

The Ohio Casualty Insurance Company

136 North Third Street, Hamilton, Ohio 45025;

92011231

BOND

2-974-997

| YNOW ALL MENERY THESEEDDESENT | Tim Fitzgerald d/b/a TF and Co. |
|--|--|
| ofValparaiso,Indiana(hereinaf | |
| CASUALTY INSURANCE COMPANY, ans Ohio co | • • • • |
| (hereinafter called the Surety) as Surety, are held a | |
| All Citios Towns & Municipalities in Union | Country |
| Obligee) in the penalisum of | nd no / 100 |
| (\$ 5,000.00)Dollars for the payment of which | h wall and truly to be made we do hereby hind our |
| selves, our heirs, executors, administrators, successo | re and assigned bintly and severally, firmly by these |
| presents: This Document is t | |
| | v Recarder! January 19.92 |
| SIGNED AND SEALED this Recognition | 19.52 19.52 |
| WHEREAS, the said Principal has made | or is about to make application to said Obligee |
| for { alicense as General Contractor | |
| (apermit to) | |
| for a term beginning onJanuary. 22. 1992 | |
| NOTIFE | 1 |
| ing by reason of the failure of said Principal shall | indemnify the Obligee against any loss directly aris-2 mply with the laws or ordinances under which such |
| license or permit is granted, or any lawful reles o shall be void; otherwise to be remain in full sorce 2 | mply with the laws or ordinances under which such regulations pertaining thereto, then this obligation |
| COMPANY OF THE PROPERTY OF THE | 100 <u>m</u> 260 |
| PROVIDED, HOWEVER, AND EPONTH | E POLLOWING EXPRESS CONDITIONS: |
| 1. This bond shall be and remain in full fo | rce during the term of said license or permit unless |
| cancelled in accordance with paragraph 2 below; bu | this bond will be extended to cover such additional tinuation Certificate, provided such certificate is ac- |
| term (s) upon the execution, by the Surety, of a Con | tinuation Certificate, provided such certificate is ac- |
| ceptable to the Obligee. In no event, however, shall t year or from period to period, nor exceed the penal s | he liability of the Surety be cumulative from year to um written in the first paragraph of this bond. |
| , mar. | inate its liability hereunder by notifying inswriting |
| *************************************** | |
| (Give name and address of department or o | fficial to whom notice should be addressed) |
| ten (10) days in advance of its intention so to do. | |
| W 100 - 100 | |
| | in Fitzgerald d/b/a TF/and Co. Construction THE OHIO CASUALTY INSURANCE COMPANY |
| B | THE OTHER CASE AND THE PARTY OF |
| | THE UNIO CASUALTI INSURANCE COMPANY |

Debra R. Seal

Form S-3853b - License or Permit Bond - 2-90 15M

.QOC

Attorney-in-fact.

CERTIFIED COPY OF POWER OF ATTORNEY

THE OHIO CASUALTY INSURANCE COMPANY

HOME OFFICE, HAMILTON, OHIO

No. 25-877

| Knum All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, in pursuance of authority granted by Article VI, Section 7 of the By-Laws of said Company, does hereby nominate, constitute and appoint: |
|---|
| Debra R. Seal Indianapoliis, Indiana |
| its true and lawful agent and attorneyin-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance |
| FIVE HUNDRED THOUSAND Dollars, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon |
| And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Hamilton, Ohio, in their own proper persons. |
| The authority granted hereunder supersedes any previous authority heretofore granted the above named afterney (s) in fact. |
| In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of the said The Ohio Casualty Insurance Company this 11th day of Sonton 1990 |
| NOT OFF Signed) Assistant Secretary |
| STATE OF OHIO; COUNTY OF BUTLER STATE Document is the property of |
| Onthie Laltth County Recognition A. D. 1989 before |
| the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came John B. Vail, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY, to me personally known to be the individual and officer, described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposeth and said, that he is the officer of the said Company, and the said Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation. |
| IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official the City of Hamilton, State of Ohio, the day and year first above written. (Signed): Notary Public in and for County of Butler; State of Ohio, the day and for County of Butler; State of Ohio, the day and year first above written. |
| My Commission expires December 25, 1991. |
| This power of attorney is granted under and by atthough of Article VI. Section 7 of the By-Laws of the Company, adopted by its directors on April 2, at 954; extracts from which read: |
| "Section 7. Appointment of Attorney in Fact, ste. The chairman of the board, the president, any vice-president, the secretary of any lassistant secretary is all be and is orety, tested with full power and authority to appoint attorneys in fact for the purpose of signing the name of the Company at surety to, and to execute, attach the corporate seal, acknowledge and deliver any and all bonds, recognizances, stipulation, industryings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, or the official representative thereof, or to any county or state, or any official board or boards of county or state, or the United States of America, or to any other political subdivision." |
| This instrument is signed and scaled by facsimile as authorized by the following Resolution adopted by the directors of the Company on May 27, 21970: |
| "RESOLVED that the signature of any officer of the Company authorized by Article VI Section 7 of the by-laws to appoint attorneys in fact, the signature of the Secretary or any Assistant Secretary certifying to the correctness of any copy of a power of attorney and the seal of the Company may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company. Such signatures and seal are hereby adopted by the Company as original signatures and seal, to be valid and binding upon the Company with the same force and effect as though manually affixed." |
| CERTIFICATE |
| It the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing power of attorney, Article VI Section 7 of the by-laws of the Company and the above Resolution of its Board of Directors are true and correct conics and are in full foregoing the late. |
| IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Company this day of day of A. D., 1967 |

S-4300-C: (Single Copy)