
			INSURER D				
			INSURER E				}
NOTWITE	LICIES OF INSURANCE LISTED HSTANDING ANY REQUIREMENT, T	LIGHT OF CONDENS BY TH	E DOLICIES DES	CRIBED H	EREIN IS SUBJECT	OR THE POLICY PER RESPECT TO WHICH TO TO ALL THE TERMS,	RIOD INDICATED. HIS CERTIFICATE EXCLUSIONS AND
MAY BE CONDITI	ISSUED OR MAY PERTAIN, THE IN ONS OF SUCH POLICIES, AGGREGA	ATE LIMITS SHOWN MAY HAV	E SEEN REDUC	ED BY PAIC	CLAIMS.		WITS
L'CCA :S	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE	.5
INSRD GE	NERAL LIABILITY					DAMAGE TO RENTED PREMISES(Ea occurence)	\$
-	COMMERCIAL GENERAL LIABILITY						
-	 					MED EXP (Any one person)	
-	CLAIMS MADE OCCUR		ļ			PERSONAL & ADV INJURY	
-						GENERAL AGGREGATE	\$
GE	NERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP A	3G\$
UA U	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS					BODILY INJURY	\$
-	HIRED AUTOS NON-OWNED AUTOS					(Per accident) PROPERTY DAMAGE	
						(Per accident)	.
1 6	ARAGE LIABILITY					AUTO ONLY - EA ACCIDE	- 6
	ANY AUTO					OTHER THAN EA AC	
						EACH OCCURRENCE	\$
EX	CESS/UMBRELLA LIABILITY					AGGREGATE	\$
	OCCUR CLAIMS MADE				1		\$
			1				
	DEDUCTIBLE						
	RETENTION \$				-	I WC STATU-	H-
WORKE	RS COMPENSATION AND		Ì			TORY LIMITS! LE	\$
	YERS' LIABILITY					E.L. DISEASE - EA EMPLO	YEE\$
ANY PR	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	THE PROPERTY OF THE PROPERTY O			1	E.L. DISEASE - POLICY LI	
If yes, de	escribe under L PROVISIONS below				4444100	per occurrence	\$5,000,0
OTHER	Environmental Contractor's on Liab Occurrence	CPO 2085489	11/	11/08	11/11/09	Emergency Resport policy aggregate deductible	
ESCRIPTIO vidence	on of operations/Locations/VEHICLE of Insurance Only.	SIEXCLUSIONS ADDED BY ENDOR	RSEMENT/SPECIAL	PROVISIONS	3	deductible	ψ1,000
corier	NATE HOLDER SEA	-001427649-01	CAN	CELLATIO	N		
EKIIFIC	CATE HOLDER SEA		envi	LD ANY OF	THE ABOVE DESCR	IBED POLICIES BE CANCI	LLED BEFORE THE
			STOL	ATION DAT	THEREOF, THE IS	SUING INSURER WILL E	NDEAVOR TO MAIL
(Office of the U.S. Trustee			UNG DOLLAR	TTEN NOTICE TO TH	E CERTIFICATE HOLDER N	AMED TO THE LEFT.
i	844 King Street, Suite 2207		30	UATS WK		E NO OBLIGATION OR LIA	BILITY OF ANY KIND
ļ	Lockbox 35 Wilmington, DE 19801		i				REPRESENTATIVES.
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i Lockhox 35		BUT FAILURE TO		OSE NO OBLIGATION OR L	REPRESENTATIVES.
Wilmington, DE 19801		UPON THE AUTHORIZED REPRESE Of Meigh Risk & Indu	INSURER, IT	S AGENTS OR	REPRESENTATIVES.
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SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200		INSURER C:			
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MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300	ACORD CERTIFICA	TE OF LIABIL	ITY INSU	RANCE		DATE (MM/DD/YYYY) 06/22/2009
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE			EXPIRATION DAT	E THEREOF, THE IS	suing insurer Will Et	IDEAVOR TO MAIL
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Wilmington, DE 19801					19
Wilmington, DE 19801		AUTHORIZED REPRESEN Of Marsh Risk & Insur			

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	H.N.R. Framing Systems, Inc. 720 Park Boulevard, Suite 200			URER B: URER C:			<u> </u>
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Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200		INSURER B:			, .,
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RETENTION \$				I WC STATU- IOT	-H. S
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				TORY LIMITS LE	R \$
AND ORDERETOR/PARTNER/EXECUTIVE				E.L. DISEASE - EA EMPLO	YEE D
OFFICER/MEMBER EXCLUDED? If yas, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LI	MIT ⊅ 30,000,0\$
SPECIAL PROVISIONS below OTHER Environmental Contractor's Pollution Liab Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence Emergency Respon policy aggregate deductible	60500
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/	VOLUSIONS ADDED BY ENDOR	I SEMENT/SPECIAL PROVISION	i IS		
DESCRIPTION OF OPERATIONS/LOCALIONS/VEHICLES/II Evidence of Insurance Only.	AULOGIONO AUDITO				was seems a making sambing a sample of the seems and some seems.
OFFICATE HOLDER	01427658-01	CANCELLATI		in definitions to be a second support of the second second	e de 2 i later - lementent des majordes lete et dings passers l'andigentes
CERTIFICATE HOLDER SEA-0	hadron material as well as the same and a second as a second as the same a second	SHOULD ANY OF	THE ABOVE DESC	RIBED POLICIES BE CANCI	LLED BEFORE THE
		EXPIRATION DA	TE THEREOF, THE	ISSUING INSURER WILL E	NDEAVOR TO MAIL
Office of the U.S. Trustee 844 King Street, Sulte 2207		30 DAYS W	RITTEN NOTICE TO T	HE CERTIFICATE HOLDER N	IAMED TO THE LEFT,
Lockhox 35		BUT FAILURE TO	DO SO SHALL IMPO	SE NO OBLIGATION OR LIA	BILITY OF ANY KIND
Wilmington, DE 19801		HPON THE	INSURER, IT	S AGENTS OR	REPRESENTATIVES.
		AUTHORIZED REPRESE Of Marsh Risk & Insu	NTATIVE Tance Services	i gu	_
		Brian Lynch			

DUCER	ORD CERTIFICA MARSH RISK & INSURANCE SERVING B45 CALIFORNIA STREET, SUITE 13 CALIFORNIA LICENSE NO. 0437153	ES		ONLY AND C	ONFERS NO	ED AS A MATTER OF RIGHTS UPON THE E DOES NOT AME! DRDED BY THE POLI	ID. EXTEND OR
,	SAN FRANCISCO, CA 94104			URERS AFFORI	NG COVERA	3E	NAIC #
5878E	ENV-200B		INS	URERS AFFORI	JING COVERN	ecialty Lines Ins Co	26883
URED		,			nternational Spi	SMARY LINES MIG CO	
	Building Materials Holding Corporation SelectBuild Illinois, LLC	,	INSU	RER B:		and the same and t	
	720 Park Boulevard, Suite 200		INSU	IRER C:			i I
	Boise, ID 83712		INSL	IRER D:			
			INSL	JRER E:		and the last transport is being provinced from branching on region parameter.	<u> </u>
MOTA	GES POLICIES OF INSURANCE LISTED INSURANCE LISTED INSURANCE LISTED INTERPOLITE INSURANCE LISTED INTERPOLICIES AGGREGA OF SUCH POLICIES AGGREGA			C DECODIRED HE	-KHIN IS SUBJEC	A TO VER THE TERMON	
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IINSRD		LAMOLHAMBER		DATE (MMIDDIT)		EACH OCCURRENCE	\$
	GENERAL LIABILITY					DAMAGE TO RENTED PREMISES(Ea occurence)	\$
	COMMERCIAL GENERAL LIABILITY					MED EXP (Any one person	
	CLAIMS MADE OCCUR					PERSONAL & ADV INJUR	Y \$
						GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OF A	/GG\$
 	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMF (Es accident)	т 💲
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY	\$
İ	HIRED AUTOS					(Per accident)	
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
<u> </u>						AUTO DNLY - EA ACCID	ENT \$
	GARAGE LIABILITY ANY AUTO					OTHER THAN EA A	3G \$
						EACH OCCURRENCE	\$
1	EXCESSIUMBRELLA LIABILITY					AGGREGATE	\$
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į	DEDUCTIBLE						\$
!	RETENTION \$					WC STATU-	TH-
WO	RKERS COMPENSATION AND				1	E.L. EACH ACCIDENT	
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OF	-ICEKIMEMBEK EVOCODED:					E.L. DISEASE - POLICY L	IMIT \$
TO I	es, describe under CIAL PROVISIONS below HER Environmental Contractor's Illution Liab Occurrence	CPO 2085489		11/11/08	11/11/09	per occurrence Emergency Respo policy aggregate deductible	\$5,000 nse \$250 \$5,000 \$1,00
Eviden	PTION OF OPERATIONS/LOCATIONS/VEHICLE:		RSEMENTIS	CANCELLATIO			
CERT	IFICATE HOLDER SEA	-001427656-01	r			RIBED POLICIES BE CAN	CELLED BEFORE THE
			1	SHOULD ANY OF	- THEREOF THE - THE MODAE DESI	ISSUING INSURER WILL	ENDEAVOR TO MAIL
	Office of the U.S. Trustee		-	EXPIRATION DAT	E INCHEUR, INE	THE CERTIFICATE HOLDER	NAMED TO THE LEFT,
	844 King Street, Suite 2207			30 DAYS WR	UD DO CHALL MID	DSE NO OBLIGATION OR L	ABILITY OF ANY KIND
	Lockbox 35 Wilmington, DE 19801						REPRESENTATIVES.
	AAURUM IBROLL DE 1000		1	UPON THE			AF .
			F.	AUTHORIZED REPRESEN of Marsh Risk & Insur	TATIVE	· • • • • • • • • • • • • • • • • • • •	

AC	ORD CERTIFICA	TE OF LIABI	LIT	Y INSUF	RANCE		DATE (MM/DD/YYY 06/23/2009
DUCER		CES 300		THIS CERTIFIC	CATE IS ISSUE CONFERS NO	D AS A MATTER C RIGHTS UPON THE DOES NOT AMEI ORDED BY THE POL	ND EXTEND OR
	SAN FRANCISCO, CA 94104		1416	TIDEDS AFFOR	DING COVERAG	iE	NAIC#
878-H	-IM-Liab-0910				rican Insurance C		22667
RED	Building Materials Holding Corporation	n		JRER B:	nodii inodiane		
	SelectBuild Illinois, LLC 720 Park Blvd., Suite 200			JRER C:			
	Boise, ID 83712						
				JRER D: URER E:			
							· 1
ТОИ	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, T BE ISSUED OR MAY PERTAIN, THE INS DITIONS OF SUCH POLICIES. AGGREGA	ERIVIOR CONDITION OF THE	POLICI	ES DESCRIBED HI	EREIN IS SUBJEC' CLAIMS.	T TO ALL THE TERMS.	EXCLUSIONS AND
ADD'L	TYPE OF INSURANCE	POLICY NUMBER		DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		IMITS
NSRD	GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$ \$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence) MED EXP (Any one person	
	CLAIMS MADE OCCUR					PERSONAL & ADV INJUR	
						GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP A	GG\$
	POUCY JECT LOC					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS HIRED AUTOS		٠			BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	<u> </u>
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	, and the second					EACH OCCURRENCE	\$
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	RKERS COMPENSATION AND					WC STATU- TORY LIMITS E.L. EACH ACCIDENT	TH- ■R \$
	PLOYERS' LIABILITY					E.L. DISEASE - EA EMPLO	OYEE\$
	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?					E.L. DISEASE - POLICY L	
SPE	es, describe under ECIAL PROVISIONS below			-			
	HER arine Hull & Liability	Y08159129		06/12/09	06/12/10	Per attached.	
			CHICATO	PECIAL PROVISIONS			
	PTION OF OPERATIONS/LOCATIONS/VEHICLE:	JEXCLUSIONS ADDED BY ENDORS	SEMENTA	PEOINE FRO VIOLONS			
EDT	IFICATE HOLDER SEA	-001427799-01		CANCELLATIO	N		
	Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801		Ā	EXPIRATION DATE 30 DAYS WRITH BUT FAILURE TO UPON THE	THEREOF, THE IS TITEN NOTICE TO TH DO SO SHALL IMPOS INSURER, ITS	IBED POLICIES BE CANCESSUING INSURER WILL BE CERTIFICATE HOLDER IN BEEN OBLIGATION OR LIFE AGENTS OR CANCEL PULL BEEN PALLE PULL BEEN BEEN BEEN BEEN BEEN BEEN BEEN BE	ENDEAVOR TO MAIL NAMED TO THE LEFT, ABILITY OF ANY KIND REPRESENTATIVES.
				Michael Pellegrini			CORPORATION

ADDITIONAL INFORMATION	SEA-001427799-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation SelectBuild Illinois, LLC	INSURER G:	
1 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURÉR I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400 \$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$25,000 \$5,000 \$25,000

\$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

RAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered

\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Service Muchael Pellegue Michael Pellegrini

BILITY IN			06/23/2009	
ONLY	RTIFICATE IS ISS	O RIGHTS UPON TH	ND. EXTEND OR	
	FEODDING COVER	AGE	NAIC#	
			22667	
INSURER A: ACI	E American insuranc	e Company	22001	
INSURER B:				
INSURER C:	INSURER C:			
INSURER D:				
INSURER E:				
THE POLICIES DESCRI	BED HEREIN IS SUBJ Y PAID CLAIMS.	ECT TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND	
		ION LI	MITS	
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		MED EXP (Any one person)		
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		PRODUCTS - COMP/OP A	ed 2	
		COMBINED SINGLE LIMIT (Ea accident)	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE (Per accident)	\$	
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06/12/0	9 06/12/10	Per attached.		
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BUT FAILUI				
AUTHORIZED REP	RESENTATIVE INSURANCE Services	7,000,000	REPRESENTATIVES.	
	INSURERS A INSURER A: ACI INSURER B: INSURER C: INSURE	INSURERS AFFORDING COVER INSURER ACE American Insurance INSURER C: INSURER C: INSURER E: INSURER E: INSURER E: ISSUED TO THE INSURED NAMED ABOVE F ANY CONTRACT OR OTHER DOCUMENT WI Y THE POLICIES DESCRIBED HEREIN IS SUBJ. HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE POLICY EXPIRAT DATE (MM/DD/YY) O6/12/09 O6/12/09 O6/12/10 CANCELLATION SHOULD ANY OF THE ABOVE DES EXPIRATION DATE THEREOF, THE 30 DAYS WRITTEN NOTICE TO BUT FAILURE TO DO SO SHALL IMP UPON THE INSURER,	INSURERS AFFORDING COVERAGE INSURER ACE American Insurance Company INSURER B: INSURER C: INSURE C: INSURER C	

