

American States Insurance Company INDIANAPOLIS, INDIANA

91026651 COUNTY UNIFIED BOND BOND# EX 818-540

Attorney in

KNOW ALL MEN BY T	HESE PRESENT	·S·				•	
	NORTHWEST P	·					
ofand AMERICAN:STATE	S INSURANCE (COMPANY du	ly authorize	ed to transa	ct surety busi	ness in the State	of Indiana, as
Surety, are held and fir in the penal sum of FIV payment of which, well a jointly and severally, fir	/E THOUSAND:/ and truly to be made	AND NO/100 de, we bind ou	(\$5,000.00)	DOLLARS	, lawful mone	ey of the United	States, for the
Signed; sealed a	and dated this	17th	day of	May	. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	, 19 <u>*91</u>	
Chapter 88 of IC and regulations of the	17-2 requires the County or a city	Principal to or town within	file this bor	nd and gua	rantees the c	ompliance with	the ordinances County.
NOW, THEREFO on and after the 28 all loss, costs, expense ordinances, rules or re- to be and remain in fu	th day of s s or damage to it gulations pertain	Dollarshe caused by sa ng to such lic	nt is th	e prope	ntig of	indemnify 組度(or breach o是面) igation shall和	n Principalishan Obligee agains I laws statutes void, Otherwish
PROVIDED the	term of the bond	is continuous	S.			AND	9
AND, PROVIDER to the Obligee.	D, the Surety ma	y cancel this	bond at an	y time by g	iving:thirty (3	0)/days notice in	n writing mailed
PROVIDED FUR of the number of prem in the aggregate, than	THER, regardles iums that shall be the amount of the	e payable or	ber of year paid, the S	s this bond urety shall	shall continu	hereunder for a	ed in force and larger amount
PROVIDED FUR of claims that may be fi may exceed the penalt the amount of this bon	iled against this by of this bond, th	ond either un	der a single	license or	more than a	single license, th	ne total of which
PROVIDED FUR to perform the terms of	THER, that this b		ot construe	d to provide	e indemnity as	s a result of the P	rincipal's failure
IN: WITNESS WI	HEREOF, the pa	rties hereto h	NORTHV BY:	VEST PROP	EPVIES	lay and year ab	
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Helen J. Flake

9-1045 (1-80)

Assistant Vice-President:



American States Insurance Company INDIANAPOLIS, INDIANA

of Indiana, and having its princip	eal office in the City o	of Indianapolis,	nsurance Cor Indiana, hath	npany, a C made, con	orporation stituted a	on duly of and appoi	rganized a nted, and d	ind exist does by t	ing under ti hese presei	ne laws (nts make	of the State o, constitute
	LY TINKLE, I	DOROTHY S	UTPHIN.	LINDA	S. P	ING O	R HELE	en .i.	FT.AKE		
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Indianapo	lis					•	[ndian	<u> </u>		•	· · · · · · · · · · · · · · · · · · ·
s true and lawful Attorney(s)		power and au	and Sthority hereb	y conferre	d in its				to execute,	acknov	viedge · and
eliver any and all bonds, reco	gnizances, contrac	ets of indemnity	and other c	onditional	or obliga	itory und	ertakings,	pr	ovided	, how	ever,
that the penal s											
FIVE HUNDRED THOU				•							
nd to bind the Corporation the Corporation and duly attested to attorney is executed and may be which reads as follows: "The Chairman, the Preside or Assistant Vice Preside Fact as the business of recognizances, stipulations."	ereby as fully and toy its Secretary, he se revoked pursuant sident or any vice ont) shall have power the Corporation may be and undertaking the corporation of the c	to the same expreby ratifying at to and by autipresident (including by and with the raquire and igs, whether by	tent as if suctand confirming any Extended the concurrent to authorize to way of sure	h bonds w g all that to by Section ecutive Vic ca with the any such p ty or other	ere sign he said A n 7.07 of Freside e Preside any othe erson to wise.	ed by the Attorney (i the By-L ent, Sent er-officer execute	Presidents)-in-Fact raws of the or Vice Protthe Corron behalf	nt, sealed may do Americ resident, poration f of the	d with the cin the preman States in Second Vi, to appoint Corporation	common lises. The nsurance ce Presi Attorney n, any bo	seal of the is Power of Company, dent s-in- inds,
IN WITNESS WHEREOF, assistant Vice-President and it								epter		allt' alle	isted by its
A.D: 19 <u>90</u> .	j, o , b , a , o o o a		COdu	•			INSURAN	ICE CO	MDANIV		
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ATTEST:Assistan	t Vice-President	<u> </u>	************	Ву	-	9/10	Second	Vice	esident	au	-66
On this 14th	dävral		Septembe	air		Ц	A D	10 90	holoro'r		onally came
On: this	day of	<u> </u>	TUDE	15 000		·	,·A.U.,	19. 30	_ , before, i	me : pers	onally came
	Joseph F. H		E.O.L.	TO SERVICE						to me	cnown, who
eing by me duly sworn, acknow Company; that he knows the se if the Board of Directors of sa	al of said Corporal	tion: that the se	at fixed to	the sald in	strument	t is such	corporate	seal: th	nt of Americ at:it was so	can State affixed	s insurance by authorit
Joseph F. Heim	, .	ar, sald that he	E SE	في محمد ما	3/		øsich		and:	cnows hi	m to be the
Assistant Vice-President of sale	d Corporation; and	that he execu	led the epov	inatrume	nt.	/					
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	CAROLYN S'	-					140	Mary Ful	,,,,		(²(>
STATE OF INDIANA		ISSION EXP									IND
COUNTY OF MARION SS			·					G.			· · · · · · · · · · · · · · · · · · ·
John J. Ros		_, the Assistan	t Vice-Presid	ent of AMI	ERICAN	STATES	INSURA	NCE CO	MPANY, d	o hereby	certify tha
he above and foregoing is a transfer and effect. This Certificate may be signored and effect. COMPANY which reads as followed and the secretary, or an assist of the Corporation, may be the fact that any such office	ned and sealed by ows: Iments of insurance ing any Executive Vistant secretary, or eachimiles. Such signs shall have cease	facsimile under issued by the lice President, S other officer, w onatures and fr	r and by the a Corporation s Senior Vice Po hose signatur acsimiles the	authority of thall be sig resident, Vi res, if the in reof shall b	Section ned on b ce Presid nstrumen e authori	8.03 of the state	he By-Law he Corport ond Vice F countersig binding up	vs of AM ation by Presiden ined by a pon the	ERICAN ST the Chairm t or Assistar an authorize Corporation	TATES II an, the F nt Vice P ed repret notwith	NSURANCE President resident) sentative standing
issued by the Corporation.' In witness whereof, I have	. haraimta ast) hand sålt stille	aditha sast s	d paid Ca-	noration	thie	1716	davišti	(A)	las.	
in witness whereof, I have A.D., 19	nereunto set my t	nand and affix	eo ine seal c	n sajo Cof	hotation!	, uns/_	1790	. uay 012		1	
TOTAL TERMINATION						1					510