Woodsmoke Reduction Program - Retailer Provisions

1. Inform the Customer about Program requirements and timelines.
2. Verify the old device is eligible for the Program.
3. Conduct an in—home estimate for the installation of a basic model that will be safe, clean-burning, and efficient, note upgrades above base estimates on the estimate, and provide to the customer. Eligible costs include:
    a. Cost of the new basic model device including sales tax.
    b. Installation of the new device including any parts, materials, or labor required for the safe and legal installation of the new device.
    c. Removal and disposal of the old stove or insert (if applicable). The old stove should still be operational prior to the in-home estimate (no retroactive projects allowed).
    d. If residence does not have a functional smoke and carbon monoxide detectors, the purchase and installation of new detectors.
    e. If the existing fireplace is structurally sound, the purchase and installation of a fireplace insert utilizing wood, pellets, natural gas, propane, or electricity. If fireplace lacks structural integrity, the purchase of a free-standing home heating device.
    f. Designer upgrades and work not necessary for the safe operation of the new device will not be considered.
4. Accept the voucher from the customer and apply the voucher value as a discount towards the purchase price of the device.
    a. Standard Vouchers are valued at $2,500 for new pellet, wood-burning, and electric stove devices or $5,000 for new electric heat pump installations .
    b. Enhanced Vouchers are valued up to $5,000 for new pellet, wood-burning, and electric stove devices or $10,000 for new electric heat pump installations.
5. Notify the District no later than the expiration date on the voucher once the customer has signed a contract or entered into a binding agreement to purchase a new appliance. Do not take a voucher from a customer if the customer does not sign a contract or enter into a binding agreement to purchase a new appliance.
6. Ensure that all new wood-burning devices be EPA-certified. After May 15, 2020, new EPA certified wood and pellet stoves / inserts must meet Step 2 standards with a 2.0 grams per hour emission rate. New non-catalytic wood stoves must be listed in Table 1 of the most current State Woodsmoke Reduction Program Guidelines.
7. Consider providing an additional discount at the time of sale to the purchase price of the EPA-certified device.
8. Complete and sign the Woodsmoke Reduction Program voucher provided by the customer for each replaced device (i.e. uncertified wood stove/insert). Make sure to include the manufacturer, model and serial number for each wood stove/insert removed or replaced and also for the new replacement device.
9. Remove the uncertified wood stove/insert from the residence and properly dispose of it by delivering it to a recycling facility. If present, make sure to remove the refractory material from the wood device before delivering it to the recycler. If the replacement device is an electric heat pump, the household may be allowed to retain the old wood burning device to serve as emergency heat in case of a power outage.
10. Complete and submit to the District a Recycler Certification form for each uncertified stove/insert. The Recycler Certification form must be signed indicating that the stove will be destroyed and recycled.
11. Provide information to homeowner or tenant on new device operation and maintenance, and proper wood burning practices. Please have the homeowner or tenant sign an Acknowledgement of Training form.
12. For heat pump projects only, the homeowner or tenant may retain the existing wood-burning device for use only during power outages. The homeowner or tenant must complete a Retention of Wood-Burning Device Certification.
13. Submit to the District completed paperwork with an original invoice for reimbursement. Invoices submitted to the District without the required paperwork are not payable (No Exceptions). All paperwork must be submitted to the District within thirty (30) days of completing the installation of the device. The following paperwork must be submitted with invoice:
    a. Original Voucher completely filled out and signed with all required information showing that the work has been completed. Copies of the voucher will not be accepted.
    b. Copy of in-home estimate provided to homeowner.
    c. Copy of purchase invoice – The purchase invoice shall show the voucher, retailer, and manufacturer's discounts as line items. The purchase invoice must be signed by the customer and list the manufacturer and the type of device purchased.
    d. Voucher Tracking Form & Acknowledgement of Training Form.
    e. Building Permit and proof of final building permit inspection.

Northern Sierra Program Contact: Name: Tasha Coleman Phone: 530-274-9360 Ext 506 E-mail: tashac@myairdistrict.com Fax: 530-274-7546	**Northern Sierra Fiscal Contact:** Name: Tasha Coleman Phone: 530-274-9360 Ext 506 E-mail: tashac@myairdistrict.com Fax: 530-274-7546
Feather River Program Contact: Name: Peter Angelonides Phone: 530-634-7659 Ext 209 E-mail: pangelonides@fraqmd.org Fax: 530-634-7660	**Feather River Fiscal Contact:** Name: Shelley Channel Phone: 530-634-7659 Ext 204 E-mail: schannel@fraqmd.org Fax: 530-634-7660
Colusa Program Contact: Name: Casey Ryan Phone: 530-458-0590 E-mail: cryan@countyofcolusa.org Fax: 530-458-5000	**Colusa Fiscal Contact:** Name: Leeann Price Phone: 530-458-0590 E-mail: lprice@countyofcolusa.com Fax: 530-458-5000
Glenn Program Contact: Name: Pakou Cha Phone: 530-934-6500 E-mail: pcha@countyofglenn.net Fax: 530-934-9503	**Glenn Fiscal Contact:** Name: Jennifer Brown Phone: 530-934-6500 E-mail: jbrown@countyofglenn.net Fax: 530-934-9503
Tehama Program Contact: Name: Alicia Helfrick Phone: 530-527-3717 E-mail: ahelfrick@tehcoapcd.net Fax: 530-527-0959	**Tehama Fiscal Contact:** Name: Jamee Dawson Phone: 530-527-3717 ext. 100 E-mail: jdawson@tehcoapcd.net Fax: 530-527-0959
Butte Program Contact: Name: Jason Mandly Phone: 530-332-9400 x108 E-mail: jmandly@bcaqmd.org Fax: 530-332-9417	**Butte Fiscal Contact:** Name: Aleah Ing Phone: 530-332-9400 E-mail: aing@bcaqmd.org Fax: 530-332-9417
Shasta Program Contact: Name: Rob Stahl Phone: 530-225-5674 E-mail: airquality@co.shasta.ca.us Fax: 530-225-5237	**Shasta Fiscal Contact:** Name: Michelle DiMarco Phone: 530-225-5674 E-mail: airquality@co.shasta.ca.us Fax: 530-225-5237
Placer Program Contact: Name: Molly Johnson Phone: 530-745-2326 E-mail: mjjohnso@placer.ca.gov Fax: 530-745-2373	**Placer Fiscal Contact:** Name: Molly Johnson Phone: 530-745-2326 E-mail: mjjohnso@placer.ca.gov Fax: 530-745-2373
Yolo-Solano Program Contact: Name: Stephanie Holliday Phone: 530-757-3657 E-mail: sholliday@ysaqmd.org Fax: N/A	**Yolo-Solano Fiscal Contact:** Name: Shawnte Bice Phone: 530-757-3650 E-mail: sbice@ysaqmd.org Fax: N/A

