

# CERTIFICATE OF LIABILITY INSURANCE

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

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

<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>	<b>CONTACT NAME:</b> Sarah Anderson-Ivlie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>FAX (A/C, No):</b> 801-531-6117 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>	<b>INSURER A :</b> Lloyds of London	
	<b>INSURER B :</b> WCF Mutual Insurance Company	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			B0507LF2200412	07/03/2022	07/03/2023	EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input checked="" type="checkbox"/> BI/PD Ded:2,500						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED      RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4019503	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Amazon.com Services LLC and its affiliates and assignees are included as additional insured with respects to general liability when required by written contract.**

<b>CERTIFICATE HOLDER</b>  <b>Amazon.com Services LLC and its affiliates and assignees</b> <b>PO Box 81226</b> <b>Seattle, WA 98108-1226</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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<b>PRODUCER</b> Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234		<b>CONTACT NAME:</b> Sarah Anderson-Ivlie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>FAX (A/C, No):</b> 801-531-6117 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com	
<b>INSURED</b> Silver Shadow Ventures, LLC 9587 S 500 W Sandy, UT 84070	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Lloyds of London		
	INSURER B : WCF Mutual Insurance Company		10033
	INSURER C :		
	INSURER D :		
	INSURER E :		
		INSURER F :	


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A	<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>			<b>B0507LF2200412</b>	<b>07/03/2022</b>	<b>07/03/2023</b>	EACH OCCURRENCE	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$300,000</b>
	<input checked="" type="checkbox"/>	<b>BI/PD Ded:2,500</b>						MED EXP (Any one person)	<b>\$5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	<b>\$2,000,000</b>
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	<b>\$2,000,000</b>
	OTHER:							PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>
								COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>AUTOMOBILE LIABILITY</b>							BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b>							EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>							AGGREGATE	\$
	DED    RETENTION \$								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<b>4019503</b>	<b>07/01/2022</b>	<b>07/01/2023</b>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> N / <input checked="" type="checkbox"/> A				E.L. EACH ACCIDENT	<b>\$1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>
								E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is listed as lenders loss payable as their interests may appear.

<b>CERTIFICATE HOLDER</b> CFS CAP, LLC. 136 E. South Temple Suite 1400 Salt Lake City, UT 84111	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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<b>PRODUCER</b> Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	CONTACT NAME: <b>Sarah Anderson-Ivlie</b>	
	PHONE (A/C, No, Ext): <b>801 531-1234</b> FAX (A/C, No): <b>801-531-6117</b> E-MAIL ADDRESS: <b>scanderson@moreton.com</b>	
<b>INSURED</b> Silver Shadow Ventures, LLC 9587 S 500 W Sandy, UT 84070	INSURER(S) AFFORDING COVERAGE <b>INSURER A : Lloyds of London</b>	NAIC #
	<b>INSURER B : WCF Mutual Insurance Company</b>	<b>10033</b>
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0507LF2200412	07/03/2022	07/03/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4019503	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Event: Supply Side West 2019**  
**Informa Meida Inc, Informa Business Media Inc, and their respective affiliates, Mandalay Bay Convention Center and GES is an additional insured with respects to the General Liability when required by written (See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> Informa Exhibitions LLC 3300 North Central Ave. Phoenix, AZ 85012	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## DESCRIPTIONS (Continued from Page 1)

contract. Workers Compensation includes blanket waiver of subrogation in favor of any person or organization that the insured has expressly agreed to the waiver in written contract.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2022

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Table with PRODUCER (Moreton & Company - Utah) and INSURED (Silver Shadow Ventures, LLC) information, along with CONTACT NAME (Sarah Anderson-Ivlie) and INSURER(S) AFFORDING COVERAGE (Lloyds of London, WCF Mutual Insurance Company).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), and LIMITS. Includes sections for COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured with respects to the general liability when required by written contract.

Table with CERTIFICATE HOLDER (Larry Gladfelter Enterprises, LLC) and CANCELLATION (SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2022

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Table with 2 main columns: PRODUCER (Moreton & Company - Utah) and CONTACT NAME (Sarah Anderson-Ivlie). Includes details for PRODUCER, INSURED (Silver Shadow Ventures, LLC), and INSURER(S) AFFORDING COVERAGE (Lloyds of London, WCF Mutual Insurance Company).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Main table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) National Botanicals, LLC is an additional insured with respects to the General Liability when required by written contract.

Table with 2 columns: CERTIFICATE HOLDER (National Botanicals, LLC) and CANCELLATION (SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.). Includes signature of authorized representative.

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PRODUCER: Moreton & Company - Utah, P.O. Box 58139, Salt Lake City, UT 84158-0139, 801 531-1234
CONTACT NAME: Sarah Anderson-Ivlie
PHONE: 801 531-1234, FAX: 801-531-6117, E-MAIL ADDRESS: scanderson@moreton.com
INSURED: Silver Shadow Ventures, LLC, 9587 S 500 W, Sandy, UT 84070
INSURER(S) AFFORDING COVERAGE: Lloyds of London, WCF Mutual Insurance Company, etc.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is added as an Additional Insured under the General Liability section when required by written contract.

