

Capital indemnity corporation

P.O. Box 5900, Madison, WI 53705-0900

LICENSE OR PERMIT BOND

NO. 591268

SWANSON ASPHALT CO., INC. 11659 S. Mayfield Ave. Worth, IL 60462

, of

, as Principal,

and Capitol Indemnity Corporation, a Wisconsin Corporation, and having its principal office in

the City of Madison, Wisconsin, as Surety, are held and firmly bound unto LAKE COUNTY AND ALL CITIES AND TOWNS THEREIN 2293 North Main Crown Point IN 46307.

, hereinafter called the Obligee, in the penal sum of

FIVE THOUSAND AND 00/100

Dollars (\$ 5,000.00--

lawful money of the United States of America to be paid to said Obligee, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Document is

Signed with our hands and seated with our seats this, the 31st

day of May

A. D. 19 95.

This Document is the property of the Lake County Recorder!

95030s

WHEREAS, a LICENSE or PERMIT has been granted by the Obligee to the above bounder Principal authorizing him

ASPHALT PAVING CONTRACTOR

Now, therefore, the Condition of this Obligation is such, that if the said Principal half-faithfully observe the provisions of the Laws, Ordinances, and Resolutions, governing the Asiance of this License or Permit, then this Obligation shall be null and void, otherwise to remain full force and effect.

Liability under this bond shall terminate as of the 31st day of May , 1.9 96 as to any acts subsequent thereto, unless said bond is continued in force from year to year by the issuance of a continuation certificate signed by the Surety.

The Surety may cancel this bond at any time by filing with the Obligee thirty (30) days written notice of its desire to be relieved of liability. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty day period.

SWANGON, ASPHALT CO., INC.

PAUL A. GANZ

rincipal

SECRETARY

CAPITOL INDEMNITY CORPORATION

By Clic

CIC-LP-305-BD(2/90)

10.00



Capitol indemnity corporation

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900 PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900 PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: 361270

95

Know all men by these Present of the State of Wisconsin, having its principal offices in	the City of Madison, W	INDEMNITY CORPORATION, a corporation isconsin, does make, constitute and appoint
JAMES SCHEER, MICHAEL J. SCH	EER, RICHARD M.SC	HEER, ALICE RHOADS
JAMES I. MOORE, BONNIE KR		
Its true and lawful Attorney(s)-in-fact, to make, execu and deed, any and all bonds, undertakings and contra of suretyship executed under this authority shall excee	acts of suretyship, prov	ided that no bond or undertaking or contract
NOT TO BX	CEED \$3,000,000.00-	
This Power of Attorney is granted and is signed Resolution adopted by the Board of Directors of CAI held on the 5th day of May 1960:	l and sealed by facsimil PITOL INDEMNITY CO CUMENT 18	RPORATION at a meeting duly called and
"RESOLVED, that the President, and Vice-President, the Set the power and authorization to appoint by a Power of Attorney to writings obligatory in the nature thereof, one or more resident visit the powers and duties usual to such offices to the business of this to any such power of attorney or to any set tilicate relating thereto signatures or facsimile seal shall be valid and binding upon the Congany in the nature thereof to which it is attached. Any such appointment may be	company; the signature of by facsimile, and any such	such officers and seal of the Company may be affixed by the control of the Company may be affixed by the control of the company may be affixed by the control of the company may be affixed by the control of the company may be affixed by the control of the company may be affixed by the control of the company may be affixed by the compan
IN WITNESS WHEREOF, the CAPITOL INDEP	INITY CORPORATION of affixed duly attested	N has caused these presents to be signed by d by its Secretary, this 1st day of June, 1993.
	CAP	ITOL INDEMNITY CORPORATION
Attest:		
Vergeline M. Schulte	TO UNITY CO.	Seorge A. Falt, President
Virglline M. Schulte, Secretary	CORPORATE SEAL	George A. Falt, President
STATE OF WISCONSIN		
COUNTY OF DANE		
On the 1st day of June, A.D., 1993, before may sworn, did depose and say: that he resides in the CAPITOL INDEMNITY CORPORATION, the corporation; that the staffixed by order of the Board of Directors of sald corporation.	ation described in and eal-attixed to seid instr	which executed the above instrument; that ument is such corporate seal; that it was so
STATE OF WISCONSIN)	OF WISCOMM	
	(PETER) E	Peter E. Hans
COUNTY OF DANE	MAN PUBLICATION OF THE PROPERTY OF THE PROPERT	Notary Public, Dane Co., Wi My Commission is Permanent
	CERTIFICATE	
I, the undersigned, duly elected to the office CORPORATION, a Wisconsin Corporation, authorized attached Power of Attorney remains in full force and Board of Directors, set forth in the Power of Attorney is	d to make this certificath has not been revoked	te. DO HEREBY CERTIFY that the foregoing

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.

31st

Signed and sealed at the City of Madison. Dated the

State of Illinois County of DuPage as:

On May 31, 1995

therein, duly commissioned and sworn, personally appli OF pelora me, a Notary Public in and for said County and State, residing is Al Jicher Rhoads

known to me to be Attorney in Fact of CAPITOL INDEMNITY CORPORATION the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affize they official seal, the day and year stated in this certificate above.

CONTROL STATE OF THE STATE OF T

"OFFICIAL SEAL" My Commission Expires ESTACOLINIC KRUYE (20)700% 积度图10, \$1.518 GF 用户公司