WOODSMOKE REDUCTION PROGRAM
RETAILER AGREEMENT

Parties: This Retailer Agreement ("Agreement") is between Air Quality Management Districts and Air Pollution Control Districts as listed below ("DISTRICTS"), and

Top Hat Energy, Inc.

("Subrecipient"), effective as of the date of the District signature. below.

Subject Matter: The subject matter of this Agreement is the Woodsmoke Reduction Program. Detailed services to be provided by the Subrecipient pursuant to this Agreement are described in the Woodsmoke Reduction Program ("Program") Retailer Provisions ("Retailer Provisions"), attached hereto and incorporated herein by this reference.

Maximum Amount: In consideration of the services to be performed, DISTRICTS agree to pay Subrecipient a sum not to exceed the amount specified in the Retailer Provisions.

Agreement Term: The period of Subrecipient's performance begins upon date of execution, signified by the latest date of signature by DISTRICTS, and ends on June 30, 2026 or earlier if the parties agree that all project dollars have been spent, whichever occurs first.

Amendment: No changes, modifications, or amendments in the terms and conditions of this Agreement will be effective unless reduced to writing, numbered, and signed by the duly authorized representative of DISTRICTS and Subrecipient.

Termination: This Agreement may be terminated with at least 30 days advanced written notice to the other parties; provided however that individual DISTRICTS may separately terminate this Agreement within the jurisdiction of their District immediately for reasons stated in the Retailer Provisions.

Contact persons:

Subrecipient (Retailer) Name: Top Hat Energy Inc

Subrecipient Program Contact:	**Subrecipient Fiscal Contact:**
Name: Gabe Youngblood	Name: Kathy Hufft
Phone: 530-223-0753	Phone: 530-515-5404
E-mail gabe@tophatenergy.com	E-mail: kathy@tophatenergy.com
Fax:	Fax:
Address: 2520 Tarmac Rd	Address: 32431 State Hwy 299 E
City/St/Zip: Redding, CA 96003	City/St/Zip: Mongomery Creek, CA 96065

Attachments:

This agreement also consists of the following attachment(s) that are incorporated herein:

☐ Woodsmoke Reduction Program Retailer Provisions
☐ Voucher Tracking Form
☐ Recycler Certification Form
☐ Acknowledgement of Training Form

I hereby certify that I understand the conditions and requirements for participation in the Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this agreement that I am entering into with the DISTRICTS.

_____ Date:_____
Signature Northern Sierra Air Quality Management District

_____ Date:_____
Signature Feather River Air Quality Management District

_____ Date:_____
Signature Colusa County Air Pollution Control District

_____ Date:_____
Signature Glenn County Air Pollution Control District

_____ Date: 10-8-25
Signature Tehama County Air Pollution Control District

_____ Date:_____
Signature Butte County Air Quality Management District

_____ Date:_____
Signature Shasta County Air Quality Management District

_____ Date:_____
Signature Placer County Air Pollution Control District

_____ Date:_____
Signature Yolo-Solano Air Quality Management District

I hereby certify that I understand the conditions and requirements for participation in the Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this Agreement that I am entering into with the DISTRICTS.

Gabe Youngblood Date: 10/6/25
Signature Subrecipient

TOPHATE-CL AVALLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/17/2025

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0603247 George Petersen Insurance Agency, Inc. 2920 Bechelli Lane Redding, CA 96002	CONTACT NAME: PHONE (A/C, No, Ext): (530) 244-9400 FAX (A/C, No): (530) 244-9444 E-MAIL ADDRESS: info@gpins.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Colony Insurance Company — 39993
INSURED Top Hat Energy, Inc. 32431 State Hwy 299E Montgomery Creek, CA 96065	INSURER B : United Financial Casualty Company — 11770
	INSURER C : State Compensation Insurance Fund — 35076
	INSURER D :
	INSURER E :
	INSURER F :

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PACES4286446	7/16/2025	7/16/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER: $5,000,000 General Aggregate Ca							$
B	AUTOMOBILE LIABILITY			985319210	8/15/2025	2/15/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9165567-25	3/1/2025	3/1/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
RE: Proof of Coverage

CERTIFICATE HOLDER

Top Hat Energy, Inc.
32431 State Hwy 299E
Montgomery Creek, CA 96065

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