9**2**038906

## AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRE	SENTS, That we CUSTOM: DESIGN: AND
REMODELING, INC. 520 RIDG	SE ROAD, MUNSTER, IN 46321
Indianapolis, Indiana, as Surety, are held	ES INSURANCE COMPANY, with its principal office at firmly bound unto, ALL CITIES, TOWN! AND
	ID: 100/100
	t of which well and truly to be made we do hereby.
bind ourselves, our heirs, executors, adm	instrators; successors and assigns, jointly and severally,
firmly by these presents. NOT O	FFICIAL!
Signed and sealed this Docume	of is the property of 19 92
WHEREAS, the said Obliged has gran	sted of the about to grant to the said Principal a License or
Permit to engage in the business of RE	MODELING CONTRACTOR.
NOW-THEREFORE, if the said Princ	cipal shall indemnify the Obligee against any loss directly
arising by reason of the failure to comply w	rith the laws, ordinances, resolutions, rules, and regulations
governing said business, then this obligator	or shall be void; otherwise to be and remain in full force and
effect.	
	rety shall have the right to terminate its liability hereunder.
by serving written notice upon the Obliga	ee thirty (30) days in advance of its intention to do so.
Term of Bond: JANUARY 2	, 19 92 ; to: DECEMBER: 31, 19 92
ANS OF THE PROPERTY OF THE PARTY OF THE PART	CUSTOM DESIGN AND REMODELING, HANGING
Seali	AMERICAN STATES: INSURANCE: COMPANY
MAJAN MANA	
	By Rose Lopiccold Attorney in Fact

800

Assistant Vice-President



(9-1459 (9-88)

## American States Insurance Company Indianapolis, Indiana

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a C of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, con	orporation duly organized and existing under the laws of the State stiluted and appointed, and does by these presents make, constitute
and append GEORGE F. BONE, TIMOTHY FESKO, ROSE L	OPTOTOLO ANTO PONIVA: ON/EPT
(Jointly or Sever	÷ 31
of Munster and lawful Attorney(s)-in-Fact, with full power and authority hereby conferre	Indiana  due its name injace and stead to execute, acknowledge and
deliver any and all bonds recognizances contracts of Indemnity and other conditional that the penal summent execution of the conditional execution of the conditional execution of the condition	or obligatory undertakings. provided, however,
ONE HUNDRED FIFTY THOUSAND AND INO 100 (\$150,000:00	)) DOLLARS:
and to blind the Corporation thereby as fully and to the same extent as if such bonds will Corporation and outly attested by its Secretary, hereby ratifying and confirming all that it attorney is executed and may be revoked pursuant to and by authority granted by Section which reads as follows.  "The Chairman, the President or any vice-president unduring any Executive Vice or Assistant Vice President is half have power, by and with the concurrence with the Fact as the business of the Corporation may require and to authorize any such precognizances, stipulations and undertakings whether by way of surety or other	ere signed by the President, sealed with the common seal of the he said Attorney(s)-in-Fact may do in the premises. This Power of n. 7.07 of the By-Laws of the American States Insurance Compan, e. President Second Vice President Second Vice President any other officer of the Corporation; to appoint Attorneys-inerson to execute on behalf of the Corporation, any bonds.
IN WITNESS WHEREOF. American States Insurance Company has caused the Assistant Vice-President and its corporate seal to be hereto alrived this	
the Lelye Country D	PICAN STATES INSURANCE COMPANY
A.D. 19. 1891	RICAN STATES INSURANCE COMPANY
ATTEST:  Assistant Vice-President  STATE OF INDIANA COUNTY OF MARION  SS	Second Vice-President
On this 15th day:of August	. A.D., 19.4891 , before me personally came.
On this object	. Date in page 1
Joseph F. Keit	, to mer known; who,
being by me duly sworn, acknowledged the execution of the above institution and did cape Company; that he knows the seal of said Corporation; that the seal affixed to the said th of the Board of Directors of said Corporation; and that he signed his name thereto unco	size and say; that he is a vice-president of American States insurance size ment is such corporate seal; that it was so affixed by authority, and said
Joseph F. Heim	sohn J. Rosichand knows him to be the
Assistant Vice-President of said Compration age shall be executed the above instrume MY COMMISCIONALIZATION OCTOBER 2, 1992!	Barlaga Landay
My Commission Expires:	Notary Public!
STATE OF INDIANA	ANDIA
COUNTY. OF MARION	The second secon
the above and foregoing is a true and correct copyrolia Power of Attorney, executed by inforce and effect.  This Certificate may be signed and sealed by facsimile under and by the authority of COMPANY which reads as follows:  "All policies and other instruments of insurance issued by the Corporation shall be sig or any vice-president (including any Executive Vice President, Senior Vice President; Vi and the secretary, or an assistant secretary, or other officer, whose signatures, if the lift of the Corporation, may be facsimilies. Such signatures and facsimiles thereof shall be the fact that any such officer shall have ceased to be such officer at the time such p issued by the Corporation."	Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE ned on behalf of the Corporation by the Chairman, the President ce President, Second Vice President or Assistant Vice President) is duly countersigned by an authorized representative a authorized and binding upon the Corporation notwithstanding colicy or other instrument of insurance shall have been actually
In witness whereof I have hereunto set my hand and affixed the seal of said Cor	poration, this 2nd day of January
A.D., 19	Section 1981