Bond Safeguard INSURANCE COMPANY

246 East Janata Boulevard, Lombard, Illinois 60148 (708) 495-9380

"OFFICIAL SEAL"
DENISE G. GRIFFIN
NOTARY PUBLIC, STATE OF MUNOIS
WILL COUNTY

MY COMMISSION EXPIRES 11-18-93

BOND NO. 14- 332342

92008956

LICENSE AND/OR PERMIT BOND

(Not valid if filled in for more than \$25,000.00)

KNOW ALL MEN BY THESE PRESENTS:				
That weGyptex Construction	::	圆:	<u>ر.</u>	<u>;</u>
(Principal's Name)	F	F5-5	• • • •	
805 Central Ave Matteson III 60443			<u></u>	-
(Principal's Address)		ζ., 11		
as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance compa	ny duly	license	d in th	е
State of Illinois, as Surety, are held and firmly bound unto Village of Dyer Indiana	<u>, </u>	Process		-1
State of Illinois; Obligee, in the sum of to the payment of which sum the said Principal and Surety bind themselves and their hecutors, successors and assigns, jointly and severally by these presents.	eirs, ad	ministra	itors, ex	
Inconsideration thereof, the Principal is granted a license and or permit-by the Ob	llgee-to	engag	e in th	е
business of General Contracting TOFFICIAL!			<u>.</u> .	_
for the period beginning on the this Document is the property of			, 19.02	-1:
and ending on the the Lake County Recorder!			1993	
THEREFORE: the condition of this bond is that, if said Principal shall comply with all of dinances and regulations of the Obligee pertaining to said license and/or permit, then null and void; otherwise to remain in full force and effect subject to the following con 1. This obligation may be extended from year to year at the option of the Surety, by	the con this ob ditions:	ditions (ligation	of the oi shall b	r- e
executed by the Surety; 2: This obligation may be cancelled by the Surety upon giving thirty (30) days writte However, this obligation shall remain in full force and effect as to the acts or omis tioned Principal prior to the cancellation of the bond.	n notice sions of	to the	Obligee ove men).
Dated this @ -2- 11 day of Feb.		, 19_	92	.•
Countersigned: BOND SAFEGUARD INSURA BY: WELL BY:	alvelo	OMPAN	Principa UNA Office Y	
	INSURA	ASS.		
ACKNOWLEDGEMENT OF SURETY (Corporate Officer)	AN: ILLINOIS INSURANCE COMPANY	COMPANY		
STATE OF ILLINOIS OF DU PAGE SS	************	ASSO		
On this 15th day of January, 19 90, before me, the undersigned office William W. Hector, who acknowledged himself to be the aforesald officer of BOND SA COMPANY, a corporation, and that he, as such officer, being authorized to do so, execument for the purpose therein contained, by signing the name of the corporation by him WITNESS WHEREOF, I have hereunto set my hand and official seal.	ted the	foregoir	ng Instri	d E u-

ILLP2, 2/90

14-2955

Notary Public, State of Illinois

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERS)

STATE OF	INDIANA)		
COUNTY OF	LAKE) SS)		
On this		day ofFEBRUA	RY	, 1992, before me personally appeared
		ACTO PETCHANDON		
know to me to b	e the individual	described in and v	vho executed th	ne foregoing instrument and acknowledg-
ed to me that _	he: execute	ed the same.		
My commission	expires:	Docur	nent/is	
	APRIL 1st	NOT OF	FICIA s the prop	MOTARY PUBLIC STATE OF RESTANDANCE OF THE CO. MY COMMISSION EXP. PR. 1. M
	ACH	NOWLEDGME	NT OF PR	INCIPAL
		CORECT		
COUNTY OF		SS ELLANDING	ANA	
On this		day of		, 19, before me personally appeared
				, who acknowledged himself to be
				, a corporation, e foregoing instrument for the purposes as such officer.
My commission	expires:			
		, 19		Notary Public