

# Bond Safeguard INSURANCE COMPANY

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

BOND NO. 14- 335989

92031487

## LICENSE AND/OR PERMIT BOND

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

KNOW ALL MEN BY THESE PRESENTS:

That we: Hektoen Enterprises, Inc.

(Principal's Name)

3043 Ridge Rd. Lansing, IL 60438

(Principal's Address)

as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the State of Illinois, as Surety, are held and firmly bound unto Lake County and all Cities and Towns therein

State of Illinois, Oblige, in the sum of Five Thousand Dollars (\$ 5,000), to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally, by these presents:

In consideration thereof, the Principal is granted a license and/or permit by the Oblige to engage in the business of General Contractor

for the period beginning on the 13 day of May, 1992, and ending on the 13 day of May, 1993.

THEREFORE, the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Oblige pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Oblige. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.

Dated this 13 day of May, 1992.

Hektoen Enterprises, Inc.

Principal

Countersigned:

Officer

BOND SAFEGUARD INSURANCE COMPANY

BY: Robert S. Cech

BY: William W. Hector

President

### ACKNOWLEDGEMENT OF SURETY (Corporate Officer)

STATE OF ILLINOIS )  
COUNTY OF DU PAGE ) SS

On this 15th day of January, 1990, before me, the undersigned officer personally appeared William W. Hector, who acknowledged himself to be the aforesaid officer of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the purpose therein contained; by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



Denise G. Griffin

Notary Public, State of Illinois

500

**ACKNOWLEDGMENT OF PRINCIPAL**  
(INDIVIDUAL OR PARTNERS)

STATE OF INDIANA )  
 )  
COUNTY OF LAKE ) SS:

On this 18th day of MAY, 19 92, before me personally appeared  
TERRY HOKTOEN

known to me to be the individual \_\_\_ described in and who executed the foregoing instrument and acknowledged to me that \_\_\_ he \_\_\_ executed the same.

My commission expires:

APRIL 1st  
NOTARY PUBLIC STATE OF INDIANA  
(LAKE CO.)  
MY COMMISSION EXP. APR. 1, 1993  
ISSUED THRU INDIANA NOTARY ASSOC.

*Document is property of  
19 '93*  
**NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

**STOP**

**ACKNOWLEDGMENT OF PRINCIPAL  
(CORPORATE OFFICER)**



STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ ) SS:

On this: \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me personally appeared  
\_\_\_\_\_, who acknowledged himself to be

the \_\_\_\_\_ of \_\_\_\_\_, a corporation,  
and that he as such officer being authorized so to do, executed the foregoing instrument for the purposes  
therein contained by signing the name of the corporation by himself as such officer.

My commission expires:

\_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Notary Public