

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA
LICENSE OR PERMIT BOND

100332

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KNOW ALL MEN BY THESE PRESENTS, That we Mirich Construction & Development Corporation, Kathleen Mirich Rice, P. O. Box 11335, Merrillville, IN 46411 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, State of Indiana, hereinafter called Obligee, in the penal sum of Five Thousand and no/100 (\$ 5,000.00) Dollars, for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

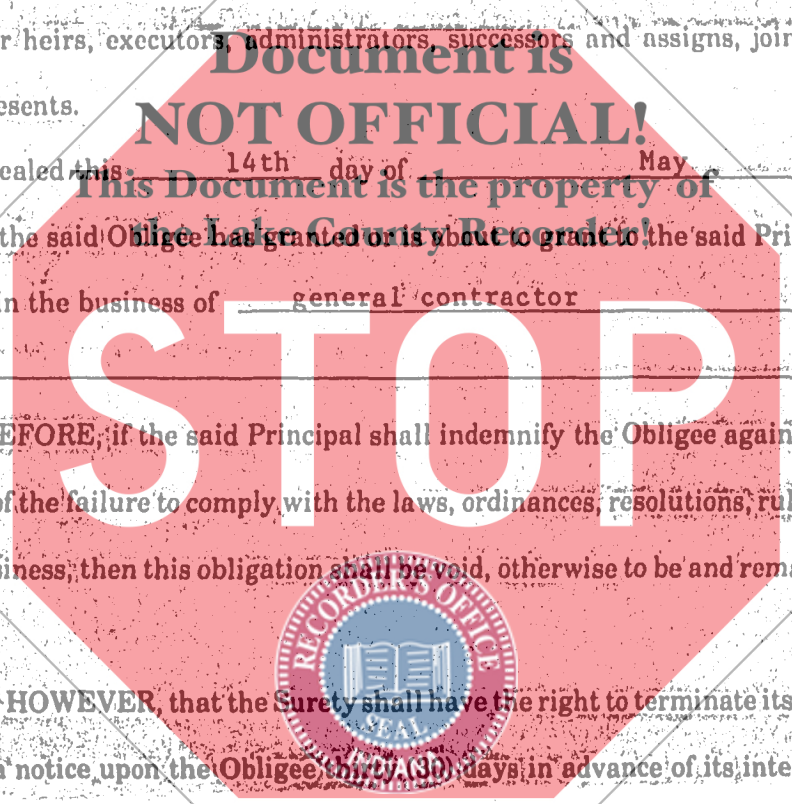
Signed and sealed this 14th day of May, 19 90

WHEREAS, the said Obligee has granted or is about to grant to the said Principal a License or Permit to engage in the business of general 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 shall 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.

Term of Bond: May 14, 19 90, to May 14, 19 91.



STATE OF INDIANA/S.S. NO. FILED FOR RECORD MAY 14 2 11 PM 1990 REC'D REC'D



MIRICH CONSTRUCTION & DEVELOPMENT CORP.
Kathleen Mirich Rice
Principal

AMERICAN STATES INSURANCE COMPANY
By: Thomas A. Rice
Attorney-in-Fact

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American States Insurance Company

INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by

these presents make, constitute and appoint M. J. PAMPALONE, SR., M. J.

PAMPALONE, JR., ELAINE GIOLAS AND THOMAS A. PAMPALONE

(Jointly or Severally)

of Merrillville and State of Indiana

its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and

deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided,

~~however, that the penal sum of any one such instrument executed hereunder shall~~

~~not exceed ONE MILLION AND NO/100 (\$1,000,000.00) DOLLARS~~

and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows:

The Chairman of the Board, the President or any Vice-President shall have power, by and with the concurrence with the Secretary or any Assistant Secretary of the Corporation, to appoint Resident Vice-Presidents, Resident Assistant Secretaries and Attorneys-in-Fact as the business of the Corporation may require or to authorize any one of such persons to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise

IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Vice-President, attested by its

Assistant Secretary and its corporate seal to be hereto affixed this 4th day of June

A. D. 19 86

(SEAL)

ATTEST:

STATE OF INDIANA }
COUNTY OF MARION } SS:

Dan W. Guio
Assistant Secretary

AMERICAN STATES INSURANCE COMPANY

By Alanson T. Abel
Assistant Vice-President

On this 4th day of June, A. D., 19 86, before me personally came

Alanson T. Abel

being by me duly sworn; acknowledged the execution of the above instrument and did depose and say; that he is a Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said

Alanson T. Abel further said that he is acquainted with Dan W. Guio and knows him to be the Assistant Secretary of said Corporation; and that he executed the above instrument.

MY COMMISSION EXPIRES

February 5, 1989

My Commission Expires

STATE OF INDIANA }
COUNTY OF MARION } SS:

Carolyn Stader
Notary Public

Dan W. Guio

I, Dan W. Guio, the Assistant Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still in full force and effect.

This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY, which reads as follows:

"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the president or a vice-president and the secretary or an assistant secretary, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimiles. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation."

In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this 14th day of May

A. D. 19 90

(SEAL)

Form 9-1459 (8-80)

Dan W. Guio
Assistant Secretary

318-042