## AMERICAN STATES INSURANCE COMPANY

INDIANAPOLIS, INDIANA

91024953

·	COUN	TY UNIFIED BOND		Han and a six
KNOW ALL MEI	N BY THESE PRESENTS:		• •	HAY 23 12  ROBERT "BOL RECC"
	Bradley Hough	•		2001 2001 2001 2001 2001 2001 2001 2001
				E 20 45
of	7811 Massachusetts Ave. N°STATES INSURANCE COMP	, Merrillville, IN ANY duly authorized	to transact sure	A CONTRACTOR OF THE PARTY OF TH
in the State	e of Indiana, as Surety	, are held and firm	ly bound unto <u>ci</u>	tiess = P
in the pena	micipalities in Lake C L sum of FIVE THOUSAND	AND NO/100 (\$5,000.	00) DOLLARS, lawf	_, Indiana ul money
of the Unit	ed States, for the paymour heirs, executors, a ly, firmly by these pre	ent of which, well dministrators, succ	and truly to be m	ade, we bind
Signed	, sealed and dated this	15 day of	May	<u>1</u>
Chapte: the complian town within	r 88 of IC17-2 requires nce with the ordinances Laker	the Principal to f and regulations of CLEOUNT 15	ile this bond and the County or a	guarantees city or
NOW, T	HEREFORE, THE CONDITION	OF THIS OBLICATION	IS SUCH, That if	the above
19_01, i	ncipal skall on and aft	genstiath cosope	sta, expenses or	damage to it
ordinances.	aid Principal disol, son rules or regulations r	ertaining to such 1	icense or permit,	tnen tne
above oblig	ation shall be void, of	herwise to be and r	emain in full for	ce and effect.
	ed, the term of the bor	•		
(30) days n	ROVIDED, the Surety may otice in writing mailed	to the Obligee.		
or he conti	ED FURTHER, regardless nued in force and of the	ie number of premium	is that sharr be I	salante or
paid. the S	urety shall not be liab than the amount of this	le hereunder for a	larger amount, in	r the
PROVID	ED FURTHER, regardless	of the number of li	censes held by th	ne Principal
within the	County and the number of	of claims that may be single	e filed against t license, the total	nis bond L of which
may exceed	the penalty of this bor ount, in the aggregate	nd, the Surety shall	( nor de Trabte ne	reunder for
PROVID as a result contract.	ED FURTHER, that this loof the Principal's fa	bond shall not be co ilure to perform the	onstrued to provide terms of a const	de indemnity truction
IÑ WII gay bha vab	WESS WHEREOF, the part	ies hereto have set	their hands and	seals the
uuj uuu jos			111	_
Santan Bara Santa Sa			7,9	(Principal)
g antazara e propietoj kindini in ili. V				arther of
		AMERICAN STATE	S INSURANCE COMPA	NY EXT.
		. M10	1. S. //	
	۹,	ву:	Attorn	ey-in-Fact

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Before me, the undersigned authority in and for said County and State, on this day personally appeared Mary E. Brown known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same act and deed of AMERICAN STATES INSURANCE COMPANY and as the Attorney-in-fact thereof, and for the purposes and considerations therein expressed and in the capacity therein stated.

Given under my hand and seal this 15 day of May 19 91.

My commission expires 02-14-1994 MOTARY PUBLIC NOTARY PUBLIC NOTARY PUBLIC NOTARY PUBLIC NOTARY PUBLIC Described and stead, to execute, acknowledge deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings. Provided.

