

Employers Mutual Casualty Company

782343 HOME OFFICE • DES MOINES, IOWA

LICENSE AND PERMIT BOND No. S50 23 96

| | |
|--|---|
| PRINCIPAL: (Licensee's Full Name and Address) James Rose DBA South Lake Homes 1490 E 80th Place Merrillville, Ind. 46410 | Kind of License or Permit: Contractor |
| OBLIGEE: (Name & Address of Governmental body where bond will be filed) Lake County & All Cities & Towns in Lake County 2293 N. Main St., Crown Point, Ind. 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: 4/26/84 Expiration Date: 4/26/85 |

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD NOV 30 4 02 PM '84 WILLIAM BIELSKI RECORDER

KNOW ALL MEN BY THESE PRESENTS:

That we, the Principal and Surety, are held and firmly bound unto the Obligee in the state, 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.



Countersigned By A. McFaw
 Licensed Resident Agent

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

550