AMERICAN STATES INSURANCE COMPANY ;NDIANAPOLIS, INDIANA

SURETY BOND CONTINUATION CERTIFICATE

93012758.

BOND NUMBER: 01-EX-835463 (10:)

ORIGINATION DATE: 02-25-1992 PENALTY AMOUNT: \$5,000.00

TYPE OF BOND:

CLASS A HEATING, AIR COND. & VENTILATING

50.001, PAYABLE INTADVANCE, THE ABOVE BONDS

IN CONSIDERATION OF THE AGREED PREMIUM OF S EXECUTED

·ON JOHN R DREWS DBA BEHALF CLOVER SHEET METAL TO 1006 MIDDLEBURY ST

MUNCIPADITIES IN LAKE CO IN COUNTY RECORDER'S OFFICE ELKHART, IN 46546's Document is the pression was N

the Lake County Recorder! POINT,

IS'HEREBY CONTINUED IN FORCE FOR THE EXTENDED TERMIFROM 02-25-93 TO 02-25-94. CONTINUATION IS SUBJECT TO THE CONDITION THAT THE LIABILITY OF AMERICAN STATES INSURANCE COMPANY UNDER THE BOND AND AND ALL CONTINUATIONS THEREOF SHALL IN NO EVENT EXCEED INTHE AGGREGATE. THIS ENDORSEMENT SHALL BE VALID ONLY WHEN EXECUTED BY THE \$ \$5.000.00 COMPANY'S ATTORNEY IN FACT OR PRESIDENT. EXECUTED ON 01-08=93.



AMERICAN STATES INSURANCE COMPANY

ATTORNEY-IN-FACT

AGENT DAN BERRY INS AGENCY INC NAME 229 REDCOACH DR, STE 103 ADDRESS MISHAWAKA, IN 46545

13-06548

(219) 255-6222

SB202 (10-90)

622-389



American States Insurance Company INDIANAPOLIS, INDIANA

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ne above and foreg	oing is a true and co	rrect copy of a	nt·Vice-President o Power of Attorney	: AMERICAN S	STATES INSURAN BID AMERICAN ST	CE COMPANY, do	hereby certify the
: Still in force and:	effect. may be signed and						
NSURANCE COM	PANY, which reads a	is follows:					
or Assistant Vice by an authorized binding upon the	d other instruments of any vice-president (in President) and the s direpresentative of the e Corporation notwill entiofinsurance sha	ncluding any E secretary, assis he Corporation hstanding the	executive Vice-Pres stant secretary, or c n, may be facsimili fact that any such	ident, Senior V other officer, wh les. Such signs officer shall h	ice-President, Vice nose signatures, if t atures and facsimil ave ceased to be	President, Second he instrument is duly es thereof shall be	Vice-President; y countersigned: authorized and
	reof, I have hêreunt	ö setimyihan	d and affixed the	seal of said Co	orporation, this	daý, of	······································
.D., 19					۲.		STEE ING
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THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT - AMERICANISTATES 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 AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.