AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

•	STATES INSURANCE COMPANY, with its principal office at				
Indianapolis, Indiana, as Surety, a	re held firmly bound unto ALL CITIES, TOWNS AND				
MINICIPALITIES WITHIN LAKE COUNTY, IN hereinafter called Obligee, in					
the penal sum of ***FIVE THOUS	AND AND NO/100 DOLLARS***				
\$5,000.00) Dollars, for the 1	payment of which well and truly to be made we do hereby				
oind ourselves, our heirs, executor	rs, adminstrators, successors and assigns, jointly and severally				
firmly by these presents.	Document 1s				
Signed and sealed this 2718	day of SEPTEMBER , 19 969				
This D	ocument is the property of has granted or is about to grant to the said Principal a License of				
the	Lake County Recorder.				
Permit to engage in the business	OI AAFING CONTRACTOR				
NOW THEREFORE, if the sa	id Principal shall indemnify the Obligee against any loss directly				
arising by reason of the failure to co	omply with the laws, ordinances, resolutions, rules, and regulations				
governing said business, then this o	obligation shall be yoid, otherwise to be and remain in full force and				
effect.	OBC.				
	t the Surety shell have the right to terminate its liability hereunder				
	e Obligee thirty (30) days in advance of its intention to do so.				
Term of Bond:SEPTEMBER_	27TH, 19 96, to _SEPTEMBER_27TH, 19 97				
Manager Company	LOCKWOOD CONSTRUCTION				
	Principal				
Seal					
a cal					
THE WALL WALLES	AMERICAN STATES INSURANCE COMPANY				
A Proposition of the Party of t	Many And				

CS 11 Vs

AMERICAN STATES

GENERAL POWER OF ATTORNEY

American States Insurance Company INDIANAPOLIS, INDIANA

tous and laudul Atta	Palos Heights rney(s)-in-Fact, with full po	and 8	State of	Illinois	
liver any and all bond that the pen	s, recognizances, contracts al sum of any o	of indemnity and other cone such instru	conditional or obligator unent execut	y undertakings, <u>prov</u> ed hereunder si	ded, however, hall not exceed
IWENTY FIVE	THOUSAND AND NO)/100 (\$25,000	.00) DOLLARS		
d duly attested by its Sid d may be revoked purs "The Chairman, to or Assistant Vice- as the business	on thereby as fully and to the recretary, hereby ratifying and suant to and by authority graithe President or any Vice-President) shall have power, of the Corporation may reatify ulations and undertaking	I confirming all that the sak nted by Section 7.07 of the resident (including any Ex by and with the concurren wire and to authorize any	d Attorney(s)-in-Fact many services of the America of the America of the America of the Office of the America o	ay do in the premises. This P ican States Insurance Comp. t, Senior Vice-President, Se er of the Corporation, to app.	ower of Attorney is executed any, which reads as follows: cond Vice-President bint Attorneys-in-fact
	REOF, American States Insu			he signed by its Second Vic	a Draeidant attented by ite
sistant Vice-President	and its corporate seal to b	hereto affixed this	19th day of	April	A.L. (Gelineus) Strasted D. He
D. 19 <u>96</u>	110		AMERICAN STATES	S INSURANCE COMPANY	
	This Doc	ument is the	e property	of	
/		ke County I			•
TEST:			Ву	216 7 7	
	Assistant Vice-President			Second-Vice-Presiden	1 S Mac
					86
ATE OF INDIANA	l ss				3 (360
DUNTY OF MARION	S				
On this19th	day of	April.		, A.D., 1996 , be	fore me personally came
				1 100	iore ine personany came
		Joseph F. H	ieim		, to me known, who
nerican States Indura al; that it was so affixe Joseph F. He	n, acknowledged the executors Company; that he knowled by authority of the Board sim further said Corporation; and	ows the seal of neid Co of Directors of sold Corp aid that ha is accuration	orporation; that the so coration; and that he so ind with JOD	eal affixed to the said inst signed his name thereto und	rument is such corporate
			Misno	Notary Public	
		THE MOUNT	DIANA K CAY	LAHAN, NOTARY PUBL	IC KEY CO
t francisk og skiller og som en i s		The same of the sa		COUNTY, STATE OF I	
ATE OF INDIANA	SS. Somewhat	present that is compared to compare the formal of the first	MY COMMISS	ION EXPIRES: 12/23/99	
and nout frame of the principal con-			111, 00, 1111, 110		MOIAN
OUNTY OF MARION	Rosich , the Ass				N

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.