true and law	ful <sup>®</sup> Attorn	ov(e).ir	.Fact wit	i full now	er and su	thority her		ad in itë nam	e nlace and e	lead, to execute	soknowie doc
		oy(o)-n	iri don min	i iuii po <del>n</del> t	o, ai,u,au	uioiny fiere	suy, comene	o in its nam	a' hara'atin s	iado, io axacdia	. acknowledge
liver any and	I all bond	ls, reco	gnizances	, contract	s of inde	mnity and	other condi	tional or obl	lgatory undert	akings, <u>pro</u>	vided,
owever,	that	the	penal	sum o	f any	one st	ich ins	triment	executed	hereunde	r shall
at araa	-A CT	ertat e	וקופרואוז	TP T POT	V metos	TOATTO A	aro ara/	foo (de	FO 000 W	DOETADO	3
d to bind the	Corporati	on ther	eby as fulb	and to th	e'sama a	xtent as if	such bonds	were signed	by the Preside	DOLLARS	he common se
Corporation wer of Attorn	and duly ley is exe	atteste cuted's	d by its Se and may b	cretary; h	erebyrati pursuan	fying and c	onfirming al	if that the sal	d Attorney(s)-i	n-Fact may do in ne By-Laws of th	the premises.
urance Com	Dany, wr	ikch res	MOT RR RDI	WR!	٠.						• •
Secre	lary or an	y Assis	tant Secre	tary of the	e Corpor he Corpo	ation, to ap	point Resid	entVice-Pre	sidents, Residents	the concurrence lent Assistant Schools to ex	ecretaries
Denair	of the Co	orporat	ion, anv b	DIOSATOR	ognizance		ons and un	GARAKINGS#	whether by wa	y of surety or of	herwise"
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sistant Secre	etary and	its con	porate sea	l to be he	ereto affix	ed this	16th	day (	0	March	and the second s
D. 19 <u>81</u>	•	•							AN 07 47 50		
	7//	ji v	e e e e e e e e e e e e e e e e e e e					AMERIC	ANDSTACEST	NSURANCE CO	MPANY
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TEST:	MANA		Assistant 6	ecretary.	11,19,1				'Al	eistant Vice-Presiden	Villian de de La Santa de la Santa de la La Santa de la
ATE OF INC	MARION:	} SS:	•	and the second		TUTTER	THIND.				
	761					Oliver	SOME I				
On this	101	5 <u>f</u>	day of	d syllen in the T		rch			,A. D., 19 <u>81</u>	, before m	e personally ca
. W. Wale			Alanso	n T.	Abel					ya.	to me known,
ates Insuranc	e Compa	ny: tha	he knows	the seal o	if said Co	rooration; t	hat the seal	affixed to the	e said instrume	he is a Vice-Pre int is such corpor eto under like s	ate seal: that it
Alans	on T.	Abel	2	further sai	d that he	is acquaint	ed with		M. Ober	and I	chows him to be
sistant Secre			poration;		ie execui	eo me abc	ove instrum	• • •			
	JAN	<u>UARY</u>	<u> 19: 1980</u>	}, .		<del> </del>		Deho	ud M	Harl	
ATE OF IND	)IANA 📑	l ee.	mission Expir	<b>98</b>			***************************************		Notar	y Public	
OUNTY OF A	MARION	J. 00.		· · · · ·	· .4.	oriente. Estrajoria		•			
Tho	mas M.	Obe	<b>T</b>	····· the	Assistar	nt Secretain	of AMERIC	CAN STATE	SINSURANC	E COMPANY, de	hereby certify.
above and for	pregoing	iş a tru	and corre	ct copy of	a Power	of Attorney	, executed	by said AME	RICAN STATI	ES INSURANCE	COMPANY, w
	cate may	be sig	ned and s	ealed by	lacsimile	under and	by the auth	nority of Sec	tion 8.03 of th	By-Laws of AM	MERICAN STA
"All po presid counte	ent or a ent or a ersigned t	d other vice-p by an a	instrumen resident a uthorized	ts of insurand the s represent	ecretary. ative of the	or an ass ne Corpora	istant secr tion, may b	etary, whose facsimiles	e signatures, . Such signatu	of the Corporat if the instrume res and facsimil	nt is duly: es thereof
snall D officer	at the tir	zea and ne suc	p bojich or n buraind n	other ins	orporation strument	n notwithst of insurance	ending the t e shall hav	e been actu	such officer shi fally, issued by	all have ceased the Corporation	io <del>de s</del> uch: 1."
									15		May
		have h	ereunto se	t my hand	and <b>a</b> ffix	ed the seal	of said Con	poration, this	)	day of	
91 <b>D., 19</b>	• •					•	•	2/			
· ·	o de la Cal	•	•		•				no		•

Assistant Secretary

Form 9-1459 (8-80)

## 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 GEORGE E. SPITZ AND MARY E. BROWN ----RICHARD C. MILLER. (Jointly or Severally) Griffith and State of 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, however, that the penal sum of any one such instrument executed hereunder shall not exceed SEVEN HUNDRED FIFTY THOUSAND AND NOTLOS (\$750,000.00) 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 continuing 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 shell 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 as to authorize thy 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 March Assistant Secretary and its corporate seal to be hereto affixed this A. D. 19. 81 MERICAN STATES INSURANCE COMPANY (SEAL) ATTEST: STATE: OF: INDIANA COUNTY OF MARION 16th On this , before me personally came day of to me known, who 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 Thomas M. further said that he is acquainted with and knows him to be the: Assistant Secretary of said Corporation; and that he executed the above instrument. MY COMMISSION EXPIRES JANUARY 19. 1983 My Commission Expires STATE OF INDIANA COUNTY OF MARION ! SS: I, Thomas M. Ober 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 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." May In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this day of 91. A. D., 19.

(SEAL)

Form 9-1459 (8-80)