CERTIFICATE HOLDER: Prysm Group, 7660 W Cheyenne Ste. 114, Las Vegas, NV 89129
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

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<b>PRODUCER</b> Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	<table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Sarah Anderson-Ivlie</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 801 531-1234</td> <td><b>FAX (A/C, No):</b> 801-531-6117</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> scanderson@moreton.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A :</b> Lloyds of London</td> <td><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER B :</b> WCF Mutual Insurance Company</td> <td><b>10033</b></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Sarah Anderson-Ivlie		<b>PHONE (A/C, No, Ext):</b> 801 531-1234	<b>FAX (A/C, No):</b> 801-531-6117	<b>E-MAIL ADDRESS:</b> scanderson@moreton.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b> Lloyds of London	<b>NAIC #</b>	<b>INSURER B :</b> WCF Mutual Insurance Company	<b>10033</b>	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>																					
<b>INSURED</b> Silver Shadow Ventures, LLC 9587 S 500 W Sandy, UT 84070																					


**COVERAGES    CERTIFICATE NUMBER:    REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>B0507LF2200412</b>	<b>07/03/2022</b>	<b>07/03/2023</b>	EACH OCCURRENCE    \$ <b>2,000,000</b>			
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ <b>300,000</b>			
	<input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b>						MED EXP (Any one person)    \$ <b>5,000</b>			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY    \$ <b>2,000,000</b>			
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE    \$ <b>2,000,000</b>			
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						PRODUCTS - COMP/OP AGG    \$ <b>2,000,000</b>			
	<input type="checkbox"/> HIRED AUTOS ONLY						\$			
	<input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident)    \$			
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)    \$			
	<b>UMBRELLA LIAB</b> OCCUR						BODILY INJURY (Per accident)    \$			
	<b>EXCESS LIAB</b> CLAIMS-MADE						PROPERTY DAMAGE (Per accident)    \$			
	DED     RETENTION \$						\$			
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>4019503</b>	<b>07/01/2022</b>	<b>07/01/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?     Y/N <b>N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			
		<b>N/A</b>								E.L. EACH ACCIDENT    \$ <b>1,000,000</b>
										E.L. DISEASE - EA EMPLOYEE    \$ <b>1,000,000</b>
										E.L. DISEASE - POLICY LIMIT    \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Certificate holder is an additional insured with respects to the General Liability when required by written contract.**

<p><b>CERTIFICATE HOLDER</b></p> <p>Sobe Organics, Inc                  dba: LBC                  18181 NE 31st Court, Suite 1609                  Miami, FL 33160</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/28/2022

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

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

<b>PRODUCER</b> Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com	<b>FAX (A/C, No):</b> 801-531-6117													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER B : WCF Mutual Insurance Company</td> <td>10033</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyds of London		INSURER B : WCF Mutual Insurance Company	10033	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> Silver Shadow Ventures, LLC 9587 S 500 W Sandy, UT 84070															


**COVERAGES    CERTIFICATE NUMBER:    REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:2,500  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0507LF2200412	07/03/2022	07/03/2023	EACH OCCURRENCE    \$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)    \$300,000
							MED EXP (Any one person)    \$5,000
							PERSONAL & ADV INJURY    \$2,000,000
							GENERAL AGGREGATE    \$2,000,000
							PRODUCTS - COMP/OP AGG    \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)    \$
							BODILY INJURY (Per person)    \$
							BODILY INJURY (Per accident)    \$
							PROPERTY DAMAGE (Per accident)    \$
							\$
							\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE    \$
							AGGREGATE    \$
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?    Y/N <input checked="" type="checkbox"/> N    N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4019503	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT    \$1,000,000
							E.L. DISEASE - EA EMPLOYEE    \$1,000,000
							E.L. DISEASE - POLICY LIMIT    \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Superfine Labs, LLC, Superfine.com, LLC is an additional insured with respects to the general liability when required by written contract.

<b>CERTIFICATE HOLDER</b>  Superfine Labs, LLC, Superfine.com, LLC 600 Stewart St, Ste 400 Seattle, WA 98101	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234		<b>CONTACT NAME:</b> Sarah Anderson-Ivlie	
		<b>PHONE (A/C, No, Ext):</b> 801 531-1234	<b>FAX (A/C, No):</b> 801-531-6117
		<b>E-MAIL ADDRESS:</b> scanderson@moreton.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lloyds of London	
		<b>INSURER B:</b> WCF Mutual Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Silver Shadow Ventures, LLC 9587 S 500 W Sandy, UT 84070		<b>NAIC #</b> 10033	

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:2,500  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0507LF2200412	07/03/2022	07/03/2023	EACH OCCURRENCE \$2,000,000
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							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
				BODILY INJURY (Per person) \$			
				BODILY INJURY (Per accident) \$			
				PROPERTY DAMAGE (Per accident) \$			
				\$			
				\$			
				\$			
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TRU DEVATA, LLC is an additional insured with respects to the General Liability when required by written contract.

<b>CERTIFICATE HOLDER</b> TRU DEVATA LLC 3131 E Camelback Rd #360 Phoenix, AZ 85016	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	<b>CONTACT NAME:</b> Sarah Anderson-Ivlie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com		<b>FAX (A/C, No):</b> 801-531-6117
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Lloyds of London		<b>NAIC #</b> 10033
<b>INSURED</b> Silver Shadow Ventures, LLC 9587 S 500 W Sandy, UT 84070	<b>INSURER B :</b> WCF Mutual Insurance Company		<b>INSURER C :</b>
	<b>INSURER D :</b>		<b>INSURER E :</b>
	<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)    \$ BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE    \$ AGGREGATE    \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4019503	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT    \$1,000,000 E.L. DISEASE - EA EMPLOYEE    \$1,000,000 E.L. DISEASE - POLICY LIMIT    \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured with respects to the general liability when required by written contract.

<b>CERTIFICATE HOLDER</b> Viridi Enterprises 90 Dayton Avenue Suite 202 Passaic, NJ 07055	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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