



# New Hampshire Fish and Game Department

49 - 6/3/26

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Stephanie L. Simek, Ph.D.  
Executive Director

April 21, 2026

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

## REQUESTED ACTION

Authorize the New Hampshire Fish and Game Department (NHFG) to enter into a **retroactive** amendment to an existing contract (Contract #6004105) with Holden Engineering & Surveying, Inc. (VC 155489) in the amount of \$21,850.00 to execute a boundary survey as well as blaze, paint, brush, and place state boundary line signs on the perimeter boundary of the 586+/- acre Merrymeeting Marsh WMA by extending the completion date from December 31, 2025, to September 30, 2026, with no change to the price limitation, effective upon Governor and Council approval. The original contract was approved by Governor and Council on October 15, 2025, item # 23. Funding is 75% Federal Funds and 25% Wildlife Habitat Account.

## EXPLANATION

This amendment is **Retroactive** due to unforeseen administrative challenges and staff resource constraints resulting in contract execution being delayed by several months. This caused the original completion date of December 31, 2025, to be too limiting to complete the work. Through conversation with the contractor, it was determined that September 30, 2026, would provide adequate time to complete the work.

Respectfully submitted

Stephanie L. Simek, Ph.D.  
Executive Director

Kathy Ann LaBonte  
Chief, Business Division

## AMENDMENT

This Agreement (hereinafter called the "Amendment") dated 2<sup>nd</sup> day of April 2026, by and between the State of New Hampshire acting by and through its New Hampshire Fish and Game Department (hereinafter referred to as the "State"), and (Holden Engineering & Surveying, Inc., VC# 155489) (hereinafter called the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Contract") dated, September 24, 2025, approved by the Governor and Council on 10/15/2025, Item # 23, the Contractor agreed to perform certain services upon the terms and conditions specified in the Contract and in consideration of payment by the State of certain sums specified therein; and

WHEREAS, pursuant to the provisions of paragraph 17 of the Contract, the Contract may be amended, waived or discharged only by written instrument executed by the parties thereto; and

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Contract and set forth herein, the parties hereto do hereby agree as follows:

1.) Amendment and Modification of Contract:

The Contract is hereby amended as follows:

(A) The completion date shall be extended from December 31, 2025, to September 30, 2026.

(B) Amend Exhibit B of the agreement to read as follows: "The additional amount paid to the Contractor under this Contract will not exceed (fill in an amount) \$ 0.00. The total Contract amount including this Amendment shall not exceed (fill in an amount) \$ 21,850.00.

2.) Effective Date of Amendment

This Amendment shall take effect upon the date of approval by the Governor and Executive Council of the State of New Hampshire.

3.) Continuance of Agreement

Except as specifically amended and modified by the terms and conditions of this Amendment, the Contract, and the obligations of the parties thereunder, shall remain in full force and effect with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE

**Fish and Game Department of New Hampshire**

BY: [Signature] DATE: 4 May 2026  
Stephanie L. Simek, Ph.D., Executive Director

**Name of Contractor and Authorized Signor**

*Holden Engineering & Surveying, Inc., Peter D. Holden*

(Name of Contractor)

BY: [Signature] DATE: 04/20/26  
TITLE: V. PRESIDENT.

Acknowledgment: State of \_\_\_\_\_, County of Hillsborough

On April 20, 2026, before the undersigned officer, personally appeared the person identified to be the person whose name appears above in signing on behalf of the contractor and acknowledged that s/he executed this document in the capacity indicated below.

IN WITNESS THEREOF, I hereunto set my hand and official seal.

[Signature]

Donna Holden

Signature of Notary Public or  
the Peace

Name/Title of Notary Public or Justice of  
the Peace

**APPROVED BY THE ATTORNEY GENERAL (Form, Substance and Execution)**

BY: [Signature] DATE: 5/12/2026  
Attorney General's Office

# State of New Hampshire

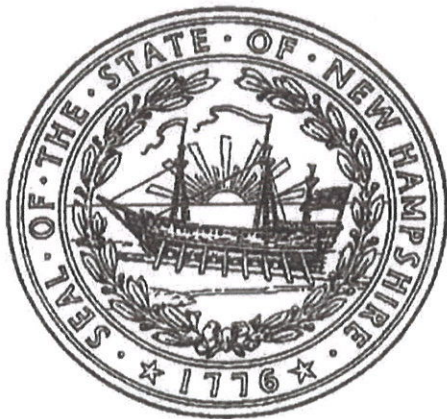
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that HOLDEN ENGINEERING & SURVEYING, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on July 20, 1981. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 35633

Certificate Number: 0007911658



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 20th day of April A.D. 2026.

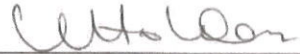
A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State

CERTIFICATE OF VOTE

At a special meeting of the Board of Directors of Holden Engineering and Surveying , Inc., held on April 17, 2026, it was voted by all Directors who were all present that Peter Holden as Vice President of Holden Engineering and Surveying, Inc. would continue to have authorization to enter into and sign any contractual agreements for the Corporation and also continue to have authorization to to sign off on any documents as they relate to the company.

Date April 17, 2026



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Donna Holden, President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/20/2026

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).

<b>PRODUCER</b> The Insurance Doctor LLC 453 Second Street  Manchester NH 03102	<b>CONTACT NAME:</b> Steven Draper <b>PHONE (A/C, No, Ext):</b> (603) 647-5617 <b>E-MAIL ADDRESS:</b> steve@theinsdoc.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hartford Insurance	<b>NAIC #</b> 41840
<b>INSURED</b> Holden Engineering & Surveying Inc. Po Box 480  Concord NH 03302-0480	<b>INSURER B:</b>	
	<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	ADDSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PPO-JECT <input type="checkbox"/> LOC OTHER:	x	04SBABW1LH8	10/19/2025	10/19/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		04UECEN6036	10/19/2025	10/19/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		04SBABW1LH8	10/19/2025	10/19/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	04WECBW4V0B	10/19/2025	10/19/2026	<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
A	Professional Liability		04 OH 0827573-25	11/21/2025	11/21/2026	Occurrence 1,000,000 Aggregate 2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

New Hampshire Fish and Game Department  11 Hazen Drive, Concord, NH 03301	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 <i>Steven R Draper</i>
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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY The Insurance Doctor LLC		NAMED INSURED Holden Engineering&Surveying	
POLICY NUMBER Z2VH803883			
CARRIER ALLMERICA FIN BENEFIT INS CO	NAIC CODE 41840	EFFECTIVE DATE: 10/19/2021	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: Acord25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

CODE: Description:  
EPLI - Employment Practices Liability Insurance