MAMERICAN STATES

KNOW ALL MEN BY THESE PRESENTS:

jointly and severally, firmly by these presents.

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275

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COUNTY UNIFIED BOND

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of __136 W. Phillips Road. Griffith. Indiana ______ 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 all cities, towns & municipalities in Lake County., 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.

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.

DEAN SHORT

BY: Dean Sunt

Principal

AMERICAN STATES INSURANCE COMPANY

Sally Tinkle

Attorney in F

9-1045

WARNING THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK AND IF THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT IN ITS ENTIRETY.

TIMERICAN STATES
INSURANCE
INCOLNINATIONAL CORPORATION

American States Insurance Company INDIANAPOLIS, INDIANA

	ROINT SUIPHIN, LINDA	s, ping or helen J, i	LAKE
Indianapolis	and State of	Indiana	
Indianapolis true and lewful Attorney(s)-in-Fact, with t	ull power and authority hereby confer	red in its name, place and stead, k	execute, acknowledge and
ver any and all bonds, recognizances, con	tracts of indomnity and other conditions	i or obligatory undertakings. DTC	vided. however.
nat the penal sum of an	y one such instrument	executed hereunder	shall not exceed
<u>IVE HUNDRED THOUSAND AN</u>	D NO/100 (\$500,000.00)_DOLLARS	*****
or Assistant Vice-President) shall have p as the business of the Corporation me	ng and confirming all that the said Attorney	y(s)-in-Fact may do in the premises. This s of the American States Insurance Con /ice-President, Senior Vice-President, S inty other officer of the Corporation, to ap erson to execute, on behalf of the Co	Power of Attorney is executed spany, which reads as follows: Second Vice-President spoint Attorneys-in-fact
IN WITNESS WHEREOF, American States			
istant Vice-President and its corporate see	il to be hereto affixed this	day of December	
10_95	OHOFFICI	CAN STATES INSURANCE COMPAN	V
DhiaD	ocument is the pro	operty of / 4 /	· > . •
EST: Assistant Vice-Presid	Lake County Rec	Second Vice-West	lent
the	Lake County Rec	or act.	Arie Ma
TE OF INDIANA			
UNTY OF MARION SS			
On this 13th day of	December	, A.D., 19 95,	before me personally came
	Joseph F. Heim		, to me known, who
ng by me duly sworn, acknowledged the prican States Insurance Company; that			
; that it was so affixed by authority of the	Board of Directors of said Corporation;	and that he signed his name thereto	under like authority. And said
paeph F. Heim fur	ther said that he is acquainted with_	John J. Rosich	and knows him to be the
Istant Vice-President of said Corporation KATHLEEN FORD, NOTARY F	n; and inat he executed the above in	istrument.	1
IOHNSON COUNTY, STATE OF	INDIANA	Carther To	
MY COMMISSION EXPIRES:	12/2/98	Notary Public	
M.I. COMMISSION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A PARTY CO
ATE OF INDIANA			800
UNTY OF MARION \$5	E SEAD TO THE STATE OF THE STAT		
	VOIANATITI		POIAM
above and foregoing is a true and correctill in force and effect. This Certificate may be signed and set	•	ed by said AMERICAN STATES INSI	URANCE COMPANY, which
URANCE COMPANY which reads as to "All policies and other instruments of in the president or any vice-president (inclu or Assistant Vice-President) and the secret by an authorized representative of the (ollows: surance issued by the Corporation shiding any Executive Vice-President, Seetary, assistant secretary, or other officorporation, may be facsimilies. Suclanding the fact that any such officer a	nall be signed on behalf of the Corpo enior Vice-President, Vice-President, cer, whose signatures, if the instrume h signatures and facsimiles thereof shalf have ceased to be such officer	pration by the Chairman, Second Vice-President, ent is duly countersigned shall be authorized and
binding upon the Corporation notwithsta		160 SUMI	— -
binding upon the Corporation notwithsta or other instrument of insurance shall h	• •	. 44	J. A
binding upon the Corporation notwithstr or other instrument of insurance shall h In witness whereof, I have hereunto s	• •	. 44	dayor Feb
binding upon the Corporation notwithsta or other instrument of insurance shall h	• •	. 44	day of July

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.