STATE OF INDIAWA LAKE COUNTY FOR RECORD

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESEN	TS, That we Kim Cohn DBA Great Lakes
Builders, 3603 West 123rd Place	, Crown Point, IN 46307
as Principal, and the AMERICAN STATES II	NSURANCE COMPANY, with its principal office at
Indianapolis, Indiana, as Surety, are held firm	ly bound unto All cities, towns &
municipalities in Lake County,	Indiana , hereinafter called Obligee, in
the penal sum of FIVE THOUSAND AND N	NO/100
(\$.5,000.00) Dollars, for the payment of	which well and bruly to be made we do hereby
bind ourselves, our heirs, executors, adminstr	ators, successors and assigns, jointly and severally
firmly by these presents.	FICIAL!
Signed and sealed this 127th day of our	is the property of 1995
	or is about to grant to the said Principal a License or
Permit to engage in the business of _Gener	al Contractor
	95 NOV
NOW THEREFORE, if the said Principal	shall indemnify the Obligee against any loss directly
arising by reason of the failure to comply with t	he laws, ordinances, resolutions, rules, and regulations
governing said business, then this obligation sh	all be voic, 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 th	nirty (30) days in advance of its intention to do so.
Term of Bond: July 27	, 19 <u>95</u> , to <u>July 27</u> , 19 <u>96</u>
ANTON MANAGEMENT	Ke Chan
A CONTRACTOR OF THE PARTY OF TH	Kim Cohn or the adaptive service of the Principal L
\$ 80×10	Great Lakes Builders
	AMERICAN STATES INSURANCE COMPANY
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Attorney-in-Fact



GENERAL POWER OF ATTORNEY

American States Insurance Company INDIANAPOLIS, INDIANA

	TIMOTHY	A. BRIGGS,	ANGELA JAN	ius or K	ATHY HUBER	*****	
	Merrillvi	lle	and State of _		Ir	ndiana	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
true and lawful Attorney(s)	-in-Fact, with fu	l power and autho		ed in its nam	e, place and stea	d, to execute,	cknowledge and
ver any and all bonds, reco	gnizances, contr	acts of indemnity a	nd other conditional	or obligatory	undertakings, Di	covided.	however.
nat the penal s				The state of the s	the state of the s	c shall n	ot exceed
IVE HUNDRED THO				Garante de la constante de la	فونستة كالمحسنين بأب ساليان بالمانية والمانية		
to bind the Corporation there duly attested by its Secretar may be revoked pursuant to "The Chairman, the Pre- or Assistant Vice-Preside as the business of the recognizances, stipulati	y, hereby ratifying and by authority asident or any Vicent) shall have por Corporation may	and confirming all to granted by Section ce-President (includ wer, by and with the require and to all	that the said Attorney 7.07 of the By-Lawe ling any Executive Vi a concurrence with ar ithorize any such os	(s)-in-Fact may of the America ce-President, l ny other officer ired, to execu	do in the premises. In States Insurance Senior Vice-Preside of the Corporation,	This Power of Ai Company, which ent, Second Vice to appoint Attorn	torney is executed n reads as follows President leys-in-fact
IN WITNESS WHEREOF.				The second second			ent, attested by it
istant Vice-President and it			d this _25th_	day of	The second secon	bruary	
). 19 <u>93</u>	This Do	cument	is the pro	AN STATES	NSUBANCE COM	PANY	
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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.