ADDITIONAL INFORMATION	SEA-001427797-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153		
SAN FRANCISCO, CA 94104		NAIC#
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	HAIO II
INSURED	INSURER F:	
Building Materials Holding Corporation SelectBuild Arizona, LLC	INSURER G:	
SelectBuild Arizona, LLC 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

MEDICAL PAYMENTS:
1. 1989, 55', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat \$25,000

LIABILITY LIMIT: \$1,000,000 limit for each vessel

\$5,000 \$25,000 \$10,000 2006, 21' Sea Ray, 250 Sport

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport \$15,000 with Deductible \$250 Not Covered \$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

Not Covered

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF MAISH RISK & Insurance Service Muchael Pellegue Michael Pellegrini Rage 2

ACORD CERT	IFICAT	E OF LIABI	LITY INSU	RANCE		DATE (MM/DD/YY 06/23/2009
DUCER MARSH RISK & INSURAN 345 CALIFORNIA STREE CALIFORNIA LICENSE N	NCE SERVICES T, SUITE 1300 O. 0437153	3	THIS CERTIF	CATE IS ISSUE CONFERS NO	ED AS A MATTER O RIGHTS UPON TH E DOES NOT AMEN ORDED BY THE POLI	E CERTIFICAT
SAN FRANCISCO, CA 94 5878-HM-Liab-0910	1104		INSURERS AFFOR	DING COVERAG	GE.	NAIC#
URED			INSURER A: ACE Ame			22667
Building Materials Holding	Corporation		INSURER B:			
SelectBuild Nevada, Inc. 720 Park Blvd., Suite 200			INSURER C:			
Boise, ID 83712			INSURER D:			
			INSURER E:			
VERAGES						1
THE POLICIES OF INSURANCI NOTWITHSTANDING ANY REQUI MAY BE ISSUED OR MAY PERTA CONDITIONS OF SUCH POLICIES	REMENT, TERM	NICE ACCORDED BY THE	POLICIES DESCRIBED H	EREIN IS SUBJEC CLAIMS.	T TO ALL THE TERMS,	THIS CERTIFICATE EXCLUSIONS AND
ADD'LL THE OF INCHEANCE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		WITS
INSRD GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$
COMMERCIAL GENERAL L	IABILITY				DAMAGE TO RENTED PREMISES(Ea occurence) MED EXP (Any one person)	\$ \$
CLAIMS MADE	OCCUR				PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	\$
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POLICY JECT	roc				COMBINED SINGLE LIMIT	\$
AUTOMOBILE LIABILITY ANY AUTO					(Ea accident)	\$ \$
ALL OWNED AUTOS SCHEDULED AUTOS					(Per person)	P
HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
NON-OVILEDICA					PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY					AUTO ONLY - EA ACCIDEI	
ANY AUTO				4-1	OTHER THAN EA ACC	·
EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$
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DEDUCTIBLE			İ			\$
RETENTION \$ WORKERS COMPENSATION AND					I WC STATU- OTI	1-
EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT	\$
ANY PROPRIETOR/PARTNER/EXECU OFFICER/MEMBER EXCLUDED?	TIVE				E.L. DISEASE - EA EMPLOY	/EE \$
If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - POLICY LIN	11 4
отнек Marine Hull & Liability	Y08	159129	06/12/09	06/12/10	Per attached.	
SCRIPTION OF OPERATIONS/LOCATIO	NS/VEHICLES/EXC	LUSIONS ADDED BY ENDORSE	 MENT/SPECIAL PROVISIONS	<u> </u>		
/IDENCE OF INSURANCE.						
ERTIFICATE HOLDER	SEA-0014	27796-01	CANCELLATIO			
					BED POLICIES BE CANCEL	
Office of the U.S. Truste	e				SUING INSURER WILL EN	
844 King Street, Suite 22 Lockbox 35	207				E CERTIFICATE HOLDER NA E NO OBLIGATION OR LIAB	
Wilmington, DE 19801			BUT FAILURE TO D	O SO SHALL IMPOSI INSURER, ITS		EPRESENTATIVES.
			AUTHORIZED REPRESENTA of Marsh Risk & Insurar			

ADDITIONAL INFORMATION	SEA-001427796-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		T
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
SelectBuild Nevada, Inc. 720 Park Blvd., Suite 200	INSURER H:	
1 720 Park Divu., June 200		
Boise, ID 83712	INSURER I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400 \$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

\$25,000 \$5,000 \$25,000

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

\$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered

\$15,000 with Deductible \$250

Not Covered

\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Service Muchael Pellegn Michael Pellegrini

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ADDITIONAL INFORMATION	SEA-001427795-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S4587B-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation H.N.R. Framing Systems, Inc.	INSURER G:	
H.N.R. Framing Systems, Inc. 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

\$25,000

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

\$5,000 \$25,000 \$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered \$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Service Machael Pellegue Michael Pellegrini

AC	CORD CERTIFICA	TE OF LIABIL	IT	/ INSUI	RANCE		DATE (MMIDDIYYYY) 06/23/2009
ODUCE		CES 300		THIS CERTIFIC	CATE IS ISSUE CONFERS NO	D AS A MATTER O RIGHTS UPON TH DOES NOT AMEN RDED BY THE POLI	ID EXTEND OR
	SAN FRANCISCO, CA 94104			URERS AFFOR	DING COVERAG	E	NAIC#
	B-HM-Liab-0910		1		rican Insurance C		22667
URED	Building Materials Holding Corporation	חמ		RER B:			
	TWF Construction, Inc. 720 Park Blvd., Suite 200			RER C:			
	Boise, ID 83712			RER D:			
				RER E:		· · · · · · · · · · · · · · · · · · ·	
NO	RAGES IE POLICIES OF INSURANCE LISTED DTWITHSTANDING ANY REQUIREMENT, T AY BE ISSUED OR MAY PERTAIN, THE INSUNDITIONS OF SUCH POLICIES. AGGREGA	EKW OK CONDITION OF THE D	POLICIE	S DESCRIBED HI	EREIN IS SUBJEC	TTO ALL THE TERMS,	EXCLUSIONS AND
RIADD	D'LI TYPE DE METRANCE	POLICY NUMBER		DATE (MM/DD/YY)	DATE (MM/DD/YY)		MITS ,\$
INSF	GENERAL LIABILITY					DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence) MED EXP (Any one person	_
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP A	GG\$
	POLICY JECT LOC						
	AUTOMOBILE LIABILITY ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	3
	HIRED AUTOS					BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
+	GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	
	ANY AUTO					OTHER THAN EA ALL AUTO ONLY: AG	s _G \$
-	EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE					AGGREGATE	\$ \$
	DEDUCTIBLE						<u>\$</u>
	RETENTION \$					LWC STATU- O'	TH- S
W	NORKER'S COMPENSATION AND					EL EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. DISEASE - EA EMPLO	YEE\$
0	OFFICER/WEWRER EXCLUDED.					E.L. DISEASE - POLICY L	мгт \$
0	f yes, describe under SPECIAL PROVISIONS below DTHER	Y08159129		06/12/09	06/12/10	Per attached.	
, N	Marine Hull & Liability	100100120					
) 	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE	I SIEXCLUSIONS ADDED BY ENDORSE	MENT/SF	ECIAL PROVISIONS	5		
	DENCE OF INSURANCE.						
:EP	RTIFICATE HOLDER SEA	-001427791-01		CANCELLATIO			
-EK	THIOATE HOLDER OB			SHOULD ANY OF	THE ABOVE DESCR	BED POLICIES BE CANC	ELLED BEFORE THE
				EXPIRATION DATE	THEREOF, THE IS	SUING INSURER WILL E	NDEAVOR TO MAIL
	Office of the U.S. Trustee 844 King Street, Suite 2207			30 DAYS WR	ITTEN NOTICE TO TH	E CERTIFICATE HOLDER N	IAMED TO THE LEFT,
	Lockbox 35			BUT FAILURE TO	DO SO SHALL IMPOS	E NO OBLIGATION OR LIA	BILITY OF ANY KIND
	Wilmington, DE 19801		AU	UPON THE	INSURER, ITS	AGENTS OR Mark Pelle	REPRESENTATIVES.
			Ň	lichael Pellegrini			CORPORATION 1

ADDITIONAL INFORMATION	SEA-001427791-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153		
SAN FRANCISCO, CA 94104 S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
TWF Construction, Inc. 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat \$25,000 \$5,000 \$25,000 \$10,000

2006, 21' Sea Ray, 250 Sport UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

1. 1989, 56', Skipperliner, House Boat 2. 1988, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered \$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Service Muchael Pellegn Michael Pellegrini Page 2

<i>Acord</i> , ce	RTIFICAT	F OF LIABI	LITY INSU	RANCE		DATE (MM/DD/YYY 06/23/2009
DUCER MARSH RISK & INS 345 CALIFORNIA S CALIFORNIA LICEI	SURANCE SERVICES TREET, SUITE 1300 USE NO. 0437153		THIS CERTII	CONFERS NO	ED AS A MATTER O RIGHTS UPON TH E DOES NOT AME! ORDED BY THE POLI	ID FXTEND OR
SAN FRANCISCO,	CA 94104		INSURERS AFFO	Phing COVERA	GF	NAIC#
5878-HM-Liab-0910			INSURER A: ACE AIT			22667
JRED Building Materials H	lolding Corporation			encan madiande	Company	
C Construction, Inc 720 Park Blvd., Sui			INSURER B:			
Boise, ID 83712	.6 200		INSURER D:			
			INSURER E:			
						1
THE POLICIES OF INSUNOTWITHSTANDING ANY MAY BE ISSUED OR MAY CONDITIONS OF SUCH PO	REQUIREMENT, TERM	NOT ATTOPIED BY THE	POLICIES DESCRIBED	HEREIN IS SUBJE(ID CLAIMS.	CT TO ALL THE TERMS,	EXCLUSIONS AND
ADD'LL TYPE OF INSI		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)		1	MITS
GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurence)	\$ \$
COMMERCIAL GE	IERAL LIABILITY				PREMISES(Ea occurence) MED EXP (Any one person)	
CLAIMS MAD	CCUR				PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	\$
GENERAL AGGREGATE	LIMIT APPLIES PER				PRODUCTS - COMP/OP A	GG \$
POLICY AUTOMOBILE LIABILITY	PRO- ECT LOC				COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO ALL OWNED AUTO					BODILY INJURY (Per person)	\$
SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUT					BODILY INJURY (Per accident)	\$
NON-OWNED ADT					PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	-
ANY AUTO					OTHER THAN EA ACTOONLY:	C C
					EACH OCCURRENCE	\$
EXCESSIUMBRELLA LI	-				AGGREGATE	\$
OCCUR	CLAIMS MADE					\$
DEDUCTIBLE						\\$
RETENTION \$					WC STATU- OT	(\$ 'H-
WORKERS COMPENSATION EMPLOYERS' LIABILITY	AND				TORY LIMITS E.L. EACH ACCIDENT	\$ \$
AND BRODRIETOR/PARTNER	VEXECUTIVE				E.L. DISEASE - EA EMPLO	YEE\$
OFFICER/MEMBER EXCLUDI	יטי				E.L. DISEASE - POLICY LI	
If yes, describe under SPECIAL PROVISIONS below OTHER Marine Hull & Liability	ŀ	159129	06/12/09	06/12/10	Per attached.	
 ESCRIPTION OF OPERATIONS/I VIDENCE OF INSURANG		LUSIONS ADDED BY ENDORS	EMENTISPECIAL PROVISION	45		
ERTIFICATE HOLDER	SEA-0014	127790-01	CANCELLATI			
Office of the U.S. 844 King Street, Lockbox 35 Wilmington, DE	Suite 2207		EXPIRATION .DA' 30 DAYS W BUT FAILURE TO UPON THE	TE THEREOF, THE I RITTEN NOTICE TO TI DO SO SHALL IMPO INSURER, ITS	RIBED POLICIES BE CANCE SSUING INSURER WILL EI HE CERTIFICATE HOLDER N SE NO OBLIGATION OR LIAN AGENTS OR	NDEAVOR TO MAIL AMED TO THE LEFT, BILITY OF ANY KIND REPRESENTATIVES.

ADDITIONAL INFORMATION	SEA-001427790-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
C Construction, Inc. 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID B3712	INSURER I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

\$25,000 \$5,000 \$25,000

MEDICAL PAYMENTS: 1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

\$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250

\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE
> OF Marsh Risk & Insurance Service Weeker Pellegn Michael Pellegrini

Page 2

ACORD, CERTIFICA	TE OF LIABI	LITY INSU	RANCE		DATE (MM/DD/YYYY) 06/23/2009		
MARSH RISK & INSURANCE SERVIC 345 CALIFORNIA STREET, SUITE 130 CALIFORNIA I ICENSE NO. 0437153	ES	THIS CERTII	FICATE IS ISSU CONFERS NO	ED AS A MATTER O RIGHTS UPON TH E DOES NOT AMEN ORDED BY THE POLI	D. EXTEND OR		
SAN FRANCISCO, CA 94104			nning covers	GE	NAIC#		
B78-HM-Liab-0910		INSURERS AFFO			22667		
RED Building Materials Holding Corporation		INSURER A: ACE AM	erican insurance	Сопрану	22001		
SelectBuild Southern California, Inc.		INSURER B:					
720 Park Blvd., Suite 200 Boise, ID 83712		INSURER C:	INSURER C:				
50,000,12 02112	INSURER D:						
		INSURER E:			<u> </u>		
/ERAGES THE POLICIES OF INSURANCE LISTED BI NOTWITHSTANDING ANY REQUIREMENT, TEI MAY BE ISSUED OR MAY PERTAIN, THE INSU CONDITIONS OF SUCH POLICIES. AGGREGAT	RM OR CONDITION OF AN	POLICIES DESCRIBED BEEN REDUCED BY PA	HEREIN IS SUBJE ID CLAIMS.	CT TO ALL THE TERMS,	EXCLUSIONS AND		
ADD'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)			MITS		
GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurence)	\$ s		
COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence) MED EXP (Any one person)	\$ \$		
CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	\$		
				GENERAL AGGREGATE	s		
GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AG	5G §		
POLICY JECT LOC AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per person)	\$		
SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
NON-DWINED AD103				PROPERTY DAMAGE (Per accident)	\$		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDE			
		ĺ		OTHER THAN EA AC			
ANY AUTO				AUTO ONLY: AG			
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$ \$		
OCCUR CLAIMS MADE				AGGREGATE	\$		
					\$		
DEDUCTIBLE					\$		
RETENTION \$ WORKERS COMPENSATION AND				WC STATU- OT TORY LIMITS E	3		
EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLO			
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIN	AIT P		
OTHER	′08159129	06/12/09	06/12/10	Per attached.			
	XCLUSIONS ADDED BY ENDORSE	MENT/SPECIAL PROVISION	NS				
ERTIFICATE HOLDER SEA-0	01427789-01	CANCELLATI	ON				
				RIBED POLICIES BE CANCE			
		EXPIRATION DA	TE THEREOF, THE	ISSUING INSURER WILL EN	IDEAVOR TO MAIL		
Office of the U.S. Trustee 844 King Street, Suite 2207		30 DAYS W	RITTEN NOTICE TO T	HE CERTIFICATE HOLDER N	MED TO THE LEFT,		
Lockbox 35 Wilmington, DE 19801		BUT FAILURE TO	DO SO SHALL IMPO	SE NO OBLIGATION OR LIAB			
	UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE						
Wilmington, DE 19801		OFOR THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

