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AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

	AMERICAN STAT	es insurance co	MPANY, with its prin	ncipal office at
Indianapolis, Indian	a, as Surety, are held	firmly bound unto	Lake County,	IN
2293 N. Main	St., Crown Point,	IN 46307	, hereinafter cal	led Obligee, in
	Five Thousand & r			<u> </u>
s 5,000.00) Doll	lars, for the paymen	at of which well and	truly to be made	we do hereby
			and assigns, jointly	
irmly by these pres	NOT	OFFICIA		U
	/ This Docum	ent is the pro	perty of	, C
Signed and seed	the Lake	County Reco	rder!	, 19 <u>95</u> N
WHEREAS, the	said Obligee has gra	nted or is about to gre	ant to the said Princip	al a License or 🖯
Permit to engage in	the business of	General Contrac	tor .	
NOW THERE	ORE, if the said Prince	cipal shall indeposity	the Obligee against an	v loss directly
		OF DER'S	es, resolutions, rules, a	1 B 2
governing said busin	ess, then this obligation	m shall be void, ether	wise to be and remain i	n full force and o
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liect.	THE PARTY OF THE P			
effect. PROVIDED. HO	OWEVER that the Su	rety shail have the rig	ht to terminate its liab	ility hereunder



Ken Brill Construction
Ken Brill

AMERICAN STATES INSURANCE COMPANY

By Sept A. Sleeper Attorney-in-Fact

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WARNING

American States Insurance Company Indianapolis, Indiana

- GEORGE F. BONE, TIMOTHY	FESKO, DONNA COVE	ERT, JOHN GARRAGE	OR JOYCE A. SLEEPER
Munster	and State	of	Indiana
true and lawful Attorney(s)-in-Fact, with full p	ower and authority hereby co	inferred in its name, place ar	
liver any and all bonds, recognizances, contracts that the penal sum of any o	of indemnity and other conditions such instrume	ional or obligatory undertaking ent executed here	s, <u>provided, however,</u> under shall not excee
ONE MILLION AND NO/100 (S1			
d to bind the Corporation thereby as fully and to the d duly attested by its Secretary, hereby ratifying an d may be revoked pursuant to and by authority gra "The Chairman, the President or any Vice-P or Assistant Vice-President) shall have power as the business of the Corporation may re- recognizances, stipulations and undertaking	d confirming all that the said Attented by Section 7.07 of the By- resident (including any Execution) by and with the concurrence we	orney(s)-in-Fact may do in the pro Laws of the American States Ins we Vice-President, Senior Vice- ith any other officer of the Corpo	emises. This Power of Attorney is execute urance Company, which reads as follows President, Second Vice-President gration, to appoint Attorneys-in-fact
IN WITNESS WHEREOF, American States Inst		nese presents to be signed by	
sistent Vice-President and its corporate seal to		th day of	July
5 19 93	ument is the	ERICAN STATES INSURANCE	COMPANY
the La	le County R	ecorder!	
Assistant Vice-President	By,	Becond	Vice-President
			The second secon
ATE OF INDIANA			1 (See
OUNTY OF MARION			
On this 27th day of	July	AD.	19 93 , before me personally cam
	Joseph F. Hei	n Asia La Sa	to me known, wh
ing by me duly sworn, acknowledged the exercican States insurance Company; that he kills that it was so affixed by authority of the Board	nows the seal of said Corpor	ation; that the seal affixed to ion; and that he signed his nar	that he is a Second Vice-President of the said instrument is such corporate thereto under like authority. And said
Joseph F. Heim further a sistent Vice-President of said Corporation; an	said that he is acquainted w		and knows him to be th
	a trial tile dividualed the abo		
CYNTHIA PINNER, NOTARY PUBLIC		Tentha	-mue
MARION COUNTY, STATE OF INDIANA MY COMMISSION EXPIRES: 1/26/96		No.	ary Public
	E SEAL		66
ATE OF INDIANA LSS	WOIANA LILL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OUNTY OF MARION			WOIN
t John J. Rosich the As	sistant Vice-President of AV	IERICAN STATES INSURAN	CE COMPANY, do hereby certify the
 above and foregoing is a true and correct cop still in force and effect. 	y of a Power of Attorney, exe	cuted by said AMERICAN ST	ATES INSURANCE COMPANY, whic
This Certificate may be signed and sealed I		e authority of Section 8.03 o	f the By-Laws of AMERICAN STATE
SURANCE COMPANY which reads as follows "All policies and other instruments of insurar the president or any vice-president (including or Assistant Vice-President) and the secretary	ice issued by the Corporation any Executive Vice-Presiden	t, Senior Vice-President, Vice	-President, Second Vice-President,
by an authorized representative of the Corporation power the Corporation notwithstanding or other instrument of insurance shall have	pration, may be facsimilles. I	Such signatures and facsimil per shall have ceased to be s	es thereof shall be authorized and
In witness whereof, I have hereunto set my	hand and affixed the seal	of said Corporation, this	Brd day of August
o. 19 <u>95</u>			1000
		A Commence of the Commence of	A SECTION OF THE SECT
		1	

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.