	That we, JOHN JAMES THOMAS, as Principal
	a, and for the benefit of persons concerned or aggrieved, in
the penal sum of FIFTY. THOUSAND AND NO. Dollars, to the payment of which well and truly to	be made, we bind ourselves, our heirs, executors and admin-
	esents. Sealed with our seals, and dated this
day of April A. D. 19 90	The condition of the above obligation is as follows, viz.
••••	OF THIS-OBLIGATION IS SUCH,
WHEREAS, the above named and bounden	tion the state of
	ited Courier, School City of Hobart in and
	in the State of Indiana, aforesaid; for the term beginning
	cument is
	MASICICIAL shall faithfully
	ent is the que operty to the bart In
and pay over on demand to the persons entitled of	Cauthorized to Sective the same, all moneys that may come
during this continuance in office; and further, the now in force, and exact any and all laws during Legislature, without in any way or manner release and in that case, the above obligation shall cease, and virtue in law. BY ACCEPTANCE OF THIS	ist the Legislature may change, modify or repeal any law the existence of the above obligation at the pleasure of the ing the said officer or his said securities on said bond; then, be null and void, otherwise to be and to remain in full force; BOND, BOND #EX 564-048, IN THE NAME OF TED JUN 30, 1986; IS HEREBY CANCELLED.
[Se	OHN JAMES THOMAS! [Seal]
[\$9	[Seal]
[\$e	IJ BY SALA STORM [Soal]. Linda S. Ping Attorney in Fact
Accepted and approved this 16th	day of November D 1989 SCHOOL CITY OF HOBART
	BOARD OF SCHOOL TRUSTEES
State of Indiana Lake	fur layling X Sectionar
State-of thanking,	
Personally appeared before me, Patri	
in and for said County and State aforesaid,Jo who being sworn, upon his oath says:	hn James Thomas
	States and of the State of Indiana, and I will faithfully,
• •	the office of Courier - School City of Hobart
to the best of my sk	ill and ability." July 1 hornas
	240 day of October 19 90
Lake County of Residenc Form 9-1081 My Commission Expires 9-81 7-14-91	Patricia & Schoon Natary Lublic

ACKNOWLEDGMENT OF PRINCIPAL

printerpair apoir one come op,	pearing on the reverse si	de hereof and acknowled	ges the execution of	said bond
thisday of		, 19		

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	t:	Off.	cial capacity	······································
Expiration date of comm	ission, if Notary Public			
A	CKNOWLEDGN	MENT OF SURI	ETY 3	11 21
STATE OFIndia	na COUNTY	OF Marion		
1 .	States Ins. Comp			*************
ts agent, surety upon the l	oond appearing on the rev	verse side hereof and ack	nowledges the execution	on of said
bond this 25th day	of April	19, 90		
a	Docu	instrutis	MULL	
A management	NOTO	Sally J. Tynkle Here County of B	one, State of	Indiana
February 14	,/1992118 Documen	it is the property	ciff capacity	,
Expiration date of comm	nission, if Notary Publice Co	ounty Recorder!		
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	BOND	DIANA Office,	A. D. 19	
	BOND	INDIANA Office, A. D. 19	4	
	BOND	INDIAN A D. 19	4	
	BOND	OF INDIAN A p. 19	4	
		INDIAN A D. 19	and recorded in Bond Record	Towns of the state

Assistant Secretary



9-1459

(7-88)

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 Indianapolis and State of <u>Indiana</u> 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 edeliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings; provided, that the penal sum of any one such instrument executed hereunder shall not FIVE HUNDRED THOUSAND AND NO/100 (\$500,000.00) 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: reads as follows:
"The Chairman, the President or any vice-president (including any Executive Vice President; Senior Vice President, Second Vice President or Assistant Vice President) shall have power, by and with the concurrence with the any other officer of the Corporation; to appoint Attorneys-in-Fact; as the business of the Corporation may require and to authorize any such person to execute; on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings whether by way of surety or otherwise?"

On the president of the Corporation and undertakings whether by way of surety or otherwise?

On the president 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 it rese presents to be signed by its Vice-President, attested by its Assistant Secretary and its corporate seal to be hereto A.D. 19_88 AMERICAN: STATES: INSURANCE COMPANY 2/12 Assistant Secretary Second Vice STATE OF INDIANA **COUNTY OF MARION** On this A.D., 19.88 day of before me personally came 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 Joseph F. Heim further said that he is acquainted with and knows!him:to:betthe Assistant! Secretary: of said: Corporation: and that he executed the above instrument: DECEMBER 2. 1990 My Commission Expires Notary Public STATE OF INDIANA ..SS COUNTY OF MARION the Assistant Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that Alanson T. Abel 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 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 "All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the President or any vice-president (including any Executive Vice President, Senior Vice President, Vice President, Second Vice President or Assistant Vice President) and the secretary, or an assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimilies. 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 A.D.,