ADDITIONAL INFORMATION	SEA-001427789-01	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation SelectBuild Southern California, Inc.	INSURER G:	
SelectBuild Southern California, Inc. 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat \$25,000 \$5,000 \$25,000

4. 2006, 21 Sea Ray, 250 Sport

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered \$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Service Muchael Pellegn Michael Pellegrini

A	CORD CERTIFICA	ATE OF LIABIL	ITY INSUI	RANCE		DATE (MM/DD/YYYY 06/23/2009
ODUC	ER MARSH RISK & INSURANCE SERV 345 CALIFORNIA STREET, SUITE 1 CALIFORNIA LICENSE NO. 043715:	ICES 300	THIS CERTIFI	F INFORMATION E CERTIFICATE ID, EXTEND OR CIES BELOW.		
15878	SAN FRANCISCO, CA 94104 B-HM-Liab-0910		INSURERS AFFOR	DING COVERAG	E	NAIC#
SURED			INSURER A: ACE Ame	rican Insurance (Company	22667
	Building Materials Holding Corporation SelectBuild Northern California, Inc.	חס	INSURER B:			
	720 Park Blvd., Suite 200 Boise, ID 83712		INSURER C:			
	Buise, ID 637 12		INSURER D:			
			INSURER E:			<u> </u>
TH	RAGES E POLICIES OF INSURANCE LISTED OTWITHSTANDING ANY REQUIREMENT, T IY BE ISSUED OR MAY PERTAIN, THE INSUDITIONS OF SUCH POLICIES. AGGREG/	ERM OR CONDITION OF ANY OC	LICIES DESCRIBED H	EREIN IS SUBJEC CLAIMS.	T TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND
I ADE	TYPE OF INCHEANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DDIYY)	POLICY EXPIRATION DATE (MM/DD/YY)		MITS
INSI	GENERAL LIABILITY				DAMAGE TO RENTED	\$ \$
	COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence) MED EXP (Any one person)	
	CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP A	3 d \$
	POLICY PRO- JECT LOC				COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
-	GARAGE LIABILITY	,			AUTO ONLY - EA ACCIDE	- -
	OTUA YMA				OTHER THAN EA AC AUTO ONLY:	0
├	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
						\$ \$
	DEDUCTIBLE					\$
w	RETENTION \$ ORKERS COMPENSATION AND				I WC STATU- OT	H- 3
EI	MPLOYERS' LIABILITY				E.L. EACH ACCIDENT	
	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLO	1.0
	yes, describe under PECIAL PROVISIONS below				EL DISEASE - FOLICI EN	m1 +
ı	THER Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.	
			NITIODENIAI DENVICIONO			
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES	SEXCLUSIONS ADDED BY ENDORSEME	M HSP ECIAL PROVIDENCE			
ER	TIFICATE HOLDER SEA-	001427787-01	CANCELLATIO	N		
					BED POLICIES BE CANCE	
	Office of the U.S. Trustee				SUING INSURER WILL EN	
	844 King Street, Suite 2207		30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LE			
Lockbox 35 Wilmington, DE 19801			1			REPRESENTATIVES.
			UPON THE AUTHORIZED REPRESENT Of Marsh Risk & Insurat Michael Pellegrini			
	PRD 25 (2001/08)		1		O ACORD	CORPORATION 1

ADDITIONAL INFORMATION	SEA-001427787-01	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation SelectBuild Northern California, Inc.	INSURER G:	
SelectBuild Northern California, Inc. 720 Park Blyd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$25,000 \$5,000 \$25,000 \$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

KAILEK:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered

\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF MARSH RISK & Insurance Service Mechael Pellegn Michael Pellegrini Page 2

AC	CORD CERTIFICA	ATE OF LIABI	LITY	INSU	RANCE		DATE (MM/DD/YYYY 06/23/2009
RODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153				IS CERTIFI	F INFORMATION E CERTIFICATE ID, EXTEND OR CIES BELOW.		
	SAN FRANCISCO, CA 94104		IMELIA	EDS AFFOR	DING COVERAC	SE.	NAIC#
	HM-Liab-0910		1		rican Insurance (22667
URED	Building Materials Holding Corporati	on			ilcan manance (Jonipariy	
	Illinois Framing, Inc. 720 Park Blvd., Suite 200		INSURER				
	Boise, ID 83712						
			INSUREF				
			INSURE	· · · · · · · · · · · · · · · · · · ·			<u> </u>
THE	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, " BE ISSUED OR MAY PERTAIN, THE IN IDITIONS OF SUCH POLICIES. AGGREG	DERM OR CONDITION OF ANY	POLICIES D	ESCRIBED H	EREIN IS SUBJEC CLAIMS.	T TO ALL THE TERMS,	RIOD INDICATED. HIS CERTIFICATE EXCLUSIONS AND
ADD'L	TYPE OF INCUPANCE	POLICY NUMBER	FUL	E (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		MITS
INSR	GENERAL LIABILITY			,,		EACH OCCURRENCE DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence) MED EXP (Any one person)	\$ \$
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP A	_ .
	POUCY JECT LOC						
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS HIRED AUTOS					BODILY INJURY	\$
	NON-OWNED AUTOS					(Per accident) PROPERTY DAMAGE (Per accident)	\$
							VT 0
<u> </u>	GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	
	ANY AUTO					OTHER THAN AUTO ONLY:	- o
						EACH OCCURRENCE	\$
	EXCESS/UMBRELLA LIABILITY					AGGREGATE	\$
	OCCUR CLAIMS MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\\$
	RKERS COMPENSATION AND					WC STATU- OT TORY LIMITS E E.L. EACH ACCIDENT	\$ 5
1	PLOYERS' LIABILITY Y PROPRIETORIPARTNER/EXECUTIVE		ļ			E.L. DISEASE - EA EMPLO	YEE\$
OF	FICER/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIN	
	es, describe under ECIAL PROVISIONS below				 		
1	нек arine Hull & Liability	Y08159129	0	6/12/09	06/12/10	Per attached.	
		Annual Property of the Annual Property of the	EMENTIONEO	AI PROVISIONS	<u> </u>		
	PTION OF OPERATIONS/LOCATIONS/VEHICLE	S/EXCLUSIONS ADDED BY ENDORG	CINE NITOR CO.				
ERT	IFICATE HOLDER SEA	-001427786-01	CA	NCELLATIO	N		
						IBED POLICIES BE CANCE	
Office of the U.S. Truston				IRATION DATE	THEREOF, THE IS	SUING INSURER WILL EN	DEAVOR TO MAIL
	Office of the U.S. Trustee 844 King Street, Suite 2207			30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEF			
Lockhox 35			BU.	FAILURE TO	O SO SHALL IMPOS	E NO OBLIGATION OR LIAE	
	Wilmington, DE 19801		UP AUTHOR of Mar	ON THE RIZED REPRESENT Sh Risk & Insuran rel Pellegrini	INSURER, ITS		REPRESENTATIVES.
			I Micha	ei Pelleonni			

ADDITIONAL INFORMATION	SEA-001427786-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	INSURERS AFFORDING COVERAGE	NAIC#
S45878-HM-Liab-0910		
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
Illinois Framing, Inc. 720 Park Blvd., Suite 200	INSURER H:	
Bolse, ID 83712	INSURER I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Flsh & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 2006, 21' Sea Ray, 250 Sport

\$25,000 \$5,000 \$25,000 \$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250

\$2,500 with Deductible \$250

TRAILER:

RAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered \$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF Marsh Risk & Insurance Service Mechael Pellegn Michael Pellegrini

A C	ORD. CERTIFICA	ATE OF HAR	IIIV IN	SIII	RANCE		DATE (MM/DD/YYYY 06/23/2009
ODUCER	MARSH RISK & INSURANCE SERV	ICES 1300	THIS CONLY	AND	CATE IS ISSUE CONFERS NO	D AS A MATTER OF RIGHTS UPON THE DOES NOT AMEN ORDED BY THE POLICE	INFORMATION CERTIFICATE D. EXTEND OR
CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			ALIER	INE	OVERAGE ALTO		
	IM-Liab-0910		INSURERS	AFFOR	DING COVERAG	E	NAIC#
URED			INSURER A: A	CE Ame	rican Insurance C	Сотрапу	22667
1	Building Materials Holding Corporati SelectBuild Construction, Inc.	on	INSURER B:				
	720 Park Blvd., Suile 200 Boise, ID 83712		INSURER C:				
	Boise, ID 637 12		INSURER D:				
			INSURER E:				<u> </u>
NOTV	GES POLICIES OF INSURANCE LISTED VITHSTANDING ANY REQUIREMENT, BE ISSUED OR MAY PERTAIN, THE IN DITIONS OF SUCH POLICIES. AGGREG	CHRANCE ASSOCIATION OF ANY	POLICIES DESCI	RIBED HI	EREIN IS SUBJEC' CLAIMS.	T TO ALL THE TERMS, E	EXCLUSIONS AND
U ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EF DATE (MM		POLICY EXPIRATION DATE (MM/DD/YY)		liTS C
INSRD	GENERAL LIABILITY					DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence) MED EXP (Any one person)	\$
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	\$
			ļ			GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER PRO- POLICY JECT LOC					PRODUCTS - COMP/OP AG	
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY	\$ \$
	ALL OWNED AUTOS SCHEDULED AUTOS					(Per person) BODILY INJURY	s
	HIRED AUTOS NON-OWNED AUTOS					(Per accident) PROPERTY DAMAGE	\$
						(Per accident)	
+	GARAGE LIABILITY					AUTO ONLY - EA ACCIDEN	<u>.</u>
	ANY AUTO					OTHER THAN EA ACC	0
						EACH OCCURRENCE	\$
	EXCESSIUMBRELLA LIABILITY					AGGREGATE	\$
	OCCUR CLAIMS MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$					WC STATU- OTI	+
EMP	KERS COMPENSATION AND LOYERS' LIABILITY					E.L. EACH ACCIDENT	· \$
ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOY	
	s, describe under CIAL PROVISIONS below					EL. DISEASE - POLICY LIM	IT \$
ОТН		Y08159129	06/12	09	06/12/10	Per attached.	
ESCRIP	TION OF OPERATIONS/LOCATIONS/VEHICLE	SIEXCLUSIONS ADDED BY ENDORS	EMENT/SPECIAL PR	OVISIONS	i		
.VIDE	NCE OF INSURANCE.		•				
			/				
ERTI	FICATE HOLDER SEA	-001427784-01		LLATIO			LED DEFONE THE
						BED POLICIES BE CANCEL	
Office of the U.S. Trustee			EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.				
	844 King Street, Suite 2207 Lockbox 35		BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND				
Wilmington, DE 19801			UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE				EPRESENTATIVES.
			AUTHORIZED of Marsh Ris Michael Pe		ATIVE nice Services Mz	-	
ACOR	D 25 (2001/08)		· · · · · · · · · · · · · · · · · · ·		-	O ACORD	CORPORATION

ADDITIONAL INFORMATION	SEA-001427784-01	06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
SelectBuild Construction, Inc. 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

1. 1989, 56', Skipperliner, House Boat 2. 1988, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

\$25,000 \$5,000

\$25,000 \$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

RAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250

Not Covered

\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE OF MARCHAUL Pellegum Michael Pellegrini

AC	ORD CERTIFICA	ATE OF LIAB	ILIT	Y INSUI	RANCE		06/23/2009
RODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153				THIS CERTIFI	F INFORMATION HE CERTIFICATE ND, EXTEND OR ICIES BELOW.		
	SAN FRANCISCO, CA 94104		IN	SURERS AFFOR	DING COVERAG	BE.	NAIC#
	-IM-Liab-0910		1	URER A: ACE Ame			22667
URED	Building Materials Holding Corporation	חמ			TICATI MISCIANOS	J 3 111 p 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
	BMC Mest Compration			URER B:			
	720 Park Blvd., Suite 200 Boise, ID 83712		INS	URER C:			
	20.00, 12 00. 12		INS	URER D:			
			INS	URER E:			<u> </u>
ТОИ	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT, T BE ISSUED OR MAY PERTAIN, THE INSUITIONS OF SUCH POLICIES. AGGREGA	EKIN OK CONDITION OF ARE	POLICE	ES DESCRIBED HI	EREIN IS SUBJEC CLAIMS.	T TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND
ADD'L	TYPE DE INSTIBANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	DATE (MMIDDIYY)]	MITS
INSRD	GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	- \$
	COMMERCIAL GENERAL LIABILITY					PREMISES(Ea occurence)	\$
						MED EXP (Any one person	
	CLAIMS MADE CCCUR					PERSONAL & ADV INJURY	/ \$
						GENERAL AGGREGATE	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP A	.GG\$
	POLICY JECT LOC AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	· s
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS HIRED AUTOS					BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS	·				PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDE	
						OTHER THAN EA AC	C 3
	ANY AUTO					AUTO SIVET: AG	
	EXCESSIUMBRELLA LIABILITY					EACH OCCURRENCE	<u> </u>
	OCCUR CLAIMS MADE					AGGREGATE	\$
	OCCOR OS						\$
	DEDUCTIBLE						\$
	RETENTION \$				<u> </u>	WC STATU- OT	<u> \$</u>
wo	RKERS COMPENSATION AND PLOYERS' LIABILITY					E.L. EACH ACCIDENT	B \$
1	PROPRIETOR/PARTNER/EXECUTIVE					E.L. DISEASE - EA EMPLO	YEE \$
OFF	FICER/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LI	
If ye	es, describe under ECIAL PROVISIONS below				-		
OTI	HER arine Hull & Liability	Y08159129		06/12/09	06/12/10	Per attached.	
	PTION OF OPERATIONS/LOCATIONS/VEHICLE:	SIEXCLUSIONS ADDED BY ENDOR:	SEMENT/S	PEGIAL PROVISIONS	•		
ERT	IFICATE HOLDER SEA	-001427783-01		CANCELLATIO			
						IBED POLICIES BE CANCE	
Office of the U.S. Trustee				EXPIRATION DATE	THEREOF, THE !	SSUING INSURER WILL E	NDEAVOR TO MAIL
	Office of the U.S. Trustee 844 King Street, Suite 2207			30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
Lockhox 35			ļ	BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIN			
	Wilmington, DE 19801			UPON THE	INSURER, ITS		REPRESENTATIVES.
				uthorized Represent of Marsh Risk & Insura Michael Pellegrini	ATIVE nce Services M.	charl Pelle	
ACOF	RD 25 (2001/08)					O ACORD	CORPORATIO

