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*Ann L. Johnson*  
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**DISTRICT COURT  
CLARK COUNTY, NEVADA**

9 STATE OF NEVADA, )  
10 )  
11 Plaintiff, )  
12 )  
13 vs. )  
14 )  
15 LENDER PROCESSING SERVICES, INC.; )  
16 FIDELITY NATIONAL INFORMATION )  
17 SERVICE, INC.; )  
18 LPS DEFAULT SOLUTIONS, INC.; )  
19 DOCX, LLC; DOES I-XX, )  
20 )  
21 Defendants. )

CASE NO.: A-11-653289-B  
DEPT. NO.: XI


A-11-653289-B  
EXH8  
Exhibits  
1723659  


EXHIBIT "B"

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# EXHIBIT B

**Document Solutions Group Surrogate Signer Policy**

The following internal procedures have been established to minimize loss effectiveness due to a low number of in-house authorized corporate signers at various times. These procedures are to designate internal surrogate signers and corresponding responsibilities. To maintain maximum internal control and limit risk, express limited surrogate signature authority is granted under specific conditions and will be administered in a controlled environment.

**Definitions:** as applicable to these procedures

Authorized Signature – A signature by a person with authority and power to represent and legally bind a party to a written agreement.

Surrogate signature – A surrogate signature is a signature signed by someone other than the person named.

Authorized signer – An authorized signer is one who is authorized to sign on behalf of an entity, usually a corporation.

Surrogate signer – A surrogate signer is one who has been given express permission to sign the name of another person.

Signing room – The signing room is an area pre-designated by management in which surrogate signing may occur.

Upper management – Document Solutions Director, Vice President, or President.

**Authority:** By my signature below the identified surrogate signer, is granted express authority to sign my name as a corporate authorized signer ONLY under the original terms and conditions of my authority granted, usually restricted to specific set of documents in a restricted manner. Documents conveying property or as restricted by State or Federal laws are NOT included in this authority.

**Revocation of Authority:** Authority may be revoked at any time for any reason by the authorized signer OR upper management. Automatic revocation will occur if these procedures are not followed, if there is any indication of misuse of this authority, or upon the termination of employment (voluntary or involuntary) with Document Solutions Group.

**Times:** All surrogate signatures are to be administered at times as specified in the terms of the authorized signers granted authority OR as specified by upper management.

**Location:** All surrogate signatures are to be administered in the signing room, unless otherwise instructed by upper management. This will only happen under extenuating emergency type circumstances.

**Signature Requirements:** The surrogate signature must include all names used by the authorized signer as a representation of their signature, spelled correctly, and with accurate punctuation.

**Surrogate Signature:** The below signature is an example of the signature to be used by the surrogate signer.

Surrogate Signature: Linda Green

These procedures are to be signed by and strictly adhered to by the below mentioned authorized signer and their designated surrogate signer.

I, **Linda Green**, the authorized signer have read and will comply with Document Solutions Group's Surrogate Signer Policy. I grant signature authority to the below listed Surrogate Signer in my capacity.

Signature Linda Green Date: 3-19-08  
Linda Green

I, **Chris Pendley**, the surrogate signer have read and will comply with Document Solutions Group's Surrogate Signer Policy.

Signature [Signature] Date: 3-19-08  
Chris Pendley