

705196 Employers Mutual Casualty Company

HOME OFFICE • DES MOINES, IOWA

LICENSE AND PERMIT BOND No. S50 24 90

PRINCIPAL: (Licensee's Full Name and Address) Lawnmist Sprinkler Corp. 9426 Oak Avenue Gary, IN 46403	Kind of License or Permit: Plumbers Bond
OBLIGEE: (Name & Address of Governmental body where bond will be filed) Lake County Recorder's Office 2993 N. Main St Crown Point, IN 46307	Penal Amount of Bond: (Not Valid if Filled in for more than \$10,000.00) \$5,000
SURETY: EMPLOYERS MUTUAL CASUALTY COMPANY 717 Mulberry, Des Moines, Iowa 50309	Effective Date: April 7, 1983 Expiration Date: April 7, 1984

STATE OF IOWA
 WILLIAM BILLESBA JR
 RECORDER
 APR 20 9 04 PM '83

KNOW ALL MEN BY THESE PRESENTS:

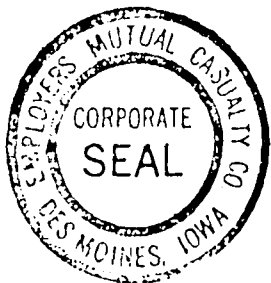
That we, the Principal and Surety, are held and firmly bound unto the Obligee in the stated penal sum, lawful money of the United States, to be paid to said Obligee, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors or assigns, jointly and severally, by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That, Whereas, the said Principal has been issued a license/permit to engage in the business/activity as aforesaid within the jurisdiction of and for said obligee.

NOW, THEREFORE, if the said Principal shall faithfully perform the duties for which said license/permit was issued, and in all things comply with the ordinances appertaining thereto, then this bond to be void, otherwise to remain in full force and effect until the stated expiration date, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing by registered mail to the Obligee with whom this bond is filed, and to the Principal, and at the expiration of thirty (30) 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 occurring after said date.

IN WITNESS WHEREOF, the parties hereto have signed, sealed and delivered this bond the day and year first above written.



Tri-State Insurance
 2706 N. Calumet
 Valparaiso, IN 46383
 (219) 462-6176

Countersigned By *[Signature]*
 Licensed Resident Agent

LAWNMIST SPRINKLER CORPORATION
[Signature]

EMPLOYERS MUTUAL CASUALTY COMPANY
 By *[Signature]* Surety
 Attorney-in-Fact

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