ADDITIONAL INFORMATION	SEA-001427783-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153		
SAN FRANCISCO, CA 94104 S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Building Materials Holding Corporation	INSURER G:	
BMC West Corporation 720 Park Blvd., Suite 200	INSURER H:	
Boise, ID 83712	INSURER I:	

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat

2001, 59' Skipperliner, House I
 2006, 21' Sea Ray, 250 Sport

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

\$25,000

\$5,000 \$25,000

1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat

2006, 21' Sea Ray, 250 Sport

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

RAILER:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

Not Covered \$15,000 with Deductible \$250 Not Covered

\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF MAISH RISK & INSURANCE Service Muchael Pellegn Michael Pellegrini

A	ICORD CERTIFICA	ATE OF LIABI	LITY INSUI	RANCE		DATE (MM/DD/YYYY 06/23/2009	
	JCER MARSH RISK & INSURANCE SERV 345 CALIFORNIA STREET, SUITE : CALIFORNIA LICENSE NO. 043715	ICES 1300	THIS CERTIFI	CATE IS ISSUE CONFERS NO	D AS A MATTER C RIGHTS UPON TH E DOES NOT AMEI DRDED BY THE POL	ND. EXTEND OR	
	SAN FRANCISCO, CA 94104		INSURERS AFFOR	DING COVERAG	SE	NAIC#	
	78-HM-Liab-0910		INSURER A: ACE AME			22667	
URE	Building Materials Holding Corporati	on	INSURER B:				
	720 Park Blvd., Suite 200 Boise, ID 83712		INSURER C:				
	20,00, 12 00		INSURER D:				
			INSURER E:				
			1				
TI N	ERAGES THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREMENT, AAY BE ISSUED OR MAY PERTAIN, THE INCONDITIONS OF SUCH POLICIES. AGGREG	CHRANCE ASSOCIATION OF ANT	POLICIES DESCRIBED H	EREIN IS SUBJEC CLAIMS.	T TO ALL THE TERMS,	RIOD INDICATED. THIS CERTIFICATE EXCLUSIONS AND	
Q AD	DD'U TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	İ	MITS	
INS	GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED PREMISES(Ea occurence)	\$	
	COMMERCIAL GENERAL LIABILITY				PREMISES(Ea occurence) MED EXP (Any one person	\$ S	
	CLAIMS MADE OCCUR				PERSONAL & ADV INJURY		
					GENERAL AGGREGATE	\$	
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP A	1'	
	POLICY JECT LOC AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per accident)	\$	
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
L					AUTO ONLY - EA ACCIDE	NT \$	
	GARAGE LIABILITY				OTHER THAN EA AC	c \$	
	ANY AUTO				AUTO ONLY:	G \$	
H	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
						\$	
	DEDUCTIBLE					- 0	
Ļ.	RETENTION \$ WORKERS COMPENSATION AND				I WC STATU- OT	H- R	
	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$	
ŀ	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLO	YEE \$	
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LI	MIT \$	
T	OTHER Marine Hull & Liability	Y08159129	06/12/09	05/12/10	Per attached.		
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE	s/exclusions added by endors!	MENT/SPECIAL PROVISIONS				
F	RTIFICATE HOLDER SEA	-001427782-01	CANCELLATIO	N			
	MILITARE HOLDEN		SHOULD ANY OF	THE ABOVE DESCR	IBED POLICIES BE CANCE	LLED BEFORE THE	
			EXPIRATION DATE	THEREOF, THE IS	SUING INSURER WILL E	NDEAVOR TO MAIL	
	Office of the U.S. Trustee 844 King Street, Suite 2207		30 DAYS WRI	30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,			
Lockbox 35 Wilmington, DE 19801			BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
			Milchaet LetteAtht		- 40000	CORPORATION 1	

SEA-001427782-01	DATE (MM/DD/YY) 06/23/2009
	1
INSURERS AFFORDING COVERAGE	NAIC#
INSURER F:	
INSURER G:	
INSURER H:	
INSURER I:	
	INSURERS AFFORDING COVERAGE INSURER F: INSURER G: INSURER H:

PROPERTY DAMAGE LIMIT:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$85,000 with Deductible \$3,400 \$15,500 with Deductible \$310 \$520,000 with Deductible \$10,400

\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat
4. 2006, 21' Sea Ray, 250 Sport

\$25,000 \$5,000 \$25,000 \$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:
1. 1989, 56', Skipperliner, House Boat
2. 1998, 20' Regal, Fish & Ski
3. 2001, 59' Skipperliner, House Boat

2006, 21' Sea Ray, 250 Sport

\$10,000 with Deductible \$250 \$2,500 with Deductible \$250 \$10,000 with Deductible \$250 \$2,500 with Deductible \$250

TRAILER:

RAILER: 1. 1989, 56', Skipperliner, House Boat 2. 1998, 20' Regal, Fish & Ski 3. 2001, 59' Skipperliner, House Boat 4. 2006, 21' Sea Ray, 250 Sport

Not Covered

\$15,000 with Deductible \$250

Not Covered \$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801

> AUTHORIZED REPRESENTATIVE OF MAISH RISK & Insurance Service Mechael Pellegn Michael Pellegrini

Δ	C	ORD CERT	FICATE OF PROP	eriyin	SURANG	CE	DATE (MM/DD/YY)		
PROD	UCEF		1-415-365-8000	THIS CERT	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
101	Cal	lifornia Street		ALIER IN		AFFORDING COVERAG			
Suit San		L600 ancisco, CA 94111		COMPANY A *SE	E ATTACHED*				
INSU				COMPANY B					
C C	nst	truction, Inc.		COMPANY					
		rk Blvd., Suite 200		COMPANY					
Boi	e,	ID 83712		D					
i i i i i i i i i i i i i i i i i i i	THIS	CATED, NOTWITHSTANDING	OLICIES OF INSURANCE LISTED BELOW ANY REQUIREMENT, TERM OR CONDITION OF MAY PERTAIN, THE INSURANCE AFFO OF SUCH POLICIES, LIMITS SHOWN MAY H	ROED BY THE POL	ICIES DESCRIBED	HEREIN IS SUBJECT TO	POLICY PERIOD TO WHICH THIS ALL THE TERMS,		
CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	1	LIMITS		
A	х	PROPERTY	EAF7440039-08	11/11/08	11/11/09	X BUILDING	\$ PerPolicy		
A		USES OF LOSS	D37339945002	11/11/08	11/11/09	X PERSONAL PROPERTY X BUSINESS INCOME	§ Included § Included		
A		BASIC	MAX4XP0003248	11/11/08	11/11/09	X EXTRA EXPENSE	\$ Included		
		BROAD SPECIAL				BLANKET BUILDING	5		
	_	EARTHQUAKE				BLANKET PERS PROP	\$		
		FLOOD				BLANKET BLDG & PP	\$		
							s		
		INLAND MARINE					s		
	TYF	J INLAND MARINE PE OF POLICY					s		
							5		
	CAI	USES OF LOSS					s		
	-	NAMED PERILS					5		
A	×	OTHER	8122-2977	06/04/08	06/04/10		\$ 15,000,000		
-		PE OF POLICY					\$		
	Em	ployee Dishonesty					s		
	_	BOILER & MACHINERY					5		
	╁	OTHER				,			
A	Fi	duciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$10,000,000		
A	Em	ployment Practices Li	Lab 575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000 \$		
LOC	ATIO	ON OF PREMISES/DESCRIPTION OF	PROPERTY	<u> </u>					
SPE	CIAI	.conditions/other coverages	3						
Ev	der	nce of Coverage.							
r r	RT	IFICATE HOLDER			TION				
1500			و المستقبل ا			DESCRIBED POLICIES BE CAN			
Of	fic	e of the U.S. Trustee				THE ISSUING COMPANY WILL TO THE CERTIFICATE HOLDER			
						OTICE SHALL IMPOSE NO OBI			
84	4 K	ing Street				COMPANY, ITS AGENTS O			
		2207, Lockbox 35			EPRESENTATIVE				
L		ngton, DE 19801	USA				ORPORATION:1995		
A	ACORD 24 (1/95) nyamo 1444 1445 1445 1445 1445 1445 1445 144								

 \neg

EVIDENCE OF INSURANCE - ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

A	C	ORD CERTIF	ICATE OF PROPI	ERTYIN	SURANC		DATE (MM/DD/YY) 06/22/09	
RODI (nte		LIC #0E77964 Insurance Brokers	1-415-365-8000	THIS CERT	IFICATE IS ISSU CONFERS NO	JED AS A MATTER OF D RIGHTS UPON THI TE DOES NOT AMEN	ID. EXTEND OR	
L01	Cal:	ifornia Street		ALTER THE	COMPANIES.	FFORDED BY THE PO AFFORDING COVERAG	GE DELOW	
Suit San		500 ncisco, CA 94111		COMPANY A *SE	E ATTACHED*			
INSUR				COMPANY B				
		g Materials Holding Cor	poration	COMPANY				
720	Par	k Blvd., Suite 200		С				
Bois	e,	ID 83712		COMPANY D				
	HIS NDIC	ATED, NOTWITHSTANDING AN	CIES OF INSURANCE LISTED BELOW HE Y REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFOLS SUCH POLICIES. LIMITS SHOWN MAY	RDED BY THE POL	ICIES DESCRIBED	HEREIN IS SUBJECT TO	E POLICY PERIOD T TO WHICH THIS ALL THE TERMS,	
CO LTR	-XCL	TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS	
A	x	PROPERTY	EAF7440039-0B	11/11/08	11/11/09	X BUILDING	\$ PerPolicy	
A		1	ກ37339945002	11/11/08	11/11/09	X PERSONAL PROPERTY	\$ Included \$ Included	
A		BASIC	MAX4XP0003248	11/11/08	11/11/09	X BUSINESS INCOME X EXTRA EXPENSE	S Included	
		BROAD				BLANKET BUILDING	s	
		SPECIAL.				BLANKET PERS PROP	\$	
		EARTHQUAKE				BLANKET BLDG & PP	\$	
	-	FLOOD .					\$	
							\$	
		INLAND MARINE					\$	
	TYP	E OF POLICY					s	
							s	
	CAL	ISES OF LOSS					\$	
		NAMED PERILS					s	
A	7	OTHER CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000	
l ^		E OF POLICY					\$	
	Į.	ployee Dishonesty					\$ \$	
		BOILER & MACHINERY					5	
	<u> </u>							
_		OTHER	8122-2977	06/04/08	06/04/10	Limit	\$10,000,000	
A	Pm	duciary Liability ployment Practices Liab		06/04/08	06/04/10	Limit of Liabilit	1	
					<u></u>		s	
LO	ATIO	N OF PREMISES/DESCRIPTION OF PR	OPERTY					
SPECIAL CONDITIONS/OTHER COVERAGES Evidence of Coverage.								
la series		- Na region de la company de la company de la company de la company de la company de la company de la company		CANCELLA	TION-			
CI	RT	F GATE HOLDER		SHOULD A	NY OF THE ABOVE	DESCRIBED POLICIES BE CA		
Of	fic	e of the U.S. Trustee		30_ DA	YS WRITTEN NOTICE	THE ISSUING COMPANY WILL TO THE CERTIFICATE HOLDE	R NAMED TO THE LEFT,	
1.	. –	l desire		BUT FAILU	RE TO MAIL SUCH N	OTICE SHALL IMPOSE NO DE	R REPRESENTATIVES	
		ing Street 2207, Lockbox 35			KIND UPON THE EPRESENTATIVE	COMPANY, ITS AGENTS C		
		ngton, DE 19801				15/15/10		
		D 24 (1/95) myeung	USA	Person consultation of the		GACORD	CORPORATION 1995	
	12304150							

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

A	C	ORD GERTIE	ICATE OF PROPI	ERTYIN	SURANG	C.		DATE (MM/DD/YY) E 6/22/09 E		
PROD	UCER	NAME AND THE PROPERTY OF THE PA	1-415-365-8000	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
		ifornia Street		COMPANIES AFFORDING COVERAGE						
Suit San		ncisco, CA 94111		COMPANY A *SE	E ATTACHED*					
INSUR				COMPANY						
		t Corporation		COMPANY						
		k Blvd., Suite 200		COMPANY						
Bois	ie,	ID 83712		D	e anno an University Company (Company Company Company Company Company Company Company Company Company Company	sentia.				
-	THIS	CATED, NOTWITHSTANDING AN	ICIES OF INSURANCE LISTED BELOW HAVE REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFOR SUCH POLICIES. LIMITS SHOWN MAY	ROED BY THE POL	D TO THE INSURED LACT OR OTHER D LICIES DESCRIBED	OCU OCU HE	MED ABOVE FOR THE	POLICY PERIOD TO WHICH THIS		
CO LTR		TYPE OF INSURANCE	POLICY NUMBER				COVERED PROPERTY	LIMITS		
A	х	PROPERTY	EAF7440039-08	11/11/08	11/11/09	x	1 50.25.11.0	\$ PerPolicy		
А	CAU	ISES OF LOSS	D37339945002	11/11/08	11/11/09	X	PERSONAL PROPERTY BUSINESS INCOME	\$ Included \$ Included		
A		BASIC	MAX4XP0003248	11/11/08	11/11/09	x	EXTRA EXPENSE	\$ Included		
		BROAD					-! [5		
		SPECIAL EARTHQUAKE					BLANKET PERS PROP	\$		
		FLOOD				-	BLANKET BLDG & PP	\$		
						-		s		
						-		s		
		INLAND MARINE					1	S		
	TYP	E OF POLICY]	S		
	CAL	JSES OF LOSS						S		
		NAMED PERILS				-	-	S S		
		OTHER		05/04/00	06/04/10	+		\$ 15,000,000		
A		CRIME	8122-2977	06/04/08	00,04,10	T	1	\$		
	1	PEOFPOLICY ployee Dishonesty						S		
	Zarij	BOILER & MACHINERY				_		s		
		3				╁		\$		
		OTHER		DE /DA /DB	06/04/10	T.	imit	\$10,000,000		
A		duciary Liability	8122-2977	06/04/08	06/04/10	1	imit of Liability	1		
A	Em	ployment Practices Liab	3/5-64-22	00,00,00				\$		
LOC	AΠΟ	N OF PREMISES/DESCRIPTION OF PRI	OPERTY							
SPE	CIAL	CONDITIONS/OTHER COVERAGES ICE of Coverage.						NAV CONTROL SUPPLY TO A STATE OF		
Œ	RTI	FICATIE HOLDER			TION		RIBED POLICIES BE CAN	CELLED BEFORE THE		
Of	fice	of the U.S. Trustee		EXPIRATION 30 DA	I DATE THEREOF, T YS WRITTEN NOTICE	HE TO 1	ISSUING COMPANY WILL THE CERTIFICATE HOLDER E SHALL IMPOSE NO OBL	ENDEAVOR TO MAIL NAMED TO THE LEFT,		
		ing Street		OF ANY	KIND UPON THE		PANY, ITS AGENTS OF			
		2207, Lockbox 35 agton, DE 19801 .		AUTHORIZED R	EPRESENTATIVE			<u> </u>		
ļ			USA					ORPORATION 1995		
AC	OR	D 24 (1/95) myeung 12304154								

