



STATEWIDE INSURANCE COMPANY

P.O. BOX 799 60079-0799 • 325 NORTH GENESEE ST., WAUKEGAN, ILLINOIS 60085-4205 708/6

46398 BOND NO. B X36388X

LICENSE OR PERMIT BOND

(NOW)	ALL M	EN E	Y TH	ESE	PRES	SENTS	i i i							î.				503	
hat we	1	Tes	ss C	ons	strı	uctio	on, I	nc.	ne na marayana ay isini da	s en employaçõe de deportura	****	y	of	<u> Bajawa nggagi</u>	14	828	Chic	age	inistra - 1888 (199
Polto corpor	ration	organ	- 60 nized	and e	xistin	ng unde	or the la	WE Of I	he St	ate of	, as Pri	ncipal, as Sure	and the	STAT	EWID	E INS	URANG	CE CE	PANY,
4	154						NO			Keel		own -	poln	T	N	4630	7		
hae	n	100) the		/	This	Dog	zu _t m	ent		and the second		*	-				1.0	neld to
he said by these	Oblig	ee, fo	or which	ch pa	ymen	nt well	inder Ty	ake	(Colon	uwatej	nd Rura	elvas d	Ediour i	gal re	prese	ntative	s, jointi	y and se	verally
TUC	= 001	IDITI	ON O	E TU	E AD	OVE O	BLIGAT	ION IS	SHO	L The	twhere	ne offar	tivo	Ma	y 1	7 1	995	S	₽_
he saic	d Obli	gee	has	grante	ed or	is ab	out to	grant	to the	said								theol	isi ke
1	Dryw	al.	<u>Lar</u>	1 C 1	cela	ated	Cons	truc	<u>t10</u>	n	4						- 음;	र् ।	30
NO) ncluding	W THE	REF	ORE,	if the	said reto,	Princip pertain	pal shall ling to th	faithfu ne licer	lly per nse or	rform t	he dutle it being	s and ir	ail thin i, then i	gs cor his ob	nply w ligatio	ith the	laws a	nd da ir d, o <u>th</u> er	iange is wigg is
	1.0		100				y 17		1.7	100							r		었~
	6	9	40				San San		TITLL	ER'S	THE STATE OF THE S						C		ָט
PRC ritten r	OVIDE notice	D, Ho	OWE\ incella	/ER. ition	This sent i	bond m	nay be c	ancello il.	og by	the St	retyshi	rty (30)	days aft	er rec	alpt by	the C	bligee	of the S	urety's
igned,								Ē	dev of		May	r - 1			19	95		i di ji	
gneu,	Sealet	J anu	OBIEC	- 144-	- ASSES				icey of	EAL.	, strings	- Company			10	o colores a		· 1000	
													/ :						
							_	14.			Te	ss C	onst:	ruct	ion	, In	C.		
																			rincipal
						A												in the	
											Ву	10	me	ni		Ta	eza	olen	
	15 12			3 -	23.		:		54.				a i		i.	À	ja.	va.	
	* 						Anac . On i , Co					STA	TEWI	DE IN	SUR	ANC	E CON	IPAN	,
						(² (19	79)						7. L		\bigcap			,	
						A. (C.18)	200 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Ву			K	K	MA	nl		
													Alie	d J. S.	CARD	Atto	rney in	Fact T	

800



STATEWIDE INSURANCE COMPANY

P.O. BOX 799 80079-0799 • 325 NORTH GENESEE ST., WAUKEGAN, ILLINOIS 60085-4288 708/662-0073 FAX 708/662-8162

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That STATEWIDE INSURANCE COMPANY, an Blinois stock insurance corporation, does make constitute and appoint

Alice J. Swank of Waukegan, Illinois

its true and lawful Attorney-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company directo if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof as follows:

All written instruments in an amount not to exceed an aggregate of Twenty-Five Thousand (\$25,000,00) Dollars for any single obligation.

and to bind STATEWIDE INSURANCE COMPANY thereby, and all of the acts of said Attorney-in-Fact, pursuant to these presents, are ratified and confirmed.

This Power of Attorney is granted and is signed and sealed under and by the authority of the Tollowing Resolution adopted by the Soald of Directors of the STATEWIDE INSURANCE COMPANY, Waukegan, litings, is a meeting duly called and held on the 27th day of September, 1979.

"RESOLVED, that the Chairman of the Board, the Vice Chairman of the Board, the President, an Executive Vice President, a Senior Vice President or a Vice President of the Company be, and that each of any of them hereby is, authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute in behalf of STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, bonds, undertakings and all contracts of suretyship; and that an Assistant Vice President, a Secretary or an Assistant Secretary be, and that each or any of them hereby is, authorized to attest the execution of any such Power of Attorney, and to attach hereto the seal of the Company.

FURTHER RESOLVED, that the signatures of such officers and the seal of the company may be afficed to any such Power of Attorney or to any certificate relating thereto by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached."

In Witness Whereof, the STATEWIDE INSURANCE COMPANY. Waukegan, Illinois, has caused its official seal to be hereunto affixed and these presents

to be signed by one of its Vice Presidents and attested by one of its Secretaries this 2nd day of March, 1987

ATTEST

Raiph W. Swank, Jr., Secretary

STATE OF HUNOIS) S

8FAL 1978

STATEWIDE INSURANCE COMPANY

D. Denko V

R.L. Drake, Vice President

On this 2nd day of March, 1987 personally came before me, His. Diets and Raich W. Swank, ir, to me known to be the individuals and officers of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the Board of Directors of said corporation.

"OFFICIAL STAL"

Ritabeth A. Ryan

Notary Public, State of Rilocks

By Commission Expires 7/8/94

E lizzaeth a Ryan

Elizabeth A. Ryan, Notary Public

CERTIFICATE

I, the undersigned Assistant Secretary of the STATEWIDE INSURANCE COMPANY, an illinois corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the provisions of the By-Laws of the company and the Resolutions of the Board of Directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Waukegan this 174m

day o

MES

10 73

((1978))

Raiph W. Swank,

Assistant Secretary