

589442

NAME OF SURETY COMPANY

The American Druggists Insurance Company
RECORDERS RECORD NO.

589442

LICENSE AND PERMIT BOND
(For County, City, Town or Village only)

KNOW ALL MEN BY THESE PRESENTS:

FORM NO. _____

That we, Riss Sales, Inc., 3673-93 Grant St.

(Company Name, Owner and Address)

of the _____ of Gary, State of Indiana, as Principal, and the
The American Druggists Company, a corporation duly licensed to do business in the

Insurance State of Indiana, as Surety, are held and firmly bound unto LAKE COUNTY
AND ANY CITY, TOWN or MUNICIPALITIES OF LAKE COUNTY, _____ of

State of Indiana, Oblige, in the penal sum of
(Valid only when a County, City, Town or Village is named as Oblige)
Five Thousand Dollars and No/100-----(\$5,000.00) Dollars.
(Not Valid if filled in for more than \$10,000)

lawful money of the United States, to be paid to the said Oblige, for which payment
well and truly to be made, we bind ourselves and our legal representatives, jointly
and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the said Principal
has been licensed General Contractor - Swimming pools
(Business Type) _____ by the said Oblige.

NOW THEREFORE, if the said Principal shall faithfully perform the duties and in
all things comply with the laws and ordinances, including all Amendments thereto,
appertaining to the license or permit applied for, then this obligation to be void,
otherwise to remain in full force and effect for a period commencing on the 30th
day of June, 19 80, and ending on the 31st day of December,
19 80, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in
writing to the clerk of the Political Subdivision with whom this bond is filed and
to the Principal, addressed to them at the Political Subdivision named herein, and
at the expiration of thirty-five (35) days from the mailing of said notice, this
bond shall ipso facto terminate and the Surety shall thereupon be relieved from any
liability for any acts or omissions of the Principal subsequent to said date.

Dated this 30th day of June

RISS SALES, INC.

COMPANY NAME

Jack Kertz
PRINCIPAL

THE AMERICAN DRUGGISTS INSURANCE CO.
NAME OF SURETY COMPANY

Countersigned

By _____

RESIDENT AGENT

By _____

VICE PRESIDENT

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF Indiana

S.S.

COUNTY OF Lake

Date Recorded _____

On this 30th day of June, 19 80, before me, the undersigned officer,
personally appeared Dean, who acknowledged himself to be the aforesaid officer
so to do, executed the foregoing instrument for the purpose therein contained, by
signing the name of the corporation by himself as such officer.

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

SEAL

Thos. Peteran
NOTARY PUBLIC

8-24-81

STATE OF INDIANA
LAKE COUNTY
RECORDED
JUN 30 1980
1 01 PM '80

589112

POWER OF ATTORNEY

POWER NUMBER-

THE AMERICAN DRUGGISTS' INSURANCE COMPANY
800 American Building • Cincinnati, Ohio 45202 • 513-721-4270

GP N° 499232

KNOW ALL MEN BY THESE PRESENTS THE AMERICAN DRUGGISTS' INSURANCE COMPANY, a corporation duly organized under the laws of the State of Ohio, and having its general office in the city of Cincinnati, State of Ohio, has made, constituted and appointed, and does by these presents, make, constitute and appoint

Alfred Rothschild and/or Dean Rothschild of Merrillville, Indiana

its true and lawful Attorney-in-Fact with full power and authority hereby conferred to sign and deliver in its behalf as Surety, any and all kinds of Surety Bonds, except as limited hereon, and to bind THE AMERICAN DRUGGISTS' INSURANCE COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of THE AMERICAN DRUGGISTS' INSURANCE COMPANY and all the acts of said Attorney-in-Fact, pursuant to the authority hereby given, are hereby ratified and confirmed, provided that the liability of the Company as surety on any such bond executed under this authority shall not exceed \$100,000.00

THIS POWER VOID IF ALTERED OR ERASED OR IF POWER NUMBER IS NOT IN RED INK.

(This power does not authorize the execution of bonds for loan, financial or bank guarantees or contract surety.)

The acknowledgement and execution of any such document by said Attorney-in-Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

The signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

THE AMERICAN DRUGGISTS' INSURANCE COMPANY further certifies that the following is a true and exact copy of a resolution of the Board of Directors of THE AMERICAN DRUGGISTS' INSURANCE COMPANY, duly adopted and now in force, to wit: All Bonds of the corporation shall be executed in the corporate name of the Company by the President, any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, or any Assistant Secretary may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds in the name of the Company.

All authority hereby conferred shall expire and terminate, without notice, unless used before midnight of _____
January 15 , 19 81 , but until such time shall be irrevocable and in full force and effect.

IN WITNESS WHEREOF, the said THE AMERICAN DRUGGISTS' INSURANCE COMPANY has caused these presents to be executed by its officer, with its corporate seal affixed, this date of June 30 , 19 80

THE AMERICAN DRUGGISTS' INSURANCE COMPANY



By Gordon M. Barker
President

STATE OF OHIO)
COUNTY OF HAMILTON)

On this _____, 19 _____, before me, a Notary Public, personally appeared Gordon M. Barker who being by me duly sworn, acknowledged that he signed the above Power-of-Attorney as an officer of the said THE AMERICAN DRUGGISTS' INSURANCE COMPANY and acknowledged said instrument to be the voluntary act and deed of the corporation.

My commission expires: January 15, 1985.



Margaret J. Washington
Notary Public

If you have any questions concerning this power call 513-721-4270 for verification.