EVIDENCE OF INSURANCE - ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 — 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Employment Practices Liability:

@ ACORD CORPORATION 1995

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M) D37339945002 11/11/08 - 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M) EAF440039-08 11/11/08 - 11/11/09

Max Specialty (50% of \$40M xs of \$10M) MAX4XP0003248 11/11/08 – 11/11/09

Crime:

Federal Insurance Company 8122-2977 06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company 8122-2977 06/04/08 - 06/04/10

Employment Practices Liability:

4CC	CERTIFI	CATE OF LIAB	ILITY IN	SURANCE	D.	TE(MM/DD/ 06/25/2	YYYY) 009
Lo: 70 Su:	ER N Risk Insurance Services Wes s Angeles CA Office 7 Wilshire Boulevard ite 2600 s Angeles CA 90017-0460 USA	t, Inc.	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF IN NO THE CERTIFICAT NO, EXTEND OR ALT E POLICIES BELOW	E HOLDER. ER THE	
	5	[847] 953-5390	INSURERS AFFORDING COVERAGE				NAIC#
INSURE	<u> </u>		INSURER A: Ar	ch Insurance (Company		11150
BM	C West Corporation		INSURER B: AI	G Excess Liabi	ility Insurance (o. Ltd.	10932
Four Embarcadero Center Suite 3200			INSURER C: FE	deral Insuranc	ce Company		20281
Sa	n Francisco CA 94111-4106 USA		INSURER D; ZL	rich American	Ins Co		10932 20281 16535 37885
			INSURER E: XL	Specialty Ins	surance Co		37885
COVE	RAGES				erms and conditi	ons of the	policy
INSR AD	LEGATE LIMITS SHOWN MAY HAVE BEEN R D'U TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS SHOW	LIMITS	EQUESTED
			DATE(MM/DD/YYYY)	DATE(MM/DD/YYYY)	EACH OCCURRENCE	- 1	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)		
					PERSONAL & ADV INJURY		
					GENERAL AGGREGATE		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS - COMP/OP AC	0	
	L JECT L SSS						
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (En accident)		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)		
	HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)		
					PROPERTY DAMAGE (Per accident)		
l 1	11 1				ł .	1	

GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT			
ANY AUTO				OTHER THAN EA ACC			
				AUTO ONLY:			
EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE			
OCCUR CLAIMS MADE				AGGREGATE	•		
DEDUCTIBLE							
RETENTION				WC STATU- OTH-			
VORICERS COMPENSATION AND				TORY LIMITS ER			
MPLOYERS' LIABILITY NY PROPRIETOR / PARTNER / EXECUTIVE				E.L. EACH ACCIDENT			
NY PROPIDE FOR PART NER / EXECUTIVE				E.L. DISEASE-EA EMPLOYEE			
vandatory in NH) Tyes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-POLICY LIMIT			
OTHER	5757381	06/04/2008	06/04/2010	Limit (1)	\$10,000,000		
D&O- Primary				Deductible (1)	\$2,500,000		
PTION OF OPERATIONS/LOCATIONS/VEHICLES/EX		CANCELLATION					
Office of the U.S. Trustee				LIGHT DE GANCELLES DEFONE	THE EVENT ATION		
844 King Street Suite 2207 Lockbox 35 Wilmington DE 19801 USA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE **AGENTS OF REPRESENTATIVES.** AUTHORIZED REPRESENTATIVE **AGENTS OF REPRESENTATIVES.** **WAS INC. **STATE OF THE INSURER**. TO STATE OF THE INSURER**. **STATE					
Withington DE 13001 03A	AUTHORIZED REPRESENTATIVE Son Plack Insurance Sorvices West Ina						
RD 25 (2009/01)	ACORD name and logo are	registered marks of	©1988-200 CACORD	9 ACORD CORPORATIO	N. All rights reserved		
THE	110011D Hame and 1050 are	6.5.c. 22 mar 15 01					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTI	FICA	TE	HO	LD	ER

Attachment to ACORD Certificate for BMC West Corporation
The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

BMC West Corporation Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445
INSURER									
INSURER									
INSURER									
INSURER									

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	Type of insurance	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	Lin	IITS
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000
					,		

ACORD

ĄĆ	ORD" CER	RTIFICATE OF L	IABILITY IN	SURANCE	C 0	ATE(MM/DD/ 06/25/2			
1 70 50	on Risk Insurance Servic os Angeles CA Office '07 Wilshire Boulevard uite 2600		AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF IN ON THE CERTIFICAT ND, EXTEND OR ALT E POLICIES BELOW	ΓΕ HOLDER. ΓΕR THE			
l	os Angeles CA 90017-0460		INSURERS AF	FORDING COVE	RAGE		NAIC#		
PHONE	:-(866) 283-7122	FAX-(847) 953-5390	INSURER A: Ar	ch Insurance	Company		11150		
В	Building Materials Holdin	g Corporation	INSURER B: A	G Excess Liab	ility Insurance	Co. Ltd.	10932 July 16535 July		
S	Four Embarcadero Center Suite 3200		INSURER C; FE	ederal Insuran	ce Company		20281		
S	San Francisco CA 94111-41	.06 USA	INSURER D: ZU						
			INSURER E; XI	. Specialty In	surance Co		37885 불		
	ERAGES				erms and conditi		policy —		
ANY PER	POLICIES OF INSURANCE LISTED E Y REQUIREMENT, TERM OR CONDIT TAIN, THE INSURANCE AFFORDED GREGATE LIMITS SHOWN MAY HAV	TON OF ANY CONTRACT OR OTH BY THE POLICIES DESCRIBED HE	IER DOCUMENT WITH RES EREIN IS SUBJECT TO ALL	SPECT TO WHICH TH	IIS CERTIFICATE MAY B ISIONS AND CONDITION	E ISSUED OR 1	MAY LICIES.		
INSR A	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY	POLICY EXPIRATION DATE(MM/DD/YYYY)		LIMITS			
	GENERAL LIABILITY COMMERCIAL GENERAL LIA CLAIMS MADE OCC	1			DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)				
					PERSONAL & ADV INJURY	1	202		
					GENERAL AGGREGATE		520035123026		
	GEN'L AGGREGATE LIMIT APPL	JES PER:			PRODUCTS - COMP/OP AC	iG	250		
	POLICY PRO-	Loc					025		
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)		2		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)				
	HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per secident)				
					PROPERTY DAMAGE (Per accident)				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDE				
	ANY AUTO					GG CC			
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE				
	OCCUR CLAIMS M	ADE			AGGREGATE				
	DEDUCTIBLE								
	RETENTION								
	WORKERS COMPANY ATTCH THE					тн-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<u> </u>			E.L. EACH ACCIDENT	R			
•	ANY PROPRIETOR / PARTNER / EXECUTI OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	ve 🔲			E.L. DISEASE-EA EMPLOY	YEE	ليم ا		
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS	below			E.L. DISEASE-POLICY LIN	MIT	LO,000,000 5		
F	OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) Deductible (1)	\$ 5	LO,000,000		
Disco	UPTION OF OPERATIONS/LOCATIONS/VEI	HICLES/EXCLUSIONS ADDED BY ENDO	ORSEMENT/SPECIAL PROVISIO	I ONS			<u>5</u>		
الموادات	GENOR OF GELIATIONS/DUALITIONS/VE			· · · -			F		
CER	TIFICATE HOLDER		CANCELLATIO	N			<u>_</u>		
	office of the U.S. Tru	stee	SHOULD ANY OF THE DATE THEREOF, THE 30 DAYS WRITTEN NO	ABOVE DESCRIBED PO ISSUING INSURER WII OTICE TO THE CERTIFIC	LICIES BE CANCELLED BEF LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO T	ORE THE EXPIRA	10,000,000 12,500,000		

Suite 2207 Lockbox 35 Wilmington DE 19801 USA

BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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	Non	Pick S	T nourance	Services	West	Fra
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Attachment to ACORD Certificate for Building Materials Holding Corporation
The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Building Materials Holding Corporation Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of P	ittsbur	gh	19445	
INSURER											
INSURER											
INSURER											
INSURER											

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	Type of insurance	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIN	11TS
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

ACORD"	

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/25/2009

CERTIF	ICALE OF LIAI)11/11 1 11/1	BUILDING		06/25/20)09	ĺ
PRODUCER AON Risk Insurance Services Wes Los Angeles CA Office 707 Wilshire Boulevard Suite 2600	st, Inc.	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AMEN	AS A MATTER OF INFOI N'THE CERTIFICATE H ID, EXTEND OR ALTER POLICIES BELOW.	OLDER.		
Los Angeles CA 90017-0460 USA	(047) 0525300	INSURERS AFI	FORDING COVER	AGE		NAIC#	
PHONE - (866) 283-7122 FAX- INSURED	(847) 953-5390	INSURER A: AF	ch Insurance C	Company		11150	··
C Construction, Inc			G Excess Liabi	lity Insurance Co.	Ltd.	10932	Holder Identifier
Four Embarcadero Center Suite 3200		INSURER C: FE	deral Insuranc	e Company		20281	enti
San Francisco CA 94111-4106 USA	Ą		rich American			16535	무
						37885	lg F
			Specialty Ins	erms and conditions	of the		占
THE POLICIES OF INSURANCE LISTED BELOW F ANY REQUIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORDED BY THE AGGREGATE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER DO POLICIES DESCRIBED HEREIN	URED NAMED ABO	VE FOR THE POLICY	PERIOD INDICATED. NOTW	ITHSTAND SUED OR N SUCH POL	OING MAY JICIES.	
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE(MM/DD/YYYY)	Lin	1175		
		DATE(MINUDDITTT)	DATE(MINIDDITTT)	EACH OCCURRENCE			1
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	,			DAMAGE TO RENTED			1
CLAIMS MADE OCCUR				PREMISES (Ea occurrence) MED EXP (Any one person)] ~
				PERSONAL & ADV INJURY] [
				GENERAL AGGREGATE			
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG			570035122613
POLICY PRO-							
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (En accident)] :: 2
ANY AUTO				,	 		Certificate No
ALL OWNED AUTOS				BODILY INJURY (Per person)	Ì		ji ji
SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY			1 🛓
NON OWNED AUTOS				(Per accident)	j		"
				PROPERTY DAMAGE (Per accident)			1
				(ref decidenty	<u> </u>		4
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	<u> </u>		4
ANY AUTO				OTHER THAN EA ACC			4
				EACH OCCURRENCE	 		4
EXCESS / UMBRELLA LIABILITY				AGGREGATE	<u> </u>		-
OCCUR CLAIMS MADE				Addicante	 		-
DEDUCTIBLE							-
RETENTION					 		-
		_		WC STATU- OTH-	 		-
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	(TORY LIMITS ER E.L. EACH ACCIDENT	 		=
ANY PROPRIETOR / PARTNER / EXECUTIVE]			E.L. DISEASE-EA EMPLOYEE	1		
OFFICER/MEMBER EXCLUDED? (Mandatory in NII)				E.L. DISEASE-POLICY LIMIT	 	10,000,00	
If yes, describe under SPECIAL PROVISIONS below	5757381	06/04/2008	06/04/2010	Limit (1)	\$:	10,000,00	ត ្រី ក
OTHER				Deductible (1)	:	\$2,500,00	0
D&O- Primary			1				_
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/E	XCLUSIONS ADDED BY ENDORSEM	ENT/SPECIAL PROVISI	DNS				
		CANCELLATIO	N				-E
CERTIFICATE HOLDER				LIGHER DE CANCELLES DESCRE	THE EVOID	TTON	
Office of the U.S. Trustee 844 King Street		SHOULD ANY OF THE DATE THEREOF, THE	ABOVE DESCRIBED PO ISSUING INSURER WIL	LIGIES BE CANCELLED BEFORE LL ENDEAVOR TO MAIL PATE HOLDER NAMED TO THE	FET.	VI TON	
Suite 2207 Lockbox 35		BUT FAILURE TO DO	SO SHALL IMPOSE NO C	LICIES BE CANCELLED BEFORE LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO THE L BELIGATION OR LIABILITY TS OR REPRESENTATIVES.			Ē
Wilmington DE 19801 USA		AUTHORIZED REPRE		Aon Rick Insurance S	Gerviers'		

Attachment to ACORD Certificate for c construction, Inc
The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

C Construction, Inc Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445	
INSURER										
INSURER										
INSURER										
INSURER										

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD TYPE OF INSURANCE		POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIM	IITS
		OTHER					
A		D&O- Excess	DOX000722103 .	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

	ICATE OF LIAI				70/23/2003	-		
PRODUCER AON Risk Insurance Services Wes Los Angeles CA Office 707 Wilshire Boulevard Suite 2600	t, Inc.	AND CONFERS	NO RIGHTS UPO DOES NOT AMEN	AS A MATTER OF INFOR N THE CERTIFICATE H ED, EXTEND OR ALTER ' POLICIES BELOW.	OLDER. THIS			
Los Angeles CA 90017-0460 USA		INSURERS AFFORDING COVERAGE NAI						
1110110-1000/ 100 1 1 1 1	(847) 953-5390	INSURER A: Arch Insurance Company						
INSURED H.N.R. Framing Systems, Inc.			Ltd. 10932	ᆌ				
Four Embarcadero Center Suite 3200		INSURER C: Fe	deral Insurano	e Company	20281			
San Francisco CA 94111-4106 USA	A .		rich American	Ins Co	16535	그림		
			Specialty Ins	urance Co	37885	Holder Identifier		
COVERAGES		SIR	applies per t	erms and conditions		三 二		
THE POLICIES OF INSURANCE LISTED BELOW H ANY REQUIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORDED BY THE AGGREGATE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER DO POLICIES DESCRIBED HEREIN	OCUMENT WITH RES	PECT TO WHICH TH	S CERTIFICATE MAY DE 188	SUCH POLICIES.	:D		
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIM	ITS			
GENERAL LIABILITY				EACH OCCURRENCE				
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (En occurrence)				
CLAIMS MADE OCCUR				MED EXP (Any one person)		$\exists :$		
				PERSONAL & ADV INJURY		- 22		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE		7 7		
POLICY PRO- LOC				PRODUCTS - COMP/OP AGG		57003512263		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)				
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)		N. Str.		
HIRED AUTOS NON DWNED AUTOS				BODILY INJURY (Per accident)				
				PROPERTY DAMAGE (Per accident)				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		_		
ANY AUTO				OTHER THAN EA ACC AUTO ONLY:				
EXCESS / UMBRELLA LIABILITY			ŧ	EACH OCCURRENCE		\dashv		
OCCUR CLAIMS MADE				AGGREGATE		\dashv		
DEDUCTIBLE								
RETENTION				WC STATU- OTH-		\dashv		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	,			TORY LIMITS ER		_		
ANY PROPRIETOR / PARTNER / EXECUTIVE				E.L. DISEASE-EA EMPLOYEE				
OFFICER/MEMBER EXCLUDED7 (Mondatory in NH)				E.L. DISEASE-POLICY LIMIT				
If yes, describe under SPECIAL PROVISIONS below OTHER	5757381	06/04/2008	06/04/2010	Limit (1) Deductible (1)	\$10,000,0 \$2,500.0	000		
D&O- Primary					4-101			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/E	XCLUSIONS ADDED BY ENDORSEN	MENT/SPECIAL PROVISION	ONS	-				
CERTIFICATE HOLDER		CANCELLATIO	N			<u>—</u> 5		
Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35				LICIES BE CANCELLED BEFORE LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO THE L BLIGATION OR LIABILITY TS OR REPRESENTATIVES.	\$10,000,0 \$2,500,0 THE EXPIRATION EFT, Forwices Wash J.	MC UCA		
Wilmington DE 19801 USA		AUTHORIZED REPRE	SENTATIVE .	Aon Pliok Insurance C	Fervices West I	na P		
ACORD 25 (2009/01) Th	e ACORD name and logo are	<u> </u>	@1988-700	9 ACORD CORPORATIO	ON. All rights reser	ved		

