AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA

098953

LICENSE OR PERMIT BOND KNOW ALL MEN BY THESE PRESENTS, That we BBC Sales and service Wayne A. Burchfield DBA as Principal, and the AMERICAN STATES INSURANCE COMPANY, with its principal office at Indianapolis, Indiana, as Surety, are held firmly bound unto All Cities, Towns and Municipalities in Lake County, Indiana , hereinafter called Obligee, in the penal sum of Five Thousand and 00/100----(\$\frac{1}{5},000.00) Dollars, for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, adminstrators, successors and assigns, jointly and severally, firmly by these presents. Signed and sealed this 4the day of nt Aythe property of WHEREAS, the said Obliged has granted or is about to grant to the said Principal a License or Permit to engage in the business of __Contractor NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with the laws, ordinances, resolutions, rules and regulations governing said business, then this obligation shall be void, otherwise to be and remain in full force and effect. PROVIDED, HOWEVER, that the Surety shell have the right to terminate its liability hereunder by serving written notice upon the Obligee thirty (30) days in advance of its intention to do so. April 25 Term of Bond: Principal



AMERICAN) STATES INSURANCE COMPANY

Attorney-in-Fact



American States Insurance Company INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, the of Indiana, and having its principal office in the and appoint	at American States Insurance Co City of Indianapolis, Indiana, hat	ompany, a Corporation of the constituted of the con	on duly organiz	ed and existing	under the laws of the St
and appoint			,,		a brasalita titakal caliatit
MICHAEL R. A	NTON, JR., ROBERT	J. ANTON ANI	NANCY S	EARTGHT A	NTON
The state of the s	(Jointly or Se	venoli.		2,2,10111	11
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of Chesterton	full power and authority herei	State of	name place o	Indi	ana
deliver any and all bonds, recognizances, co	Intracts of indemnity and other	mandistriant or at the		ino stead, to e	xecute, acknowledge a
hat the penal sum of any	One such instrument	t executed b	tory undertakin	igs, <u>provi</u>	ded, however,
NE HUNDRED THOUSAND AND N	0/100 (\$100 000 00	c executed r	ereunder	shall no	t exceed
AND HUNDRED THOUS AND AND N and to bind the Corporation thereby as fully Corporation and duly attested by its Secretar Attorney is executed and may be revoked pur which reads as follows: "The Chairman of the Board, the Pres Assistant Secretary of the Corporation of the Corporation may require or to a stipulations and undertakings, whethe IN WITNESS WHEREOF, Amarican St.	y, hereby ratifying and confirming suant to and by authority grantersident or any Vice-President shall to appoint Resident Vice-President uthorize any one of such person the by why of surely or otherwise.	ng all that the said and by Section 7.07 of the section 7.07 of the section 7.07 of the section of better the section of the section of better the section of better the section of better the said and section of the section of th	the By-Laws of with the con Secretaries a sall of the Corp.	act may do in the the American S currence with the Address-in-Foration, any bor	n the common seal of the premises. This Power tates Insurance Companie Secretary or any act as the business ds, recognizances,
Assistant Secretary and its corporate seal to	believed wilested	date Desembles	nisus beusign	ed by its Vice-	
A.D. 19 88	of life in white Guis Off Dr				
SEAL)	-17/1	AMERICAN S	STATES INSUR	RANCE COMPA	NY
ATTEST Clanson T.	10/20			10	
Assistant Secretary	CETT	Ву	Bow	ond Vice- reside	2 Jun
STATE OF INDIANA SS					
On this31st day of	May	C TO	, A.D	., 19 88, be	fore me personally car
	Joseph	F. Heim			
peing by me duly sworn, acknowledged the execompany; that he knows the seal of said Company; that he knows the seal of said Corporation; the Board of Directors of said Corporation;	cution of the above instrument ar	nd did depose and sa	y; that he is a Visis such corpora thority. And sa	ice-President of A ate seal; that it w	, to me known, w American States Insuran eas so affixed by author
	urther said that he is sequelated	33/		pel	and knows him to be t
February 5, 19 My Commission Expired	ORQ		Laure	m Str	adu.
wy Commission Expire	5 . `		** * *	Notary Public	
OUNTY OF MARION					
Alanson T. Abe	the Assistant Secret	ary of AMERICAN S	STATES INSUR	IANCE COMPA	IY, do hereby certify th
he above and foregoing is a true and correct n force and effect. This Certificate may be signed and sealed COMPANY which reads as follows:	and a man of the state of the s	PERMIT	THICAN STATE	S INSURANCE	COMPANY, which is s
COMPANY which reads as follows: "All policies and other instruments of insupresident and the secretary or an assistant the Corporation, may be facsimilies. Such the fact that any such officer shall have ce issued by the Corporation."	rance issued by the Corporation it secretary, whose signatures, it	shall be signed on the instrument is d	behalf of the C	Corporation by the	e president or a vice- ized representative of
issued by the Corporation."					
In witness whereof, I have hereunto set				Jay of M	lair
In witness whereof, I have hereunto set				day ol <u>W</u>	lay
In witness whereof, I have hereunto set of D., 19 10.				u day of M	lay
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