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SAMUEL ORIN  
RECORDER

# Western Surety Company

## LICENSE AND PERMIT BOND

For County, City, Town or Village Only-Not Valid for Bonds Required by the State. Not Valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses or Utility Guarantee Bond.

KNOW ALL MEN BY THESE PRESENTS:

BOND No. L & P. 42494319

That we, AIR TECH COMFORT SYSTEMS, INC  
of the Town of Cedar Lake, State of IND, as Principal,  
and WESTERN SURETY COMPANY, a Corporation duly licensed to do business in the State  
of Indiana, as Surety, are held and firmly bound unto the  
County of Lake, State of Indiana, Oblige, in the amount  
(Valid only when a County, City, Town or Village is named as Oblige)  
of Five thousand and no/cents DOLLARS (\$ 5,000.00),  
(NOT VALID FOR MORE THAN \$25,000)

lawful money of the United States, to be paid to the said Oblige, for which payment well and truly  
to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been  
licensed as a Heating and Cooling Contractor

\_\_\_\_\_ by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and  
ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void,  
otherwise, it shall remain in full force and effect for a period commencing on the 20th day of  
Sept, 1994, and ending on the 20th day  
of sept, 1995, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Oblige and to  
the Principal, in care of the Oblige or at such other address as the Surety deems reasonable, and at the expira-  
tion of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law,  
whichever is later, this bond shall terminate and the Surety shall be relieved from any liability for any subsequent  
acts or omissions of the Principal.

Dated 20 day of SEPTEMBER, 1994.

James S. Todd, Secy  
Principal

Countersigned  
By Michael J. Fagan  
Resident Agent

WESTERN SURETY COMPANY  
By Joe Kirby  
President

### ACKNOWLEDGMENT OF SURETY

STATE OF SOUTH DAKOTA }  
County of Minnehaha } SS (Corporate Officer)

On this 20 day of Sept, 94, before me, the undersigned officer, personally  
appeared Joe P. Kirby, who acknowledged himself to be the aforesaid officer of WESTERN  
SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing  
instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

S. BARNES  
NOTARY PUBLIC  
SOUTH DAKOTA  
My Commission Expires 1-22-99

S. Barnes 800  
Notary Public, South Dakota  
Western Surety Company  
1-605-336-0850

ACKNOWLEDGMENT OF PRINCIPAL  
(Individual or Partners)

STATE OF \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_

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 \_\_\_\_\_

Notary Public

Document is  
NOT OFFICIAL!

This document is the property of  
the Lake County Recorder!

STATE OF In }  
County of Lake } ss

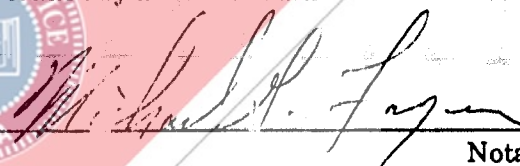
On this 20 day of Sept, \_\_\_\_\_, before me,

personally appeared TAMMY S TODD, who acknowledged himself to be the  
Sec of AIR Tech Comfort Systems, Inc, a corporation,  
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 \_\_\_\_\_

Nov 18

94



Notary Public



License or Permit No. \_\_\_\_\_  
**LICENSE AND PERMIT  
BOND**

As

of \_\_\_\_\_  
State of \_\_\_\_\_  
Name of Applicant

Address

Filed \_\_\_\_\_

Approved this \_\_\_\_\_  
day of \_\_\_\_\_