Attachment to ACORD Certificate for H.N.R. Framing Systems, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

H.N.R. Framing Systems, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445	
INSURER										
INSURER										
INSURER										
INSURER										

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

L 7	ICER NON Risk Insurance Services West NOS Angeles CA Office 107 Wilshire Boulevard Suite 2600 NOS Angeles CA 90017-0460 USA	t, Inc.	AND CONFERS (CERTIFICATE I COVERAGE AF)	NO RIGHTS UPO DOES NOT AMEN FORDED BY THE	AS A MATTER OF INFOR IN THE CERTIFICATE HO D, EXTEND OR ALTER T POLICIES BELOW.	OLDER, THIS			
PHONE	E-(866) 283-7122 FAX-(847) 953-5390	INDORERO APPOIDMO CO PERTOD						
INSUR	(000) 100			h Insurance C		11150	- ;;		
1	Illinois Framing, Inc.		INSURER B: AIC	Excess Liabi	lity Insurance Co.	Ltd. 10932	_ ∰		
5	Four Embarcadero Center Suite 3200		INSURER C: Fee	deral Insuranc	e Company	20281	Holder Identifier		
5	San Francisco CA 94111-4106 USA		INSURER D: ZUI	rich American	Ins Co	16535			
				Specialty Ins	urance Co	37885	그흥		
THI	'ERAGES E POLICIES OF INSURANCE LISTED BELOW HA Y REQUIREMENT, TERM OR CONDITION OF A RTAIN, THE INSURANCE AFFORDED BY THE P GREGATE LIMITS SHOWN MAY HAVE BEEN F	NY CONTRACT OR OTHER D OLICIES DESCRIBED HEREIN	SIR SURED NAMED ABOV	applies per to	erms and conditions PERIOD INDICATED, NOTWI S CERTIFICATE MAY BE ISSI	THSTANDING JED OR MAY SUCH POLICIES.			
INSR I		POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION	LIM	TS			
			DATE(MINDBOTTITI)	DATEMANDUITITY	EACH OCCURRENCE		7		
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (En occurrence)				
	CLAIMS MADE OCCUR				MED EXP (Any one person)		ᅴ。		
					PERSONAL & ADV INJURY		$\exists 5$		
					GENERAL AGGREGATE		_ [
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC JECT LOC				PRODUCTS - COMP/OP AGG		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)		٦ ;		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)				
	HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)				
					PROPERTY DAMAGE (Per accident)				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		_		
	ANY AUTO				OTHER THAN EA ACC AUTO ONLY:				
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE		\dashv		
	OCCUR CLAIMS MADE				AGGREGATE		=		
	DEDUCTIBLE RETENTION						\dashv		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	***************************************			WC STATU- OTH- TORY LIMITS ER E.L. EACH ACCIDENT		_		
	ANY PROPRIETOR / PARTNER / EXECUTIVE				E.L. DISEASE-EA EMPLOYEE				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NII)				E.L. DISEASE-POLICY LIMIT				
F	If yes, describe under SPECIAL PROVISIONS below OTHER	5757381	06/04/2008	06/04/2010	Limit (1) Deductible (1)	\$10,000,0 \$2,500,0	000 =		
	D&O- Primary		TO PROPERTY AND PROPERTY	DNC.			<u>[</u>		
DESC	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EX	KCLUSIONS ADDED BY ENDORSE	MEN INSTRUCTIVE PROVISIC	zind			7.2.4		
CE	RTIFICATE HOLDER		CANCELLATIO				——————————————————————————————————————		
	office of the U.S. Trustee 844 King Street Suite 2207 Lockhox 35		SHOULD ANY OF THE DATE THEREOF, THE 30 DAYS WRITTEN NO BUT FAILURE TO DO S OF ANY KIND UPON T	ABOVE DESCRIBED PO ISSUING INSURER WI DTICE TO THE CERTIFIC SO SHALL IMPOSE NO C HE INSURER, ITS AGEN	LICIES BE CANCELLED BEFORE LL ENDEAVOR TO MAIL. CATE HOLDER NAMED TO THE LI BLIGATION OR LIABILITY ITS OR REPRESENTATIVES,	\$10,000,0 \$2,500,0 THE EXPIRATION EFT. Forwices West So	M. 10. 03		
	Wilmington DE 19801 USA				Aon Pliok Insurance S	0110 1	7		

Attachment to ACORD Certificate for Illinois Framing, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Illinois Framing, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER I	F	National	Union	Fire	Ins	Co	f	Pittsburgh	19445
INSURER									
INSURER			•						
INSURER									
INSURER									

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

	,		I lor policy mints.	1	POLICY		
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
		OTHER					
А		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O~ Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

ACORD"

CEDITEICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

	CATE OF LIAD				0/23/200				
RODUCER AON Risk Insurance Services West LOS Angeles CA Office 707 Wilshire Boulevard Suite 2600	, Inc.	AND CONFERS	NO RIGHTS UPON DOES NOT AMEN	AS A MATTER OF INFOR N THE CERTIFICATE HO ID, EXTEND OR ALTER ' POLICIES BELOW.	OLDER. TH	DNLY			
Los Angeles CA 90017-0460 USA	. (INSURERS AFFORDING COVERAGE NAIG							
10KE-(000) 200 1 444	347) 953-5390	INSUREM APPOINT CO. LINES							
INSURED SelectBuild Southern California,	Inc.	INSURER A: Arch Insurance Company 1111 INSURER B: AIG Excess Liability Insurance Co. Ltd. 109							
Four Embarcadero Center			deral Insuranc			0932 0281 6535 7885			
Suite 3200 San Francisco CA 94111-4106 USA		Internation	rich American			6535			
		17 DOTALLET				7885			
			Specialty Ins	erms and conditions		olicy			
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HA ANY REQUIREMENT, TERM OR CONDITION OF AY PERTAIN, THE INSURANCE AFFORDED BY THE PO AGGREGATE LIMITS SHOWN MAY HAVE BEEN RI	NY CONTRACT OR OTHER DO DLICIES DESCRIBED HEREIN I	URED NAMED ABOV	VE FOR THE POLICY	PERIOD INDICATED. NOTW	ITHSTANDIN UED OR MA SUCH POLIC	IG Y IES.			
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIM	ITS				
		DATE(MM/DD/YYYY)	DATE(MINUDU/XXXX)	EACH OCCURRENCE					
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED					
CLAIMS MADE OCCUR				PREMISES (En occurrence) MED EXP (Any one person)					
				PERSONAL & ADV INJURY					
			ĺ	GENERAL AGGREGATE					
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG					
POLICY PRO- LOC									
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)					
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)					
HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)					
				PROPERTY DAMAGE (Per accident)					
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT					
ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG					
EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE					
OCCUR CLAIMS MADE				AGGREGATE					
DEDUCTIBLE RETENTION									
				WC STATU- OTH- TORY LIMITS ER					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT					
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE-EA EMPLOYEE					
(Mandatory in NH)				E.L. DISEASE-POLICY LIMIT					
If yes, describe under SPECIAL PROVISIONS below F OTHER	5757381	06/04/2008	06/04/2010	Limit (1) Deductible (1)		,000,000 ,500,000			
D&O- Primary				<u> </u>					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EX	CLUSIONS ADDED BY ENDORSEM	ENT/SPECIAL PROVISION	UNS						
CERTIFICATE HOLDER		CANCELLATIO							
office of the U.S. Trustee 844 King Street Suite 2207 Lockhox 35		SHOULD ANY OF THE DATE THEREOF, THE 30 DAYS WRITTEN NO BUT FAILURE TO DO OF ANY KIND UPON T	ABOVE DESCRIBED PO ISSUING INSURER WI OTICE TO THE CERTIFIC SO SHALL IMPOSE NO C THE INSURER, ITS AGEN	OLICIES BE CANCELLED BEFORE LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO THE L DBLIGATION OR LIABILITY ITS OR REPRESENTATIVES.	THE EXPIRAT	ЮИ			
Wilmington DE 19801 USA		AUTHORIZED REPRESENTATIVE Aon Plack Insurance Services West In							

Attachment to ACORD Certificate for selectbuild southern California, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Southern California, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	194	45
INSURER										
INSURER			,							
INSURER										
INSURER										

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD TYPE OF INSURANCE		POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIN	iits
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000
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ACORD

CEDTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

CERTIF	ICATE OF LIAI				10/23/20		i
PRODUCER AON Risk Insurance Services Wes Los Angeles CA Office 707 Wilshire Boulevard Suite 2600	t, Inc.	AND CONFERS	NO RIGHTS UPO DOES NOT AMEN	AS A MATTER OF INFOR IN THE CERTIFICATE H ID, EXTEND OR ALTER FOLICIES BELOW.	OLDER, '	ONLY THIS	
Los Angeles CA 90017-0460 USA	4447 OFF FROM	INSURERS AFF	ORDING COVER	AGE		NAIC#	
PRONE-(000) EOS TEEE	(847) 953-5390	INSURER A: Ar	ch Insurance C	Company		11150	:
INSURED SelectBuild Arizona, LLC	Ltd.	10932	itie				
Four Embarcadero Center Suite 3200		INSURER C: Fe	deral Insuranc	е Сотрапу		20281	lent
San Francisco CA 94111-4106 USA	\	MADOICER C.	rich American			16535	김
		MODICE D	Specialty Ins			37885	Holder Identifier
COVERAGES		SIR	applies per t	erms and conditions	of the	policy	, Ħ
THE POLICIES OF INSURANCE LISTED BELOW H ANY REQUIREMENT, TERM OR CONDITION OF A PERTAIN, THE INSURANCE AFFORDED BY THE AGGREGATE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER DO POLICIES DESCRIBED HEREIN				SUCH POL	ICIES.	
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION DATE(MM/DD/YYYY)	LIM	ITS		
GENERAL LIABILITY				EACH OCCURRENCE]
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (En occurrence)			
CLAIMS MADE OCCUR				MED EXP (Any one person)			-1 td
				PERSONAL & ADV INJURY			570035122651
				GENERAL AGGREGATE			351
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG			1 8
POLICY PRO-] 5
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (En accident)			Certificate No :
ANY AUTO ALL OWNED AUTOS				BODILY INJURY		····	ta
SCHEDULED AUTOS	*			(Per person)] 🗐
HIRED AUTOS				BODILY INJURY (Per accident)]
NON OWNED AUTOS				PROPERTY DAMAGE (Per accident)			1
				LUTO ONLY TA ACCIDENT			-
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT			-
ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG			-
EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE			1
OCCUR CLAIMS MADE				AGGREGATE			
							_
DEDUCTIBLE					ļ		_
RETENTION				luto content lo-	<u> </u>		4
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	ļ		4
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	il			E.L. EACH ACCIDENT	<u> </u>		-=
OFFICER/MEMBER EXCLUDED? (Mandatory in Nii)	1			E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 		
If yes, describe under SPECIAL PROVISIONS below	F7F7201	06/04/2008	06/04/2010	Limit (1)	<u> </u>	10,000,00	10 E
F OTHER	5757381	00/04/2008	00,00,000	Deductible (1)		\$2,500,00	10
D&O- Primary			<u> </u>	1			-54
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/E	EXCLUSIONS ADDED BY ENDORSE	MEN I/SPECIAL PROVISI	U149				
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CERTIFICATE HOLDER		CANCELLATIO	N				_====
office of the U.S. Trustee		DATE THEREOF, THE	ISSUING INSURER WI	DLICIES BE CANCELLED BEFORE LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO THE L	THE EXPIRA	ATION	
Suite 2207 Lockbox 35		BUT FAILURE TO DO OF ANY KIND UPON T	SO SHALL IMPOSE NO (THE INSURER, ITS AGE	OBLIGATION OR LIABILITY ITS OR REPRESENTATIVES.			
wilmington DE 19801 USA		AUTHORIZED REPRE		An Plak Insurance c	Services	West In	a P

Attachment to ACORD Certificate for selectbuild Arizona, LLC
The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Arizona, LLC Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445
INSURER									
INSURER									
INSURER									
INSURER									

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

			POLICY NUMBER	POLICY	POLICY		
INSR LTR	ADD'L INSRD	Type of insurance	POLICY DESCRIPTION	EFFECTIVE DATE	EXPIRATION DATE	LIM	IITS
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000
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ACORD"

