93054431

Western Surety Company

	D PERMIT BO		D TO
For County, City, Town or Village Only-Not Valid Performance, Maintenance, Subdivision, Agent to Se	for Bonds Required by	the State. Not Valle for	Contract,
Fertormance, Maintenance, Subdivision, Agent to Se	ii nunting and risning	Licenses or Utility Gua	rantse Bond. 이끌건
KNOW ALL MEN BY THESE PRESENTS:		BOND No. L & P	60427333
That we, S D W CONSTRUCTION, IN	ic.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
of the Town of Westville			as Principal,
and WESTERN SURETY COMPANY, a Cor	poration duly licer	nsed to do busine	ss in the State
of Indiana	as Sur	ety, are held and firn	nly bound unto the
City of Lake Station S (Valid only when a County Cit	ate of <u>Indiana</u>	mad ny Obligan); Obli	gee, in the amount
of Five Thousand and no/100		(\$ 5,000.00) DOLT: ADG
ONOTVALIDEO	R MORE THAN \$26,000		DODDANS,
lawful money of the United States, to be paid			nt well and truly
to be made, we bind ourselves and our legal representations.	entatives, jointly and	i severally.	
THE CONDITION OF THIS DEBLICATION	vuistys were otka	Erwhereas, the Pr	incipal has been
licensed <u>General</u> Contractor			1 11 0111
MOW TUDDEDODE if the Original shall fai	thefully parformaths	duting and sometime	by the Obligee.
NOW THEREFORE, if the Principal shall fai ordinances (including all amendments), pertaining			
otherwise touremain in full force and effect for			
Algust.	. 19.93, a	nd ending on the	18th day
Active Thursday 10	94 unless renewed	by continuation cont	ifianto
This bond may be terminated at any time by the	Surety upon sending	g notice in writing to	the Obligee and to
the Principal, in care of the Obligee or at such other	address as the Sure	ty deems reasonable,	and at the expira-
tion of thirty-five (35) days from the mailing of no	tice or as soon ther	eafter as permitted	by applicable law,
whichever is later this bond shall terminate and the	Surety shen be reliev	ed from any hability.	for any subsequent
acts of omissions of the Principal. Dated this 18th		August	
Panical Comments	SEAL	1 115	,
100	WDIANE	-/While	
			Principal
			Principal
Countersigned	WESTERI	N_2 11 D-10 V/	SOMPANY
	WESTERI		A COMPLETE OF THE PARTY OF THE
By Barbow G Went	Ву	rea In	<u> </u>
Resident Agent			President
	GMENT OF SURE	ΓY /	
	orate Officer)		<i>)</i>
County of Minnehana	10.93 hasana	ك مسامية المسامية	officer neuronally
Oil tills day of	, 19 <u>,</u> perore	me, the undersigned o be the aforesaid off	ionicer, personally
SURETY COMPANY, a corporation, and that he as s			
instrument for the purpose therein contained, by sig	ning the name of the	e corporation by him	self as such officer.
IN WITNESS WHEREOF, I have hereunto se	my hand and offici	al seal.	
+ ************************************	5	Barnes	<u>ر</u>
S. BARNES NOTARY PUBLIC			ic, South Dakota
SOUTH DAKOTA	Western	Surety Company	
My Commission Expires 1-22-99	1 005 00		(7.15

AGKNOWLEDGMENT OF PRINCIPAL (Individual or Partners)	
STATE OF	
County of Porter	
On this 18th day of Aug., 1993, before me personally appeared	
Steve White	
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	
2/10 Desclus	
Karen Jo Appleby Notary Public	ŝ
This Docucorporate office property of	
STATE OF the Lake County Recorder!	
SS	
County of	
On this, before me,	
personally appeared who acknowledged himself to be the	
and that he as such officer being authorized so to do executed the foregoing instrument for the pur-	
poses therein contained by signing the name of the corporation by himself as such officer.	
My commission expires	
Notary Public	•
	-
0.000000000000000000000000000000000000	يتيز
Compagned in the compag	
or Permit No. Name of Applicant Address this	
As Address	
S S S A A A A A A A A A A A A A A A A A	
Ger Jan Ray Ren Ger Jan Ray Ren Ger Jan Ray Ren Ger Jan Ray Ray Ren Ger Jan Ray Ren Ger Lan Ray Ren Ray Ren Ger Lan Ray Ren Ra	
Western Surety Company License or Permit No. License or Permit No. License or Permit No. Ans Ans Address Address Approved this	
Of Licen Licen State o day of day of	

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