

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

| KNOW ALL MEN BY THESE PRESI Drywall, 22728 S. Lawndale, Rich | ENTS, That we Van Swol Drywall & Diamond hton Park, Il. 60471 |
|---|---|
| | S INSURANCE COMPANY, with its principal office at |
| Indianapolis, Indiana, as Surety, are held functional municapalities in Lake County, Is | irmly bound unto All cities, towns and ndiana, hereinafter called Obligee, in |
| the penal sum of *****\$Five-Thousand | and no/100************** |
| | of which well and truly to be made we do hereby |
| bind ourselves, our heirs, executors, admin | astrators, successors and assigns, jointly and severally, |
| firmly by these presents. This Docum | ent is the property of |
| Signed and sealed this 14th day of | GovApril Recorder! , 19 97 |
| WHEREAS, the said Obligee has grant | ted or is about to grant to the said Principal a License or |
| Permit to engage in the business of | drywall contractor 230 |
| NOW THEREFORE, if the said Princi | pal shall indemnify the Obligee against any loss directly |
| arising by reason of the failure to comply with | th the laws, ordinances, resolutions, rules, and regulations |
| governing said business, then this obligation | shall be void, otherwise to be and remain in full force and |
| effect. | |
| PROVIDED, HOWEVER, that the Sur | ety shall have the right to terminate its liability hereunder |
| by serving written notice upon the Obligee | e thirty (30) days in advance of its intention to do so. |
| Term of Bond: April 14 | , 19 <u>97</u> , to <u>April 14</u> , 19 98 : 19 |
| N. W. W. S. D. L. | Van Swol Drywall & Diamond Drywall |
| | ame Van Swel |
| | AMERICAN STATES INSURANCE COMPANY |
| · · · · · · · · · · · · · · · · · · · | ByAttorney-in-Fact |