DATE(MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND AND AND PAPER CA OFFIces TOT WITE THE POUR ISSUED AS A MATTER OF INFORMATION ONLY AND CONTRESS OR IGHTS UPON THE CRETIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND, EXTERD OR ALTER THE CERTIFICATE DOES NOT AMEND AND ALTER THE CERTIFICATE DOES NOT AMEND AND ALTER THE CERTIFICATE DOES NOT AMEND AND ALTER THE CERTIFICATE DOES NOT AMEND AND ALTER THE CERTIFICATE DOES NOT AMEND AND ALTER THE CERTIFICATE DOES NOT AMEND AND ALTER THE CHARGE COMPANY (CONTRES NOT AMEND AND ALTER THE CERTIFICATE DOES NOT A	CERTIFI	CALE OF LIAI	PILL X 111/2	OURANCE		06/25/2	009	1
PRINCE: (866) 283-7122 FAX-(847) 953-5390 INSURERA AFFORDING COVERAGE NAME NOBER NOB	Aon Risk Insurance Services Wes Los Angeles CA Office 707 Wilshire Boulevard Suite 2600	t, Inc.	AND CONFERS	NO RIGHTS UPO DOES NOT AMEN	N THE CERTIFICATE I ID, EXTEND OR ALTER	HOLDER.	N ONLY THIS	
INSURED Selectavid Construction, Inc. Four Embarcadero Center Suffe 3200 San Francisco Ca 94111-4106 USA BISURERE AGG Excess Liability Insurance Company 20281 NSURERE RESULTATION OF THE PROJECT PERSONNEL SELECTION OF THE PER	_	(047) 057 5700	INSURERS AFF	ORDING COVER	AGE		NAIC#	
SelectBuild Construction, The- Four Embarcader Center Suite 3200 San Francisco CA 94111-4106 USA BRURBER Federal Insurance Company 20281	110112 (000) 100 1000	847) 953-5390	INSURER A: Ar	h Insurance C	Company		11150	1::
SUITE 3200 SAIR Francisco CA 94111-4106 USA NAURENCE ZUPICH American Ins Co	SelectBuild Construction, Inc.		INSURER B: AI	S Excess Liabi	lity Insurance Co.	Ltd.	10932	older Identifier
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CERTIFICATE HOLDER CANCELLATION	CERTIFICATE HOLDER							
Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FALLURE TO DOS OS INALL IMPOSE NO DELIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35		SHOULD ANY OF THE DATE THEREOF, THE 30 DAYS WRITTEN NO BUT FAILURE TO DO S OF ANY KIND UPON T	ABOVE DESCRIBED PO ISSUING INSURER WI DTICE TO THE CERTIFIC O SHALL IMPOSE NO C HE INSURER, ITS AGEN	LICIES BE CANCELLED BEFOR LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO THE BELIGATION OR LIABILITY ITS OR REPRESENTATIVES.	E THE EXPIR LEFT,	ATION	
Wilmington DE 19801 USA AUTHORIZED REPRESENTATIVE ACORD 25 (2009/01) © 1988-2009 ACORD CORPORATION. All rights reserv	Wilmington DE 19801 USA			SENTATIVE .	Aon Plák Insurance	Services	West In	

Attachment to ACORD Certificate for selectbuild construction, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Construction, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445
INSURER								
INSURER								
INSURER								
INSURER								-

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	Litv	nits
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/25/2009

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PRODUCER AON Risk Insurance Services Los Angeles CA Office 707 Wilshire Boulevard Suite 2600	West, Inc.	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AMEN	AS A MATTER OF INFOR N THE CERTIFICATE H ID, EXTEND OR ALTER POLICIES BELOW.	OLDER. THIS	
Los Angeles CA 90017-0460 US	INSURERS AFI	NAIC#	1			
7701.0 (990) 100	AX-(847) 953-5390	INSURER A: AF	ch Insurance C	Company	11150	1::
INSURED 5electBuild Illinois, LLC				lity Insurance Co.	Ltd. 10932	١
Four Embarcadero Center Suite 3200			deral Insuranc		20281	ent
San Francisco CA 94111-4106	INSURER D: Zurich American Ins Co 16535					
			Specialty Ins		37885	Holder Identifier
COVERAGES				erms and conditions		≓
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GENERAL LIABILITY				EACH OCCURRENCE		4
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				PERSONAL & ADV INJURY		- 522
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l I I	oc oc			PRODUCTS - COMP/OP AGG		570035122663
AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)		e No :
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HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)		ق ا
				PROPERTY DAMAGE (Per accident)		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		
ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG		_
EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE		_
OCCUR CLAIMS MADE				AGGREGATE	<u> </u>	\dashv
DEDUCTIBLE						1
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WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER		
EMPLOYERS' LIABILITY	Y/N			E.L. EACH ACCIDENT		
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICEIVMEMBER EXCLUDED? (Mandatory in NII)	니		1	E.L. DISEASE-EA EMPLOYEE		
If yes, describe under SPECIAL PROVISIONS belo	w			E.L. DISEASE-POLICY LIMIT		
F OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) Deductible (1)	\$2,500,0	00
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL	ES/EXCLUSIONS ADDED BY ENDORSE	MENT/SPECIAL PROVISI	ONS			
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CERTIFICATE HOLDER		CANCELLATIO				-5
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Wilmington DE 19801 USA		AUTHORIZED REPRE	ESENTATIVE .	Aon Riok Insurance C	Favias West In	7.A.
ACORD 25 (2009/01)	The ACORD name and logo ar	e registered marks		9 ACORD CORPORATIO	M. All rights reserv	ved

Attachment to ACORD Certificate for selectbuild Illinois, LLC

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Illinois, LLC Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445	
INSURER										
INSURER										
INSURER										
INSURER										

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	Type of insurance	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
А		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/25/2009

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PRODUCER AON Risk Insurance Services We Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	st, Inc.	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF II IN THE CERTIFICA ND, EXTEND OR AL E POLICIES BELOW	TE HOLDER. TER THE		
	-(847) 953-5390	INSURERS AF	FORDING COVE	RAGE		NAIC#	
PHONE - (866) 283-7122 FAX INSURED	-(647) 333-3330	INSURER A: Ar	ch Insurance	Company		11150]::
SelectBuild Northern Californi	a, Inc.	INSURER B: AI	G Excess Liab	ility Insurance	Co. Ltd.	10932	older Identifier
Four Embarcadero Center Suite 3200		INSURER C: FE	deral Insuran	ce Company		20281	曹
San Francisco CA 94111-4106 US	iA	INSURER D: ZU	rich American	Ins Co	***************************************	16535	l i
		INSURER E: XL	. Specialty In	surance Co		37885	18
COVERAGES				erms and condit			- - -
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COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)			
CLAIMS MADE OCCUR				MED EXP (Any one person) PERSONAL & ADV INJUR			- 6
	•			GENERAL AGGREGATE	<u>' </u>		725
GEN'L AGGREGATE LIMIT APPLIES PER	-						425
POLICY PRO- LOC				PRODUCTS - COMP/OP A	30		570035122587
AUTOMOBILE LIABILITY				COMBINED STYOLE LIMI	т		<u>:</u> ا
ANY AUTO				(Ea accident)			Certificate No
ALL OWNED AUTOS				BODILY INJURY (Per person)			ifica
SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY		<u></u>	4 🖁
NON OWNED AUTOS				(Per accident)			」Ŭ
				PROPERTY DAMAGE (Per accident)			
GARAGE LIABILITY				AUTO ONLY - EA ACCID	ЕИТ]
ANY AUTO				AUTO ONLY:	VCC VCC		-
EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE			1
OCCUR CLAIMS MADE				AGGREGATE			4
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L_KETENTION				WC STATU-	OTH-		-
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	и				ER		=
ANY PROPRIETOR / PARTNER / EXECUTIVE	4			E.L. DISEASE-EA EMPLO	YEE		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE-POLICY L	IMIT	10,000,00	-[2
If yes, describe under SPECIAL PROVISIONS below	5757381	06/04/2008	06/04/2010	Limit (1)	<u>l</u> \$	10,000,00	ō 🛅
D&O- Primary				Deductible (1)		\$2,500,00	0
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/	EVELUCIONE ADDED BY EXIDOREES	AENT/EDECIAL BROVISIO	אר	<u> </u>			-54
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/	EXCLUSIONS ADDED BY ENDORSEM	MENTAL ECINE LICOVIDIO	2110				
CERTIFICATE HOLDER		CANCELLATIO	N				끸
Office of the U.S. Trustee		SHOULD ANY OF THE	ABOVE DESCRIBED PO	LICIES BE CANCELLED BE	FORE THE EXPIR	ATION	
844 King Street Suite 2207		30 DAYS WRITTEN NO BUT FAILURE TO DO S	OTICE TO THE CERTIFIC SO SHALL IMPOSE NO C	LICIES BE CANCELLED BE LL ENDEAVOR TO MAIL CATE HOLDER NAMED TO BLIGATION OR LIABILITY TS OR REPRESENTATIVES	THE LEFT,		
Lockbox 35 Wilmington DE 19801 USA		OF ANY KIND UPON T					_
ı		AUTHORIZED REPRE	SENTATIVE _	Don Pink, Inneran	no Samine	Wast. You	

Attachment to ACORD Certificate for selectbuild Northern California, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Northern California, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	1	9445	
INSURER											
INSURER											
INSURER											
INSURER					*****						

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	Lin	1ITS
		OTHER	,				
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

7 00
<i>ACORD</i>

DATE(MM/DD/YYYY)

المالية	CERTIF	ICATE OF LIA	RILLA IN	SURANCE	<i>i</i>	Ò	6/25/200	9
Los 707 Suit	Risk Insurance Services We Angeles CA Office Wilshire Boulevard se 2600	st, Inc.	AND CONFERS CERTIFICATE	CATE IS ISSUED. NO RIGHTS UPO DOES NOT AMEN FORDED BY THI	N THE CERTIFI ND, EXTEND OR	CATE HO	OLDER. TH	
	Angeles CA 90017-0460 USA 66) 283-7122 FAX-	(847) 953-5390	INSURERS AFI	ORDING COVER	AGE		1	NAIC#
HONE-(O	00) 203-7122 FAX-	(647) 955-5590	INSURER A: A F	ch Insurance (Company		1	1150
Sele	ctBuild Nevada, Inc. Embarcadero Center		INSURER B: AI	G Excess Liabi	ility Insurand	ce Co.	Ltd. 1	0932
Suit	e 3200 Francisco CA 94111-4106 US	۸	INSURER C: Fe	deral Insurand	ce Company		2	0281
Jan	Francisco CA 94111-4100 03	n	INSURER D: ZU	rich American	Ins Co		1	6535
				Specialty Ins				7885
ANY REC	AGES ICIES OF INSURANCE LISTED BELOW F QUIREMENT, TERM OR CONDITION OF I, THE INSURANCE AFFORDED BY THE BATE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER POLICIES DESCRIBED HEREI	NSURED NAMED ABOY DOCUMENT WITH RES IN IS SUBJECT TO ALL	PECT TO WHICH TH	PERIOD INDICATE IS CERTIFICATE MA SIONS AND CONDIT	D. NOTWI AY BE ISSU TIONS OF S	THSTANDING	G / ES.
SR ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE(MM/DD/YYYY)		LIMI	TS	
	GENERAL LIABILITY		DATE(MM/DD/1111)	DATE(MINUDU/TTTT)	EACH OCCURRENCE	T		
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTER PREMISES (Ea occurre			
	CLAIMS MADE CCCUR				MED EXP (Any one per			
					PERSONAL & ADV IN			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGA	TE		
	POLICY PRO- LOC				PRODUCTS - COMP/C	P AGG		
•	LJ JECT LJ							
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE L (En accident)	TIMIL		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)			
	HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per socident)			
				:	PROPERTY DAMAGE (Per accident)			
	GARAGE LIABILITY				AUTO ONLY - EA AC	CIDENT		
	ANY AUTO				AUTO ONLY:	AGG		
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE			
	OCCUR CLAIMS MADE				AGGREGATE			
	DEDUCTIBLE RETENTION							
	KERS COMPENSATION AND				WC STATU- TORY LIMITS	OTH- ER		
	LOYERS' LIABILITY Y/N PROPRIETOR / PARTNER / EXECUTIVE				E.L. EACH ACCIDENT			
OFFIC (Mon	CER/MEMBER EXCLUDED?				E.L. DISEASE-EA EM			
If yes,	describe under SPECIAL PROVISIONS below		05/04/2008	06/04/2010	E.L. DISEASE-POLIC	Y LIMIT	630.7	200 000
F	OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) Deductible (1)		•	000,000 500,000
SCRIPTIO	N OF OPERATIONS/LOCATIONS/VEHICLES/EX	I KCLUSIONS ADDED BY ENDORSE	I MENT/SPECIAL PROVISIO	NS	<u> </u>			
ERTIF	ICATE HOLDER		CANCELLATION					
84 St Lo	ffice of the U.S. Trustee 44 King Street uite 2207 ockbox 35		SHOULD ANY OF THE / DATE THEREOF, THE I 30 DAYS WRITTEN NO BUT FAILURE TO DO SO OF ANY KIND UPON TH	BOVE DESCRIBED POL SSUING INSURER WIL FICE TO THE CERTIFICA SHALL IMPOSE NO OE E INSURER, ITS AGENT	ICIES BE CANCELLED L ENDEAVOR TO MAI ATE HOLDER NAMED T BLIGATION OR LIABILI S OR REPRESENTATIV	BEFORE TH L TO THE LEF ITY 'ES,	ie expiratio) T,	000,000 500,000
W٦	ilmington DE 19801 USA		ALEXIONISED DEPOSE	CATATON C	Son Plak Insu	-	0 011/	: 0
			AUTHORIZED REPRES	ENIATIVE J	Son Kick Insul	נסחסם ש	uvias Mas	Una

Attachment to ACORD Certificate for selectBuild Nevada, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Nevada, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	19445	
INSURER										
INSURER										
INSURER										
INSURER										

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	Type of insurance	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	Liv	1ITS
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O~ Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
С		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

<i>ACORD</i>

40		CERTIF	TICATE OF LIA	BILITY IN	SURANCE		06/25/		1
PROI	Los / 707 V Suite	Risk Insurance Services We Angeles CA Office Wilshire Boulevard e 2600 Angeles CA 90017-0460 USA	st, Inc.	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF ON THE CERTIFIC ND, EXTEND OR A E POLICIES BELO	INFORMATION ATE HOLDER LTER THE	ON ONLY	
PHO	E-(86	66) 283-7122 FAX-	- (847) 953-5390	INSURERS AF	FORDING COVER	RAGE		NAIC#	
INSU	RED	Construction, Inc.			ch Insurance			11150]::
	Four	Embarcadero Center	,	INSURER B: A]	G Excess Liab	ility Insurance	Co. Ltd.	10932	Holder Identifier
		e 3200 Francisco CA 94111-4106 US	A	INSURER C: FE	deral Insuran	ce Company		20281	den
				INSURER D: ZL	ırich American	Ins Co		16535] i
<u> </u>					. Specialty In			37885]흥
	VERA	GES CIES OF INSURANCE LISTED BELOW I	HAVE BEEN ROLLED TO THE D			erms and condi			— Т
A? PE AC	NY REQ RTAIN, IGREG	UIREMENT, TERM OR CONDITION OF THE INSURANCE AFFORDED BY THE ATE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER E POLICIES DESCRIBED HEREIN	DOCUMENT WITH RES	SPECT TO WHICH TH	IS CERTIFICATE MAY SIONS AND CONDITIO	BE ISSUED OR	MAY LICIES.	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE(MM/DD/YYYY)		LIMITS		1
		GENERAL LIABILITY			<i>D.</i> 1.2(<i>D</i>	EACH OCCURRENCE			1
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (En occurrence	:)		1
		CLAIMS MADE OCCUR				MED EXP (Any one person			1 2
						PERSONAL & ADV INJU GENERAL AGGREGATE			526
		GEN'L AGGREOATE LIMIT APPLIES PER:							1 12
		POLICY PRO- LOC				PRODUCTS - COMP/OP	AGG .		57003512262
									55
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIM	111		°
		ALL OWNED AUTOS				BODILY INJURY			Certificate No
		SCHEDULED AUTOS				(Per person)			tific
		HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)			1 5
						PROPERTY DAMAGE (Per accident)			
		GARAGE LIABILITY				AUTO ONLY - EA ACCID	DENT		
		ΑΝΥ Λυτο		·		AUTO ONLY:	AGG AGG		-
		EXCESS / UMBRELLA LIABILITY	***************************************			EACH OCCURRENCE			1
		OCCUR CLAIMS MADE				AGGREGATE			
									4
		DEDUCTIBLE RETENTION							-
<u> </u>						WC STATU-	ОТН-		-
		ERS COMPENSATION AND Y/N				TORY LIMITS	ER ER		╘
		ROPRIETOR / PARTNER / EXECUTIVE				E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLO)VIII	······································	
		EVMEMBER EXCLUDED?				E.L. DISEASE-POLICY L			
F	1	escribe under SPECIAL PROVISIONS below OTHER	5757381	06/04/2008	06/04/2010	Limit (1)		10,000,000	
	1	D&O- Primary				Deductible (1)		2,500,000	
DESC	RIPTION	OF OPERATIONS/LOCATIONS/VEHICLES/EX	L CLUSIONS ADDED BY ENDORSEM	IENT/SPECIAL PROVISIO	NS	<u> </u>			F
		ь.							F
CEF		CATE HOLDER		CANCELLATION					置
	844 Sur	fice of the U.S. Trustee 4 King Street ite 2207 -kbox 35		BULL FABLURIE TO DO SE	I SBALL IMPOSE NO DE	ICIES BE CANCELLED BE L'ENDEAVOR TO MAIL L'TE HOLDER NAMED TO LIGATION OR LIABILITY S OR REPRESENTATIVES		TION	
		lmington DE 19801 USA		AUTHORIZED REPRESI		lon Plack Insurar		W.s. F.	

