MEDINSURANCE: AMEDING AMEDING

AMÉRICAN STATES INSURANCE COMPANY INDIANA A6204-1275

COUNT & UNIFIED BOND	
KNOW ALL MENTBY THESE PRESENTS:	
ThatSMITH	_
of616_East: 43rd -Avenue, Gary,—IN _46409: as Princip and AMERICAN STATES INSURANCE COMPANY duly authorized to transact/surety business in the State of Indiana, a	al
Surety, are held and firmly bound unto <u>all cities</u> , towns & municipalities of Lake County Indiana, a	
in the penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00) DOLLARS, lawful money of the United States, for the	ne
payment of which; well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assign jointly and severally, firmly by these presents.	S,
Signed, sealed and dated this 14th octavely the pacember , 19:93	
Chapter 88 of IC17-2 requires the Principal to file this bond and gyarantees the compliance with the ordinance and regulations of the County or a city or town within the County of a city or town within the compliance with the compliance with the ordinance and regulations of the County or a city or town within the compliance with the compliance	∋s y,
NOW, THEREFORE, THE CONDITIONIOF THIS OBLIGATION IS SUCH; That if the above bounden Principal show on and lafter the 14th day of the perimer county Record 19 193, indemnify said Obligee again	all ist
all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statute	S,
ordinances; rules or regulations: pertaining; to such license or permit; then the above obligation shall be void, otherwit to be and remain in full force and effect.	3 e
PROVIDED the term of the bond is continuous.	۱ ط
AND, PROVIDED, the Surety-may cancel this bond tattany time by giving thirty (30) days notice in writing mails to the Obligee.	id
PROVIDED FURTHER! regardless of the number of premiums that shall be payable on and, the Sorate shall not be liable hereunder to a larger amount in the aggregate; than the amount of this bond.	
PROVIDED FURTHER, regardless of the number of licenses held by the Principal within the County and the numb of claims that may be filed against this bond either under a single license or more than a single license, the total of which may exceed the penalty of this bond, the Surety shall not be liable the reunder for a larger amount, in the aggregate, the the amount of this bond.	żhι
PROVIDED!FURTHER, that!this bond shall be not construed to provide indemnity as a result of the Principal's failu to perform the terms of a construction contract.	re
INIWITNESS: WHEREOF, the parties hereto have set their hands and seals the day and year above written.	
Jehn Smith	
JEHU SMITH Principa	đ
AMERICANISTATES INSURANCE COMPANY	٠.
BY: Roseann Heren 1991	0.
POSEANNI KETSED Attornaviores	

9-1045; (1-80):



American States Insurance Company INDIANAPOLIS, INDIANA

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	rrillville	and S	iale of	India)a:	
		ower and authority hereby				And a mina
hat the pena WO HUNDRED F	L sum of any o	ne_such_instru AND NO/100 (\$2	ment execute 50:000,000 r	d hereunder	shall not e	xceed (
d to bind the Corporation did uly attested by its Se did may be revoked purs "The Chairman, in Assistant Vices"	n thereby as fully and to the occatary, hereby ratifying an uant to and by authority gra he President of any Vice P President shall have power	same extent as if such bond d confirming all that the said nited by Section 7.07 of the resident (including any Exe by and with the concurrence thre and to authorize any whether by way of sura	s were signed by the Pi Attorney(s)-in-Fact ma By-Laws of the Americ scutive Vice-President,	resident, sealed with thi y do in the premises. The an States Insurance C Senior Vice President of the Corporation to	e common seal of the Co gls Power of Attorney is company, which reads a , 'Second Vice-Preside annoint Attorneys in its	orporation! executed, is follows: nt!
IN: WITNESS, WHE	REOF, American Siates:In	surance Company has ci	iv.or omerwise aused these presents	to be signed by its	Vice-President, attest	ed by. its:
	and itsicorporate seal-to	oe hereto állixed this	17th day of		ctober	
D. 19 <u>· 91</u> .	This Do	cument is th	AMERICANISTATES e propert	INSURANCE COMPA	NY.	
		ake County			2 ¹ Υ • • •	
TTEST:	Assistant Vice-President		Ву:	Second VI	eidani	
	Vagiatalit Alco-Ligardelit.		.6:	- Second, Vice Pie	naent .	See INDU
TATE OF INDIANA	Dk				4	
OUNTY OF MARION	SSS				•	
<u> </u>	,	Oct to the second		10 601	16 - 4	AN AN
On this	day of	October.	•	, A.D., 19 <u>:</u> 91	,;belore me)persons	illy:came
		Joseph: F. H	lėtim.		, to meikno	wa who
ates Insurance Comp was so affixed by au loseph F: He	any; that he knows the thority of the Board of Di	cution of the above instrueal of said Corporation?; rectors of said Corporation and that he is a corporation to	iment and did depos that the seal affixed on; and that he sign dwith John	to the said instrume ad his name thereto:	la Vice-President of Antils such corporate : under like authority:	American seal (that And said
	it of said Corporation; ai	id that the executed the.	above:instrument.		<u>.</u>	
MARGO'LL THA	YER, NOTARY PUBL		672 m.	20 CO.	(2h 10 - 1	1.1.
ENDRICKS COU	NTY; STATE OF IND ON EXPIRES: 12/3/9	IANS INSTITUTION	1 1 full	- Notary Publ	Muy	
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QUNTY OF MARION	SS				3	WAIDW
	7	sistantiVice:President of		SINGITRÂNCE CON	ΑΡ̈́ΑΝΥ, do herebů či	
e above and foregoin	g is a true and correct co	by of a Power of Altorney,	executed by said AA	MERICAN STATES IN	SURANCE COMPAN	Y which
still[in-force and effe This Certificate ma	ct. v belsigned and sealed	by facsimile under and the	ov the authority of Se	ection 8.03 of the By	Laws of AMERICAN	STATÉS
ISURANCE COMPAN	IY which reads as follow	S:		•		
the president or any	vice-president (including	nce issued by the Corpor any Executive Vice-Rres	ident. Senior Vice-Pr	esident.،Vice·Preside	nt. Second:Vice-Pres	ident.
or Assistant Vice-Rr	esident) and the secretary	i, assistant secretary, or o oration, may be facsimili	ther officer whose si	gnatures, if the instru	ment'is duly counters	igned
binding upon the C	orporation notwithstandi	ig the fact that any such	officer shall have co	ased to be such off	cer at the time such	policy,
or other instrument	fof insurance shallihave	been actually issued by	the Corporation."			
In witness wheleo	f, I have hereunto setim	y hand and affixed the is	seal of said Corpora	tion, this	day. of	 !
.Ď., 19						SED INSU
				3 .	1	66.
				. 7		R (SEAR)

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK; WITHIA RED DIAGONAL IMPRINT - AMERICAN STATES INSURANCE - PRESENT UNITS 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: