KNOW ALL MEN BY THESE PRESENTS, That we, SAMUEL HICKS, as Principal	••
and AMERICAN STATES INSURANCE COMPANY, as Surety	••
***************************************	••
are held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, i	 N:
the penal sum of TEN THOUSAND AND NO/100(\$10,000.00)	
istrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this 24th	••
day of September A. D. 19.90 The condition of the above obligation is as follows, viz	.:
NOW THE CONDITION OF THIS OBLIGATION IS SUCH,	
WHEREAS, the above named and bounden SAMUEL HICKS Athletic Director - High School	••
has been duly elected and commissioned or appointed School City of Hobart in an	đ
for Lake County, in the State of Indiana, aforesaid, for the term beginning	
from the list day of July A. D. 19.90 and profit kie and profit ki	X
Now, if the said said faithfull	у
perform and discharge his duties as such athletic Director-High School-School City of	Hoba
and payeover on demand to the persons entitled or authorized to receive the same, all moneys that may com	le ·
into his hands as such Athletic Director High School School City of Hobart during his continuance in office; and further, that the Legislature may change, modify or repeal any la	•••
now in force, and exact any and all laws during the existence of the above obligation at the pleasure of the	e
Legislature, without in any way or manner releasing the said officer or his said securities on said bond; the and in that case, the above obligation shall cease, be null and void otherwise to be and to remain in full force	1,
and virtue in law:	
[See] Jamuel The Ca [Sea	Ď
SAMUEL HICKS	ń
Seel of AMERICAN STATES INSURANCE COMPANIE	
Gaal STATES INSURANCE COMPANISA	
[Seal] Linda S. Ping Attorney, In-Page	
Accepted and approved this 21st day of June June 123901	No.
SCHOOL CITY OF HOBART BOARD OF SCHOOL TRUSTEES	MARINE
The state of the s	
The light	
State of Indiana, Lake County, ss:	5.5.
Personally appeared before me; Patricia J. Schoon	
in and for said County and State aforesaid, Samuel Hicks who being sworn, upon his oath says:	100
"I will support the Constitution of the United States and of the State of Indiana, and I will faithfull	у,
honestly and impartially discharge the duties of the office of Athletic Director - High School -	•••
School City of Hobart to the best of my skill and ability."	
x Januel Heren	/
Subscribed and sworn to before me, this day of Ocotber 19.90:	MC
Form Octool Dake County of Residence	
9=81 My Commission Expires Taticial SCHAND 7-14-91	•••

ACKNOWLEDGMENT OF PRINCIPAL

	•					
				•		••••
principal upon	the bond appe	aring on the reve	rse side here	of and acknow	vledges the exc	ecution of said bond
this	day of	***************************************	·····	.9	And Ale	W.
			**************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********************	*************************************
				***************************************	Official capacity	***************************************
Expirati			COUNTY, SS: Official capacity VEEDGMENT OF SURETY COUNTY OF Marion SS: Ins. Company by Linda S. Ping of on the reverse side hereof and acknowledges the execution of said ther 19.90 Document is the property of soor State of Indiana Counter is the property of soor State of Indiana County Recorder!			
	AĈ	KNOWLEE	GMENT	OF SU	RETY	是一次
STATE OF	Indiana	COUI	NTY OF	Marion	·····•	ss:
Comes no	w American	States Ins.	Company by	Linda	S. Ping	
			•		scknowledges (ne execution of said!
DONG! WHO	uay+v1.		\.		(dial	7.
		NOT	ocuise Selly	ACAS J. Tinki	e, Notary	Public, in and
N.		NOT	Office i	ounty of	Boone, Sta	ate of Indiana
Expiration	bruary 1/4	7:36his Docui	ment is th	e propert	-Americ capacity	
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(8-89)

American States Insurance Company Indianapolis, Indiana

KNOW ALL MEN BY TH of Indiana, and having its	IESE PRESENTS, that Amer principal office in the City of	ican States Insurance Co Indianapolis, Indiana, hati	ompany, a Corpora h made, constituted	tion duly organized and and appointed, and do	l existing under the laws as by these presents mai	of the State ce, constitute
and appoint	SALLY TINKLE, DO	DROTHY SUTPHIN	LINDA S.	PING OR HELEN	J. FLAKE	
					÷	
	napolis	and	State of	Indiana		
	orney(s)-in-Fact, with full*po				·	•
	ds, recognizances, contracts					•
	al sum of any	•			er snall not	exceed
nd to bind the Corpora corporation and duly at ttorney is executed and	THOUSAND AND NO/ ution thereby as fully and to lested by its Secretary, here d may be revoked pursuant;	the same extent as if su	ch bonds were sig	ned by the President, a	y do in the premises. T	his Power of
hich reads as follows; "The Chairman, or Assistant Vice Fact as the busin	the President or any vice-president) shall have power, ness of the Corporation may tipulations and undertakings	esident (including any Ex by and with the concurred require and to authorize	recutive Vice Presidence with the any other	dent. Senior Vice Presi ter officer of the Corpor of execute, on behalf of	dent, Second Vice Pres	ident
IN#WITNESS WHE	REOF, American States In	surance Company has occument is t	caused these pres	sents to be signed by		ested by its
	t and its corporate seal to b	Lake Count	y Record	er!	tember	
D. 19 <u>90</u>	•		AMERICAN	STATES INSURANCE	COMPANY	
					Ju	
ITEST:	Assistant Vice-President		Ву	Second VIII	e-President	
					, realization	(3/6
TATE OF INDIANA	} ss					No.
OUNTY:OF MARION On this 14th	J;	Sontonh			00	
On this 14th	day of	September	The state of the s	, A.D., 19.	90, before me pers	onally came
	Joseph F. He:		Q.		, to me I	known, who
ompany: that he knows	acknowledged the execution sithe seal ofisald:Corporation s.of-said Corporation; and ti	n: that the seal affixed to	the said instrumen	it is such corporate sea	sident of American State al; that it was so affixed	by authority
Joseph F. H	NITTO NI	said that he is acquainte	M: AAIII I	J. Rosich	and knows h	m to: be the
sistant Vice-President	Fof said Corporation; and th	at the executed the abov	e instrument:	A.		**
	ČARČI VNI STO	A DER MOTA DVIDU		Notan	Public	(1) A
		ADER; NOTARY PU NTY, STATE: OF IND				(Z (5)
TATE OF INDIANA	SS MY COMMIS	SION(EXPIRES: 2,5	_i 93			NO
DUNTY OF MARION	S					
	ROSICN:	the Assistant Vice-Preside of a Power of Attorney, e				
	be signed and sealed by fac	simile under and by the	authority of Section	8.03 of the By-Laws of	AMERICAN STATES I	NSURANCE
or any vice-president and the secretary or of the Corporation, m the fact that any sucl	r instruments of insurance is (including any Executive Vice an assistant secretary, or oth ay be facsimilies. Such sign h officer shall have ceased t	President, Senior Vice President, whose signature and facsimiles the tobe such officer at the time.	resident, Vice Presi res, if the instrumer reof shall be author ime such policy or	dent, Second Vice Pres nt is duly countersigned ized and binding upon other instrument of ins	ident or Assistant:Vice P I by an authorized repre- the Corporation notwith urance shall have been	řesident) sentative standing
In witness whereof;	ration:" I-have hereunto seti my hai	nd and affixed the seal c	of said Corporation	, this day	y of Siglen	iber
·				1	A	arit.
1459				Drin	人	(3(\$

Assistant Vice-President