Attachment to ACORD Certificate for TWF Construction, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

TWF Construction, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER	F	National	Union	Fire	Ins	Co	of	Pittsburgh	າ 1	9445	
INSURER											
INSURER									***************************************		***************************************
INSURER											
INSURER											

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

			in for poncy mints.				
INSR LTR	ADD'L INSRD TYPE OF INSURANCE		POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIF	MITS
		OTHER					
Α		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
В		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008		1	\$15,000,000
С		D&O~ Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

AREAS OF SELF-INSURANCE WITH LIABILITY CAPS

Building Materials Holding Corporation, et al. Self-Insurance with Liability Caps

	 SIR
Workers Compensation – WA Only	\$ 500,000
Workers Compensation – All Other States	\$ 2,000,000
Auto Liability	\$ 1,000,000
General Liability	\$ 2,000,000
Pollution Legal Liability	\$ 1,000,000
Contractor's Pollution Liability	\$ 1,000,000
Property	\$ 250,000
Employment Practices Liability	\$ 1,000,000

EVIDENCE OF DEBTOR IN POSSESSION BANK ACCOUNTS

(Cash Management Order)

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

TN DE)
IN RE:) Chapter 11
BUILDING MATERIALS HOLDING)
CORPORATION, et al.,1) Case No. 09-12074 (KJC)
Cold Orallon, et uz,)
) Jointly Administered
Debtors.	(
) Ref. Docket No. 8
) INT. DOCKELIN. O

ORDER (I) AUTHORIZING (A) CONTINUED USE OF EXISTING CASH MANAGEMENT SYSTEM, BANK ACCOUNTS AND BUSINESS FORMS; AND (B) CONTINUED ORDINARY COURSE INTERCOMPANY TRANSACTIONS; AND (II) GRANTING EXTENSION OF TIME TO COMPLY WITH SECTION 345(B) OF THE BANKRUPTCY CODE

Upon consideration of the motion (the "Motion") of Building Materials Holding Corporation and its affiliates, as debtors and debtors in possession (collectively, the "Debtors"), for entry of an order (I) authorizing the Debtors to (a) continue using their cash management system, bank accounts and business forms, and (b) continue intercompany transactions in the ordinary course of business; and (II) granting extension of time to comply with section 345(b) of the Bankruptcy Code, all as set forth in the Motion; and upon the Street Declaration² in support thereof; and the Court having found that venue of this proceeding and the Motion in this district is proper pursuant to 28 U.S.C. sections 1408 and 1409; and the Court having found that the relief requested in the Motion is in the best interests of the Debtors' estates, their creditors, and

DB02:8306885.3 068301.1001

The Debtors, along with the last four digits of each Debtor's tax identification number, are as follows: Building Materials Holding Corporation (4269), BMC West Corporation (0454), SelectBuild Construction, Inc. (1340), SelectBuild Northern California, Inc. (7579), Illinois Framing, Inc. (4451), C Construction, Inc. (8206), TWF Construction, Inc. (3334), H.N.R. Framing Systems, Inc. (4329), SelectBuild Southern California, Inc. (9378), SelectBuild Nevada, Inc. (8912), SelectBuild Arizona, LLC (0036), and SelectBuild Illinois, LLC (0792). The mailing address for the Debtors is 720 Park Boulevard, Suite 200, Boise, Idaho 83712.

² Capitalized terms used herein but not otherwise defined herein shall have the meanings ascribed to them in the Motion.

other parties in interest; and notice of the Motion and the opportunity for a hearing on the Motion was appropriate under the particular circumstances; and the Court having reviewed the Motion and having considered the statements in support of the relief requested therein at a hearing before the Court (the "Hearing"); and the Court having determined that the legal and factual bases set forth in the Motion and at the Hearing establish just cause for the relief granted herein; and upon all of the proceedings had before the Court; and after due deliberation and sufficient cause appearing therefor,

IT IS HEREBY ORDERED:

- 1. The Motion is granted as set forth below.
- 2. Subject to the provisions of this Order, the Debtors are authorized to maintain and use the Cash Management System as described in the Motion.
- 3. The Debtors are authorized to: (a) continue to use, with the same account numbers, the Bank Accounts in existence on the Petition Date, including, without limitation, those accounts identified on *Exhibit C*, which was attached to the Motion; (b) treat the Bank Accounts for all purposes as accounts of the Debtors as debtors in possession; and (c) use, in their present form, all Business Forms without reference to their status as debtors in possession; provided that the Debtors will (i) print the legend "Debtor-in-Possession" on all of the checks they print in-house beginning no later than ten business days from the date of this Order, (ii) instruct ADP to print the legend "Debtor-in-Possession" on all of the payroll checks it distributes beginning no later than ten business days from the date of this Order, and (iii) replace their existing stock of pre-printed checks and other pre-printed Business Forms with new forms identifying their status as debtors in possession as existing forms are depleted.

- 4. Except as otherwise provided in this Order, the Banks are authorized to continue to service and administer the Bank Accounts as accounts of the Debtors as debtors in possession, without interruption and in the ordinary course, and to receive, process, honor, and pay any and all checks, drafts, wires, and automated clearing house transfers issued and drawn on the Bank Accounts after the Petition Date by the holders or makers thereof, as the case may be.
- 5. Each of the Debtors' Banks is authorized to debit the Debtors' accounts in the ordinary course of business without the need for further order of this Court for: (a) all checks drawn on the Debtors' accounts which are cashed at such Bank's counters or exchanged for cashier's checks by the payees thereof prior to the Petition Date; (b) all checks or other items deposited in one of Debtors' accounts with such Bank prior to the Petition Date which have been dishonored or returned unpaid for any reason, together with any fees and costs in connection therewith, to the same extent the Debtors were responsible for such items prior to the Petition Date; and (c) all undisputed prepetition amounts outstanding as of the date hereof, if any, owed to any Bank as service charges for the maintenance of the Cash Management System.
- 6. Any of the Debtors' Banks may rely on the representations of the Debtors with respect to whether any check or other payment order drawn or issued by the Debtors prior to the Petition Date should be honored pursuant to this or any other order of this Court, and such Bank shall not have any liability to any party for relying on such representations by the Debtors as provided for herein.
- 7. The Banks are authorized to charge, and the Debtors are authorized to pay, honor, or allow the Bank Fees, and charge back returned items to the Bank Accounts in the ordinary course of business.

- 8. The Debtors are authorized to open any new Bank Accounts or close any existing Bank Accounts as they may deem necessary and appropriate in their sole discretion; *provided*, *however*, that the Debtors give prompt notice to the Office of the United States Trustee for Region Three and any statutory committees appointed in the Chapter 11 Cases; *provided*, *further*, that the Debtors shall comply with paragraphs 10 and 11 of this Order, with their obligations under such paragraphs running from the date new accounts are opened (not the date this Order was entered).
- 9. For each of the Banks at which the Debtors have accounts holding Debtor funds that are party to a Uniform Depository Agreement with the U.S. Trustee, the Debtors shall, within 15 days after the date of entry of this Order, (a) contact each Bank, (b) provide each of the Debtors' employer identification numbers, and (c) identify each such account as being held by a debtor in possession in a bankruptcy case.
- 10. For each of the Banks at which the Debtors have accounts holding Debtor funds that are not party to a Uniform Depository Agreement with the U.S. Trustee, the Debtors shall use their good faith efforts to cause the Bank to execute a Uniform Depository Agreement in a form prescribed by the U.S. Trustee within 30 days of the date of this Order. The U.S. Trustee's rights to seek further relief from this Court on notice in the event that the aforementioned Banks are unwilling to execute a Uniform Depository Agreement in a form prescribed by the U.S. Trustee are fully reserved.
- 11. The Debtors' time to come into compliance with section 345(b) of the Bankruptcy Code is hereby extended for a period of 60 days from the Petition Date; *provided*, *however*, that such extension is without prejudice to the Debtors' right to request a further extension or the waiver of the requirements of section 345(b) in these cases.

- 12. The Debtors are authorized to continue performing Intercompany Transactions in the ordinary course of business and to honor and pay obligations in connection with the Intercompany Transactions; *provided*, *however*, that the Debtors shall maintain records in the ordinary course of business reflecting transfers of cash, if any, including Intercompany Transactions, so as to permit all such transactions to be ascertained.
- 13. The Banks are authorized to pay obligations in accordance with this or any separate order of the Court.
- 14. Except as otherwise provided in this Order or in a separate order of the Court, the Banks shall not honor or pay any bank payments drawn on the listed Bank Accounts or otherwise issued prior to the Petition Date.
- 15. The Debtors are authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Motion.
- 16. Rule 6003(b) of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules") has been satisfied.
- 17. Notice of the Motion as provided therein shall be deemed good and sufficient notice of such motion and the requirements of applicable rules.
- 18. Pursuant to Bankruptcy Rule 6004(h), the terms and conditions of this Order shall be immediately effective and enforceable upon its entry.
- 19. This Court shall retain jurisdiction with respect to all matters arising from or relating to the interpretation or implementation of this Order.

Dated: Wilmington, Delaware June 17, 2009

KEVIN J. CAREY

CHIEF UNITED STATES BANKRUPTOY JUDGE

SUMMARY OF RETAINERS PAID

In re Building Materials Holding Corporation et al.

Debtor

Reporting Period: June 16th, 2009

Case No. 09 - 12074

SCHEDULE OF RETAINERS PAID TO PROFESSIONALS

(This schedule is to include each Professional paid a retainer)

	Checl	eck			Amount Applied	
Payee	Date	Number	Name of Payor	Amount	to Date	Balance
Gibson Dunn & Crutcher	01/16/09	Wire	Building Materials Holding Corp	250,000	250,000	
Gibson Dunn & Crutcher	04/10/09	Wire	Building Materials Holding Corp	100,000	100,000	1
Gibson Dunn & Crutcher	06/11/00	Wire	Building Materials Holding Corp	750,000	20,000	700,000
Alvarez & Marsal	02/28/08	Wire	Building Materials Holding Corp	250,000	52,536	192,464
Alvarez & Marsal	06/12/09	Wire	Building Materials Holding Corp	400,000	1	400,000
Peter J Solomon Company	04/16/09	Wire	Building Materials Holding Corp	200,000	•	200,000
Garden City Group, Inc.	05/01/09	Wire	Building Materials Holding Corp	25,000	1	25,000
Young Conaway Stargatt & Taylor	04/27/09	Wire	Building Materials Holding Corp	125,000	51,728	73,272
Kekst & Company	03/27/09	Wire	Building Materials Holding Corp	000'06	30,852	59,148
PriceWaterhouseCoopers LLP	02/08/09	Wire	Building Materials Holding Corp	150,000	98,143	51,857
PriceWaterhouseCoopers LLP	06/12/09	Wire	Building Materials Holding Corp	100,000	ŧ	100,000
			TOTALS	2,440,000	638,259	1,801,741

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

Chapter 11

BUILDING MATERIALS HOLDING CORPORATION, et al., 1

Case No. 09-12074 (KJC)

CORPORATION, et at.,

Jointly Administered

Debtors.

AFFIDAVIT OF SERVICE

STATE OF DELAWARE)

) SS

NEW CASTLE COUNTY

Casey S. Cathcart, an employee of the law firm of Young Conaway Stargatt & Taylor, LLP, proposed co-counsel to the above-captioned debtors, being duly sworn according to law, deposes and says that on June 30, 2009, she caused a copy of the **Initial Monthly**Operating Report to be served as indicated upon the parties identified on the attached service list.

Casey S. Cathcart

SWORN TO AND SUBSCRIBED before me this 30th day of June, 2009.

Notary Public

My Commission Expires:

ANGELA M. COLSON NOTARY PUBLIC STATE OF DELAWARE

My commission expires Aug. 31, 2011

The Debtors, along with the last four digits of each Debtor's tax identification number, are as follows: Building Materials Holding Corporation (4269), BMC West Corporation (0454), SelectBuild Construction, Inc. (1340), SelectBuild Northern California, Inc. (7579), Illinois Framing, Inc. (4451), C Construction, Inc. (8206), TWF Construction, Inc. (3334), H.N.R. Framing Systems, Inc. (4329), SelectBuild Southern California, Inc. (9378), SelectBuild Nevada, Inc. (8912), SelectBuild Arizona, LLC (0036), and SelectBuild Illinois, LLC (0792). The mailing address for the Debtors is 720 Park Boulevard, Suite 200, Boise, Idaho 83712.

BUILDING MATERIALS HOLDING CORPORATION, et al. MONTHLY OPERATING REPORT SERVICE LIST

Christopher J. Giaimo, Esq. Katie A. Lane, Esq. Arent Fox LLP 1050 Connecticut Avenue, NW Washington, DC 20036-5339 (Counsel to the Official Committee of Unsecured Creditors) *First Class Mail* Joseph J. McMahon, Jr., Esq. Office of the United States Trustee 844 King Street, Suite 2313 Lock Box 35 Wilmington, DE 19801 *Hand Delivery*