

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA
LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS, That we LEMBKE GLASS, INC.

as Principal, and the AMERICAN STATES INSURANCE COMPANY, with its principal office at
Indianapolis, Indiana, as Surety, are held firmly bound unto All Cities, Towns &
Municipalities of Lake County, IN, hereinafter called Obligee, in

the penal sum of *Five Thousand & 00/100 - - - - -
(\$5,000.00) Dollars, for the payment of which well and truly to be made we do hereby
bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally,
firmly by these presents.

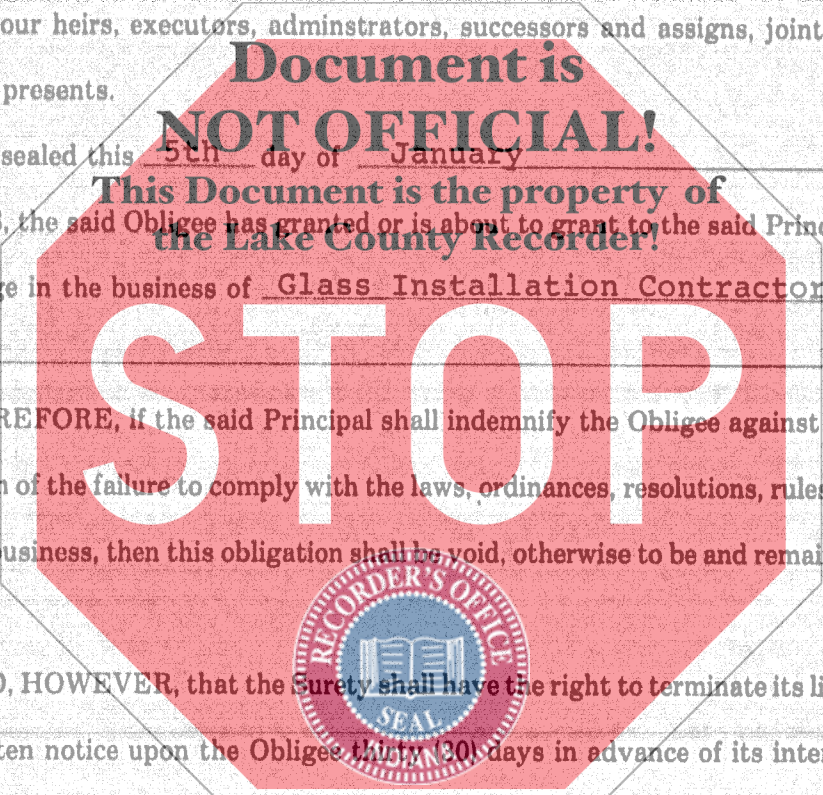
Signed and sealed this 5th day of January, 1995

WHEREAS, the said Obligee has granted or is about to grant to the said Principal a License or
Permit to engage in the business of Glass Installation Contractor

NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss or liability
arising by reason of the failure to comply with the laws, ordinances, resolutions, rules, and regulations
governing said business, then this obligation shall be void, otherwise to be and remain in full force and
effect.

PROVIDED, HOWEVER, that the Surety shall have the right to terminate its liability hereunder
by serving written notice upon the Obligee thirty (30) days in advance of its intention to do so.

Term of Bond: 01-05-, 1995, to 01-05-, 1996



95001687

AMASA S. COLBY
CHIEF RECORDER

95 JAN 10 AM 8:52

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



LEMBKE GLASS, INC.
Principal

BY: Dennis Lembke

AMERICAN STATES INSURANCE COMPANY

By Lynelle Thornton
Attorney-in-Fact

11.00



American States Insurance Company

INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute and appoint

----- JOHN BORCHERTMEYER OR LYNDA THORNTON -----

of Valparaiso and State of Indiana
its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided, however,
that the penal sum of any one such instrument executed hereunder shall not exceed
TWO HUNDRED FIFTY THOUSAND AND NO/100 (\$250,000.00) DOLLARS

and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows:

"The Chairman, the President or any Vice-President (including any Executive Vice-President, Senior Vice-President, Second Vice-President or Assistant Vice-President) shall have power, by and with the concurrence with any other officer of the Corporation, to appoint Attorneys-in-fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise"

IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 31st day of March
A.D. 19 94

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

ATTEST: [Signature] Assistant Vice-President By [Signature] Second Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS
On this 31st day of March, A.D., 19 94, before me personally came

Joseph F. Heim to me known, who being by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said Joseph F. Heim further said that he is acquainted with John J. Rosich and knows him to be the Assistant Vice-President of said Corporation; and that he executed the above instrument.

BARBARA PONSLE, NOTARY PUBLIC
MARION COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES: 10/2/95

[Signature]
Notary Public

STATE OF INDIANA }
COUNTY OF MARION } SS
I, John J. Rosich, the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still in force and effect.
This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows:
"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the president or any vice-president (including any Executive Vice-President, Senior Vice-President, Vice-President, Second Vice-President, or Assistant Vice-President) and the secretary, assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimiles. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation."

In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this _____ day of _____, A.D., 19 _____

[Signature]
Assistant Vice-President

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.

WARNING
THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK AND IF THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT IN ITS ENTIRETY.

778-531