

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275 COUNTY UNIFIED BOND

KNOW ALL MEN BY THESE PRESENTS:

9-1045 (1-80)

That ALLEN R. PENNINGTON DBA PENNINGTON HARDWOOD FLOORING
of 11199 W, St, Rd 2, Lot 85, Westville, IN 46391 as Principal
and AMERICAN STATES INSURANCE COMPANY duly authorized to transact surety business in the State of Indiana, as
Surety, are held and firmly bound unto <u>all cities, towns & municipalities of Lake County</u> , Indiana in the penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00) DOLLARS, lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.
Signed, sealed and dated this 4th day of February , 19 97 .
Chapter 88 of IC17-2 requires the Principal to file this bond and guarantees the compliance with the ordinance
and regulations of the County or a city or town within LAKE Coun
NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal shall on and after the
all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit, then the above obligation shall be void, otherwise
to be and remain in full force and effect.
PROVIDED the term of the bond is continuous.
AND, PROVIDED, the Surety may cancel this bond at any time by giving thirty (30) days notice in writing mailed to the Obligee.
PROVIDED FURTHER, regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond.
PROVIDED FURTHER, regardless of the number of licenses held by the Principal within the County and the number of claims that may be filed against this bond either under a single license or more than a single license, the total of which
may exceed the penalty of this bond, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond.
PROVIDED FURTHER, that this bond shall be not construed to provide indemnity as a result of the Principal's failure to perform the terms of a construction contract.
IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year above written.
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ALLEN R. PENNINGTON Principal
AMERICAN STATES INSURANCE COMPANY
BY: Roseans Keiser
ROSEANN KEISER Attorney-in-Fact

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American States Insurance Company Indianapolis, Indiana

true and lawful Atte	Merrillvill					
			and State of		_Indiana	
that the per	orney(s)-in-pact, with full is, recegnizances, contrac nal sum of any	ts of indemnity a	nd other conditional pr	obligatory undertail	ings. provided	l however.
TWO HUNDRED	FIFTY THOUSAND	AND NO/1	00 (\$250,000	0.00) DOLLA	RS	
nd duly attested by its S nd may be revoked pur "The Chairman, or Assistant Vice as the business recognizances, (on thereby as fully and to the ecretary, hereby ratifying a suant to and by authority the President or any Vice- President) shall have power of the Corporation may of stipulations and undertaket	nd confirming all tranted by Section President (includier, by and with the equire and to autos, whether by w	hat the said Attorney(s) 7.07 of the By-Laws of ing any Executive Vice concurrence with any thorize any such persival of surety or otherw	-in-Fact may do in the the American States -President, Senior V other officer of the Co on to execute, on b vise"	e premises. This Power of Insurance Company, w Ince-President, Second proporation, to appoint At ehalf of the Corporation	of Attorney is execute which reads as follows Vice-President ttorneys-in-fact in, any bonds,
	REOF, American States In					sident, attested by it
ssistant Vice-Presiden D 19 94	and its corporate seal to	be hereto affixe		ay of	January	44 WW
D 19 24	NU		AMERICA	STATES INSURA	NCE COMPANY	
	A This Do	aument	is the pro	nerty of		•
TTEST	0/4		to the pro	Losel	メメ クン	
	Assistant Vice-President	Jake Co	unty Reco	Sec.	ond Vice-President	N. W
TATE OF INDIANA						16
TATE OF INDIANA OUNTY OF MARION	\$ ss					13 (25)
OUNTY OF MARION)					1900
On this5t	day of		January	, A.	D., 19_94_, before	me personally carr
and the control of th	tari man union dre, magamakanin pintak, dinaga talihilah e banya dah filikakaninak talihida benjadi		eph F. Heim			, to me known, wh
merican States Insureal: that it was so affix Joseph F. H	rn, acknowledged the example Company; that he led by authority of the Boa	knows the seal or ord of Directors of said that he is	of said Corporation; to said Corporation; and acquainted with	hat the seal affixed that he signed his John J. Ro	to the said instrume name thereto under like	nt is such corporal
ssistant Vice-Preside	nt of said Corporation; a	SOF	· · · · · · · · · · · · · · · · · · ·	ument.	0	
	IRITA BROWN,			4ita x	Sound	
	My Commission (Resident of Ma				Notary Public	و نام
	Mediacile of Mil	anon coons				
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OUNTY OF MARION	SS	Tonia.	VOIANATILI			1.200
t John J.	Rosich the	resistant Vice-Dr	resident of AMERICA	N STATES INSID	ANCE COMPANY A	o hereby certify th
e above and foregoing at the state of the st	g is a true and correct co	py of a Power of	Attorney, executed t	by said AMERICAN	STATES INSURANC	E COMPANY, which
ISURANCE COMPAI "All policies and of the president or any or Assistant Vice-Pr by an authorized re	VV which reads as follow ther instruments of insur- ty vice-president (includin esident) and the secretal epresentative of the Cor- porporation notwithstand	vs: ance issued by t g any Executive y, assistant secr poration, may be	he Corporation shall Vice-President, Senic etary, or other officer e facsimilies. Such si	be signed on beha or Vice-President, \ , whose signatures, gnatures and face	alf of the Corporation I /ice-President, Secon , if the instrument is du imiles thereof shall be	by the Chairman, d Vice-President, uly countersigned e authorized and
or other instrument	of insurance shall have	been actually i	ssued by the Corpor	ation."	DO GOOD OFFICER BY THE	each poncy
In witness whered	f, I have hereunto set n	ny hand and aff	ixed the seal of said	Corporation, this	day of_	
.D., 19				\mathcal{L}		TES INS
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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.