Bond Safeguard Insurance COMPANY 246 East Janata Boulevard, Lombard, Illinois 60148 (708) 495-9380

BOND No. 15- 302337

94028542

LICENSE AND/OR PERMIT BOND (Not valid if filled in for more than \$25,000.00)

KNOW ALL MEN BY	THESE PRESENTS:					
Thatwe <u>Midwest</u>	Communications Int	eriors, Inc. (Principal's Name)				
		, , ,				
455 Fox	Trail Drive, Batav	(Principal's Address)				
as Principal and BO	ND SAFEGUARD INS		V an incurance	company duly l	iconcod in	•ho
as rillicipal, allo bo	ואט פארבשטאחט וואפי	UNANCE COMPAN	r, an insurance	company duly i	icensed in	me ²
	urety, are held and firm	munio	cipalities therei	in.	, 2 0	
State of Indiana, Oblig	gee, in the sum of <u>Fi</u>	ve Thousand and	No/100*****	****Dollars	000 - 0 0****	446.74 C
to the payment of whi	ich sum the said Princ	ipal and Surety bind	l themselves and	l their heirs, 🎮 m	inistrators,	ex-
	and assigns, jointly an	001110000		9	9	تر <u>ن .</u>
In consideration ther	reof, the Principal is g	granted a license a	nd/or permit by	the Obligee to	engađe in	ther
business of <u>car</u>	NIO	OFFIC	IAL!	m	•	
	ng on the his Do14t	ment is the p	day of Ly Apri		主 生19.9	<u>)4</u> ,
	the I ₁₄	ce County Re	corder!			
and ending on the	-146	n day of	Apri		, 19_9	<u>,, </u>
THEREFORE: the con	dition of this bond is th	hat, if said Principal	shall comply wit	th all of the cond	itions of the	or-
dinances and regulat	ions of the Obligee pe	rtaining to said lice	nse and/or perm	i <mark>it, th</mark> en this obli	gation shall	l be
null and void; otherw	ise to remain in full fo	rce and effect subj	ect to the follow	ing conditions:		
	may be extended from	year to year at the	option of the Sui	rety, by continua	ition certific	ate
executed by the	may be cancelled by t	he Surety upon alvii	ng thirty (30) day	s written notice	to the Oblic	201
However, this of	oligation shall remain i	in full force and effe	ct as to the acts	or omissions of	the above m	ien-
tioned Principal	prior to the cancellat	ion of the bond.				
Dated this	14th	day of	April		, 19 _94	
		SUNDER'S COM			,	
		Mi d	west Communa	ations Interi	ors. Inc.	
				, A	Princi	ipal
				(P)	O' x	5
Countersigned: E.I.	C. Insurance Agenc	y, Inc.	7,67	\mathcal{L}_{l}/λ	Offi	
		WOLANA LILLI			Oili	COI
	01	BON	D SAFEGUARD	INSURANCE CO	MPANY	
	5-1-1/10	DV·	0.00.0	atas / Wm	. .	
BY:	/ Julla	BY: .	W 1000M	MIT WO / YOU W	Presid	ent
•				OD INSUR	1 16510	ont
				Colymon		
	ACKN	OWLEDGEMENT O	F SURETY	5/ mms /5/	1	
	710111	(Corporate Office	er)	9 INSURANCE 5		
		` '		S Common S	1	
STATE OF ILLINOIS COUNTY OF DU PAG	- ∖ss		`	A A A A A A A A A A A A A A A A A A A		
COUNTY OF DU PAG	E)			Roberts		
On this 1st da	v of July	19 90 hefore me	e, the undersion	ed officer perso	nally appea	ared
William W. Hector. w	y of <u>July</u> ho acknowledged him	self to be the afore	said officer of B	OND SAFEGUAR	RD INSURAI	NCE
COMPANY, a corpora	ation, and that he, as si	uch officer, beind at	itnorizea to ao se	o, executed the 19	oregoing ins	รเเน-
ment for the purpose	e therein contained, by	signing the name	of the corporation	on by himself as	such office	er.
IN WITNESS WHERE	OF, I have hereunto s	et my nand and off	iciai seal.	ρ . ρ	11	
	"OFFICIAL SEAL"		Weni	10 H Mrs V	Thin	
(D	ENISE G. GRIFFIN RY PUBLIC, STATE OF BLUNOIS	<u></u>	in cina		<i>1</i>	_
INI D1 7/00	WILL COUNTY		Notary Pu	ıblic, State of III	inois	V
	PROPERTY OF THE PROPERTY OF TH		•	•		- 1

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERS)

STATE OF) ss		
		47 R.E., 199	, before me personally appeared
known to me to be the indiverged to me that he	vidual described in ar executed the same.	id who executed the fo	regoing instrument and acknowl-
NOTARY PUBLIC	P CARTER STATE OF INDIANA 19 CU1	nenOnn	e Heterter
MY COMMISSION	This Document in the Lake Cou	nty Recorder!	
COUNTY OF	ss	ANALIMA	
			_, before me personally appeared
	ofof being authorized so to d g the name of the corpora	o, executed the foregotion by himself as such	, a corporation, oing instrument for the purposes officer.
My commission expires:	, 19		Notary Public