AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND #EX886-468

94002505

	PRESENTS; That we DEVON'S HEATING & AIR
CONDITIONING INC. 849 SUPE	RIOR., CALUMET CITY, IL. 60409
	TATES INSURANCE COMPANY, with its principal office at held firmly bound unto: LAKE COUNTY RECORDER:
	, hereinafter called Obligee, in
	"DOLLARS AND NO/100
•	ment of which well and truly to be made we do hereby
bind ourselves, our heirs, executors,	adminstrators, successors and assigns, jointly and severally,
firmly by these presents.	OFFICIAL! day of OCTOBER ment is the property of control of the property of th
Signed and sealed this Docu	ment is the property of
WHEREAS, the said Office has	granted on is about to grant to the said Principal a License or
Permit to engage in the business of .	The state of the s
NOW THEREFORE, if the said	Principal shall indemnify the Obligee against any loss directly
arising by reason of the failure to comp	oly with the laws, ordinances, resolutions, rules, and regulations.
governing said business, then this obli	gation skall be void, otherwise to be and remain in full force and
effect.	
	ne Surety shall have the right to terminate its liability hereunder.
	E SEAL OF ST
	bliges (diriy) (30) days in advance of its intention to do so.
Term of Bond: OCTOBER 11	19 93 to OCTOBER 11 , 19 94
WILL S. INSU STATE	PAT DEVON Principal
	TAL DEVOK Frincipal
Soal	
	AMERICAN STATES INSURANCE COMPANY
Seal	11/11. 101
	By WILLIAM P. STUBER Attorney-in-Fact



American States Insurance Company

INDIANAPOLIS, INDIANA

GARY F.	BROCKHAUS	WILLIAM P	STUBER,	JOHN F	. BURNS	OR DEBRA	KOHLMAN	
	Oak Lawn		and State			Illino	is	
true and lawful Attor	ney(s)-in-Fact, with	ull power and auth	ority hereby co	nlerred in its	name, place	and stead, to	execute, ackn	owledge and
iver any and all bonds	l sum of an	y one such	instrumer	ıt execı	ited her	eunder s	hall not	exceed
NO HUNDRED F to bind the Corporation	1FTY THOUSA	ND AND NO/1	00 (\$250	,000.00	DOLLAR	5		
duly attested by its Se d may be revoked pursi "The Chairman, II or Assistant Vice-F as the business of recognizancos, st	crelary, hereby ratify; uant to and by author, he President or any \ President) shall have ; if the Corporation m ipulations and under	ng and confirming all ity granted by Section /ice-President (includ bower, by and with the ay require and to all takings, whether by	that the said Atto i 7.07 of the By-t ling any Exocuti a concurrence w uthorize any suc way of surety of	rney(s)-in-Fac Laws of the Ar ve Vice-Presid ith any other of th person to otherwise"	t may do in the nerican States dent, Senior Vi ifficer of the Co execute, on be	premises. This Insurance Com ce-President, S rporation, to ap chalf of the Co	Power of Attorn pany, which replected to the pany which replected to the point Attorneys reportation, any	ey is executed ads as follows: esident -in-fact bonds,
IN WITNESS WHER				the day of	to be signed		Vice President,	
). 19 <u>93</u>	and he corporate ac	Docu			TES INSURAN	ICE COMPAN		
	N	OT OI	FIC	IAL	N.	1 1 4	2 2	
TEST:	Assistant Vice Prest	ocument	is the p	roger	TY SOF	nd Vice-Presid	en!	
	the	Lake Co	unty Re	corde	r!	100 1 10010	····	STES IME
ATE OF INDIANA	} ss:		•					3 (Sea
JNTY OF MARION	3							A COUNTY
On this10th	day of	Marc	ch		, A.D	., 19 <u>. 93.</u> , i	pefore me per	sonally came
		Jose	oh F. Hei	m			to me	known whr
ng by me duly sworr erican States Insura il; that it was so a fixe	nce Company: that	e execution of the	above instrume	nt and did dation; that the	e seal affixed ne signed his r	to the said in name thereto u	Second Vice	President of
oseph F. Hei Istant Vice Presiden	m fur t of said Corporation	ther said that he is n; and that he exe	acquainted wi	th Joh e instrument	n J. Ros	ich	_and knows h	im to be the
KATHLEEN	PO MOTARY B	TITUE	ER'S ON	Lat	+1.			
OHNSON COUN	TY: STATE OF	NIDIANIA		Muc	uun	lolary Public		
	ONIEXPIRES: 1	2/2/94			. /			66
ATE OF INDIANA UNTY OF MARION	SS		SEAL OF	7				(*(Deal
		THE PARTY IN	DIANA					WOIAH
above and foregoing	is a true and correct	ne Assistant Vice/P	f Attorney, exec	cuted by said	AMERICAN S	STATES INSU	NY, do hereby RANCE COMP	y certify that PANY, which
till in force and effective this Certificate may		aled by facsimile u	nder and by the	e authority of	Section 8.03	of the Bv-Lav	vs of AMERIC	AN STATES
URANCE COMPAN "All policies and oth the president or any or Assistant Vice-Pre by an authorized rep binding upon the Co or other instrument	Y which reads as for instruments of in vice-president (inclusion) sident) and the secroresentative of the progration notwithst	ollows: surance issued by iding any Executive etary, assistant sec Corporation, may b anding the fact tha	the Corporation Vice-President retary, or other le facsimilies. S any such office	n shall be sig I, Senior Vice officer, whos Such signatu eer shall have	ned on behali President, Vi e signatures, res and facsi e ceased to b	of the Corporce-President, if the instrume miles thereof	ration by the C Second Vice-F nt is duly coun shall be autho	Chairman, President, tersigned rized and
In witness whereof	, I have hereunto s	et my hand and at	fixed the seal	of said Corp	oration, this		day of_OCT	
)., 19 <u>93</u>								SES INSU
					7			15/2

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 AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.

Assistant Vice-President

State of ILLINOIS . AMERICAN STATES INSURANCE CO. SURETY ACKNOWLEDGEMENT (ATTY-IN-FACT) County of COOK On this ELEVENTH day of in the year one thousand nine hundred and OCTOBER , before me. , a Notary Public in and for said County. DEBRA BISATLLON NINETY-THREE and State, residing therein; duly commissioned and sworn, personally appeared WILLIAM P. STUBER , known to me to be the duly authorized Attorney in fact of the AMERICAN STATES INS. CO. and the same person whose name is subscribed to the within instrument as the Attorney-in-fact of said Company, and the said duly acknowledged to me that he sub-WILLIAM P. STUBER thereto as Surety and his own name as Attorney. scribed the name of the AMERICAN STATES INSURANCE CO. IN:WITNESS WHEREOF, It have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written. OFFICIAL SEAL DEBRA BISAILLON Notary Public, State of Illinois My Commission EmiresMy Commission Expires 07-01-94 County, State of COOK, ILLINOIS BD-1410 ED: 6(70 ocument is

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