held and firmly bound unto The State of Indiana, and for the beneath of persons concerned or aggrieved, in penal sum of FIFTEEN THOUSAND AND NO/100— [25,000.00] [25,000.00] [25,000.00] [26,000.00] [27,000.00] [28,000.00] [29,000.00] [20,000.00]	rincipal and AMERIC	can: Statesinsuran	NCECOMPAI	NY.,Indian	apolis,INe	sSurety	••••••	••••
held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, in penal's unit of. FIFTEEN THOUSAND AND NO/109— [S15,000,00)— [S15,000,00)— [S15,000,00)— [S15,000,00]— [S	••••••	••••••	***************		********************	***************************************	•••••••	••••
lars, to the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this. Ath. A. D. 19.93. The condition of the above obligation is as follows, viz.: NOW THE CONDITION OF THIS OBLIGATION IS SUCH, Pamela N. Generich Office Hanager/Bookkeeper; been duly elected and commissioned or appointed. Lake. Radge. Rive. Registerical Dist. in and Lake County, in the State of Indiana, aforesid, for the term beginning in the let day of January A. D. 19.93 and distor His measurements. Now, if the said. Pamela N. Generich form and discharge his duties as a tell like Rive Rive State of Indiana, aforesid, for the term beginning on his hands as such. The Rive Rive Rive Rive Rive Rive Rive Riv								
NOW THE CONDITION OF THIS OBLIGATION IS SUCH, Panela M. Cherlich WHEREAS, the above named and bounden Office Hanger/Bookkeeper; been duly elected and commissioned or appointed. Lake Bidge. Kire. Krakekeeper; been duly elected and commissioned or appointed. Lake Bidge. Kire. Krakekeeper; been duly elected and commissioned or appointed. Lake Bidge. Kire. Krakekeeper; Medical Manager Models and County, in the State of Indiana, aforesaid, for the term beginning in the lat day of A. D. 19.93. and there he such that the said of the state of Indiana, aforesaid, for the term beginning on the Bidge of the said of th								
NOW THE CONDITION OF THIS OBLIGATION IS SUCH, WHEREAS, the above named and bounden Office Manager/Bookkeeper; been duly elected and commissioned or appointed. Lake Riggs, Rice, Provisition. Distr	ators, jointly and seve	rally, firmly by these	presents.	Sealed with	our seals, and	dated thisA.t	h	
WHEREAS, the above named and bounden Pamela M. Gnerlich Office Manager/Scokkeeper; been duly elected and commissioned or appointed. Lake County, in the State of Indiana, aforesaid, for the term beginning in the last day of January A. D. 19.93 and WHENTHIS WESSESSESSESSESSESSESSESSESSESSESSESSESS	of January	A. D. 19.9	93 The c	ondition of	the above oblig	ration is as fo	llows, v	iz. :
been duly elected and commissioned or appointed. Lake Ridge Rixe Rocketion Bist. in and Lake County, in the State of Indiana, aforesaid, for the term beginning in the last day of January A. D. 19.93 and distributed before the said granuary 1, 1994. Now, if the said Panuary 1, 1994. Now, if the said Panuary 1, 1994. Now, if the said Office Harmony 1, 1994. Now, if the said Panuary 1, 1994. Now	NOW	THE CONDITION	N OF TH	IS OBLIG	ATION IS S	UCH,		
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ACKNOWLEDGMENT OF PRINCIPAL

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Expiration	'date of commission,	if Notary Public	***************************************	***************************************	Official cap	icitý	************
		NOWLEDG		" OF SUI	RÊTY		
TATE:OF	Indiana				_ _	ss:	
Comes now	American Sta	tes Ins. Co.	by	Sally	Tinkle	·	***********
s agent, surety	upon the bond a	ppearing on the	reverse side	hereof and a	cknowledg	res the executi	on of sa
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American States Insurance Company

INDIANAPOLIS, INDIANA

SALLY TINKLE, DOROTH	Y SUTPHIN; LIN	DA S. PING	OR HELEN J.	FLAKE
i Indianapolis	and State	of	Indiana	
s-true and lawful Attorney(s)-in-Fact, with full power	and authority hereby cor	oferred in its name	piplace and stead, t	o execule, acknowledge a
feliver any and all bonds, recognizances, contracts of in	idemnity and other conditi	onal or obligatörv u	ndartaklnos DIO	vided. however.
that the penal sum of any one FIVE HUNDRED THOUSAND AND NO	Such instrume	nt executed	<u>nereunder</u>	shall not excee
ind to bind the Corporation thereby as fully and to the same	extent as if such honds we	o eloned by the Bro	ident cooled with the	Common seal of the Corporati
ind may be revoked pursuant to and by authority granted "The Chairman, the President or any Vice-Presid or Assistant Vice-President) shall have power, by a as the business of the Corporation may require recognizances, stipulations and undertakings, with	niming an mai the said Atto by Section 7.07 of the By-L ant (including any Execution and with the concurrence with and ito authorize any suc- tether by way of surely or	rney(s)-in-Fact may on aws of the American version of the American version of the American control of	do in the premises. This in States Insurance Cor- lenior Vice-President, a of the Corporation, to a o, on behalf of the Co	B Power of Attorney is execut npany, which reads as follow Second Vice-President opoint Attorneys-in-fact orporation, any bonds,
IN WITNESS WHEREOF, American States Insurance salate President and its corporate seal to be no	Gompany has caused the	ese presents to be	signed by its Second in the second is second in the second	Vice-President, attested by
Diving 921		DICANISTATES	SURANCE COMPAN	
NOT	OFFICI	AT	OUNTROE COMPAN	Tr.
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TTEST:	ent is the m	operty o		
Assistant: Vice-President the Lake	County Rec	ceder	Second Vice-Presid	lent
	County Rec	oz uci .		State of
TATE OF INDIANA				(3)
OUNTY: OF MARION:				
On this 31st day of	December		A: ñi 10 92	before me personally can
			10.001 10.0001	palora ma barsonshy can
48 Sept. 18	Joseph F. Hei	m		taina kasus ud
eing by me duly sworn, acknowledged the execution merican States insurance Company; that he knows eal; that it was so affixed by authority of the Board of D	the seal of said Corporal frectors of said Corporation	lion; that the seal' in: and that he sign	affixed to the said in ed his name thereto t	alaismant lataisah aasaasa
Joseph JF. Heim further said t	natihe is acquainted with	John J	Rosich	_and knows him to be th
ssistant Vice-President of said Corporation; and the	I ha sysculad the above	instrument.		`A.
KATHLEEN FORD, NOTARY PUBLIC:		KATO		
JOHNSON COUNTY STATE OF INDIAN		MARKE	Notary Public	
MY COMMISSION EXPIRES: 12/2/94				ALRY
TATE OF INDIANA SS	JEAL SEAL STATE			(≥(\$ 60
OUNTY, OF MARION	WOIAN ATTITUTE			
John J. Rosich the Assista	at Vice President of AMI	DICAN STATES	NOUDANGE COMP	AIO A
e above and foregoing is a true and correct copy of a	Power of Attorney, exec	uted by said AME	RICAN STATES INSL	ANY, do hereby certify-th JRANCE COMPANY: whic
still in force and effect; This Certificate may be signed and sealed by fac				
ISOUNTIACE COMPANY WHICH REEDS AS: TOHOWS:				
"All policies and other instruments of insurance is the president or any vice-president (including any E	sued by the Corporation vecutive Vice-President	shall be signed or	behalf of the Corpo	ration by the Chairman,
or Assistant; vice-President) and the secretary, assis	slant secretary, or other o	fficer. whose signs	itures: if the instrume	ntile duly counterelaned!
by an authorized representative of the Corporatio binding upon the Corporation notwithstanding the	IRCLINAL ANY SUCH Office	r chall have ceac	d facsimiles thereof : ad to be such officer	shall be authorized and at the:time:such policy
or other instrument of insurance shall have been	actually issued by the C	orporation."	Eles.	*
In witness whereof 1 have hereunto set my han	and affixed the seal o	sald Corporation	, this	day of 20
D., 19 <u>7</u> 13.				ALS INS
			1	K EE.

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN: RED INK, WITH A RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US ATTORNEY BOX 1636 INDIANAPOLIS, IN 146206-1636.