DJ 62 13,00

9-1008 (1-79) CALIFORNIA CA



American States Insurance Company INDIANAPOLIS, INDIANA

| | | JAMES T. SHANAI | <u> </u> | |
|---|--|---|--|--|
| E | rankfort | and Chair of | Illinois | |
| true and lawful Attori | ney(s)-in-Fact, with full powe | and authority hereby conferre | ed in its name, place and stead, to | execute, acknowledge and |
| ver any and all bonds | , recognizances, contracts of | indemnity and other conditional | or obligatory undertakings, DITO | vided, however, |
| | | | executed hereunder sh | all not exceed |
| to bind the Corporation | FTY THOUSAND AND |) NO/100 (\$250,000 | .00) DOLLARS | |
| may be revoked pursu. "The Chairman, the or Assistant Vice-Fas the business of recognizances, sti | uant to and by authority grante he President or any Vice-Presi President) shall have power, by of the Corporation may requir ipulations and undertakings, v | d by Section 7.07 of the By-Laws of dent (including any Executive Vident and with the concurrence with an eand to authorize any such perwhether by way of surety or other | | pony, which reads as follows: econd Vice-President point Attorneys-in-fact poration, any bonds, |
| | | nce Company has caused these p | presents to be signed by its Second \ day of Februa | ice-President, attested by its |
| istant Vice-President : . 19 <u>93</u> . | and its corporate seal to be I | | | |
| . 19 <u>. 23</u> . | NO | TOFF AMERIC | AN STATES INSURANCE COMPANY | |
| | Win Day | | 200 | • |
| 'EST: | 008m | ument is the pr | opply of | 7) |
| | Assistant Vice-President | ake County Rec | Second Vice-Presid | ont |
| | | | • | in the same |
| ATE OF INDIANA |) | | | |
| UNTY OF MARION | SS | | | |
| 044 | , | Roberton | 03 | V. A. |
| On this 9th | day of | February | , A.D., 19_53_, | before me personally came |
| | | m | | |
| oo by me duly ewer | | Joseph F. Heim | nd did depose and say; that he is | , to me known, who |
| erican States Insura | ince Company; that he know | ws the seal of said Corporation | ; that the seal affixed to the said in | strument is such corporate |
| | 1 | | and that he signed his name thereto of John J. Rosich | · · · · · · · · · · · · · · · · · · · |
| seph F. Heir | | d that he is acquainted with that he executed the above in: | | _and knows him to be the |
| natent Alco-Ligation | | | | |
| | CYNTHIA PITITER. | THURST PUBLIC | inthing The | rall |
| | MARION COUNTY | EXTERNAL LEGIST | Notary Public | |
| | WA COMMISSION | - E 1001 3 | | State of |
| ATE OF INDIANA | 1 | THE MOUNT HILL | | (º(Seni |
| UNTY OF MARION | SS | Million | | (|
| Tohn 1 | Ponich | | | TOTAL |
| I OOITI O | . PUBLUIT, the Assis | stant Vice-President of AMERIC | CAN STATES INSURANCE COMP d by said AMERICAN STATES INSI | ANY, do hereby certify that |
| above and forecoing | | • | • | |
| above and toregoing still in force and effe | · · · · · · · · · · · · · · · · · · · | | thority of Section 8.03 of the By-La | IWS OF AMERICAN STATES |
| above and foregoing still in force and effe This Certificate ma | ly be signed and sealed by | tacsimile under and by the au | | |
| above and foregoing still in force and effe This Certificate ma SURANCE COMPAN "All policies and oth | ly be signed and sealed by IY which reads as follows: her instruments of insurance | e issued by the Corporation sha | all be signed on behalf of the Corpo | eration by the Chairman, |
| above and foregoing still in force and effe This Certificate ma SURANCE COMPAN "All policies and oth the president or any | ly be signed and sealed by IY which reads as follows: her instruments of insurance vice-president (including an | e issued by the Corporation sha by Executive Vice-President, Se | all be signed on behalf of the Corpo nior Vice-President, Vice-President, | oration by the Chairman, Second Vice-President, |
| above and foregoing itself in force and effer This Certificate mass URANCE COMPAN "All policies and other the president or any or Assistant Vice-Pre by an authorized re | by be signed and sealed by IY which reads as follows: ner instruments of insurance vice-president (including an esident) and the secretary, a presentative of the Corpora | e issued by the Corporation sha by Executive Vice-President, Se ssistant secretary, or other offic ation, may be facsimilies. Such | ail be signed on behalf of the Corpo nior Vice-President, Vice-President, er, whose signatures, if the instrum is signatures and facsimiles thereof | ration by the Chairman, Second Vice-President, ent is duly countersigned shall be authorized and |
| above and foregoing itill in force and effe This Certificate ma SURANCE COMPAN "All policies and oth the president or any or Assistant Vice-Pre by an authorized re binding upon the Co | by be signed and sealed by IY which reads as follows: ner instruments of insurance vice-president (including an esident) and the secretary, a presentative of the Corporation notwithstanding to the corporation of the Corpor | e issued by the Corporation sha by Executive Vice-President, Se ssistant secretary, or other offic ation, may be facsimilies. Such the fact that any such officer s | ail be signed on behalf of the Corpo nior Vice-President, Vice-President, er, whose signatures, if the instrum is signatures and facsimiles thereof hall have ceased to be such office | ration by the Chairman, Second Vice-President, ent is duly countersigned shall be authorized and |
| above and foregoing still in force and effer This Certificate mas SURANCE COMPAN "All policies and oth the president or any or Assistant Vice-Preby an authorized rebinding upon the Coor other instrument | by be signed and sealed by it which reads as follows: ner instruments of insurance vice-president (including an esident) and the secretary, a presentative of the Corpora or | e issued by the Corporation shaps Executive Vice-President, Se saistant secretary, or other officition, may be facsimilies. Such the fact that any such officer sen actually issued by the Corp | all be signed on behalf of the Corponior Vice-President, Vice-President, er, whose signatures, if the instrume signatures and facsimiles thereof hall have ceased to be such office poration." | ration by the Chairman, Second Vice-President, ent is duly countersigned shall be authorized and |
| above and foregoing still in force and effect. This Certificate massurance COMPAN "All policies and oth the president or any or Assistant Vice-Preby an authorized rebinding upon the Coor other instrument. | by be signed and sealed by it which reads as follows: ner instruments of insurance vice-president (including an esident) and the secretary, a presentative of the Corpora or | e issued by the Corporation sha by Executive Vice-President, Se ssistant secretary, or other offic ation, may be facsimilies. Such the fact that any such officer s | all be signed on behalf of the Corponior Vice-President, Vice-President, er, whose signatures, if the instrume signatures and facsimiles thereof hall have ceased to be such office poration." | ration by the Chairman, Second Vice-President, ent is duly countersigned shall be authorized and rat the time such policy |
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| above and foregoing still in force and effect. This Certificate massurance COMPAN "All policies and oth the president or any or Assistant Vice-Preby an authorized rebinding upon the Coor other instrument. | by be signed and sealed by it which reads as follows: ner instruments of insurance vice-president (including an esident) and the secretary, a presentative of the Corpora or | e issued by the Corporation shaps Executive Vice-President, Se saistant secretary, or other officition, may be facsimilies. Such the fact that any such officer sen actually issued by the Corp | all be signed on behalf of the Corponior Vice-President, Vice-President, er, whose signatures, if the instrume signatures and facsimiles thereof hall have ceased to be such office poration." | ration by the Chairman, Second Vice-President, ent is duly countersigned shall be authorized and at the time such policy April day of |

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.