

STATEWIDE INSURANCE COMPANY

P.O. BOX 790 60073-3798 3325 NORTH GENESES 71. WAUKEGAN, VELINOIS 60085-4205 708/662-0073 708/662-8162

BOND NO. B 102385

## LICENSE OR PERMIT BOND

KNOW AI	LL MEN	N BY THE	SE PRES	ENTS:								
That we,	Dan	Fuers	t DBA	Fuerst	Const	ructio	n	of	7519	Lake	Shore	Drive,
				ake, In			, as Princi	pal, and the Surety, are h	STATEW	IDE INS	URANCE	COMPANY, ne All ty Planin
								y India				
					O1	as as	Obligee, in	the penal s	um of _	Fiv	e Thou	sand
the said (	hlicee	for which	Dayman	This D	(\$5,00	0.00IS	) DOLLAP	RS, lawful me	oney of the	e United	States, to	be paid to
by these	presen	ts.	Paymen	t won and me	ily to be i	iado, ve di	ing duracty	os and our re	yyai iepie	Sonialivo	s, joining a	nu severany
THE	COND	ITION OF	THE ABO	OVE OBLIGA	ATION IS	SUCH, The	t whereas	effective	3-18-	97		
_	Oblige	-		is about to	-	the said	Principal,	a License	or Perm	it to eng	jage in th	ie business
of	· • • • • • • • • • • • • • • • • • • •	Gener	al CO	ncraeco	<u> </u>				_			•
NOW including	THER all Am	EFORE, if endments	the said thereto,	Principal shapertaining to	all faithfull the licent	y-perform t	he duties a it being gr	and in all thin anted, then t	gs compl his obliga	y with the ation is to	laws and be void, o	ordinances, otherwise to
remain in	full for	rce and ef	lect until	3-18-		98	uniess ren	ewed by Cor	ntinuation	Certifica	te.	
PRO written no	VIDED, otice of	HOWEVE cancellati	R, This I on sent b	ond may be by Certified I	cancelled	t by the Su	rety thirty	(30) days aft	er receipt	by the C	bligee of	the Surety's
Signed, s	ealed a	ind dated t	his	18th	d	ay of Mar	ch		, 19	9.7	<del></del> •	
					F	SEA!	Anning		PR	· ·	<u> </u>	
								and	<u> </u>	000	<u></u>	Principal
							Ву	Jary	Joe Contraction of the Contracti	).4		
			1	8EAL 1979	)			STATEWII	DE INS	URANCI	E COMP	ANY
				**************************************			Ву	Alia	Swani	Y///N Atto	orney in Fac	<u>.</u> X



## STATEWIDE INSURANCE COMPANY

P.O. BOX 799 60079-0799 • 325 NORTH GENESEE ST., WAUKEGAN, LLINGIS 60085-4205 708/662-0073 708/662-8162

## **POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, That STATEWIDE INSURANCE COMPANY, an Illinois stock insurance corporation, does make constitute and appoint

Alice J. Swank of Waukegan, Illinois

its true and lawful Attorney-In-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof as follows:

> All written instruments in an amount not to exceed an aggregate of Twenty-Five Thousand (\$25,000.00) Dollars for any single obligation.

and to bind STATEWIDE INSURANCE COMPANY thereby, and all of the acts of said Attorney-In-Fact, pursuant to these presents, are ratified and confirmed.

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors: of the STATEWIDE INSURANCE COMPANY. Waukegan, Itinois, at a meeting duly called and held on the 27th day of September, 1979.

"RESOLVED, that the Chairman of the Board, the Vice Chairman of the Board, the President, an Executive Vice President, a Senior Vice President of a Vice President of the Company be, and that each or any of them hereby is, authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute in behalf of STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, bonds, undertakings and all contracts of suretyship; and that an Assistant Vice President, a Secretary or an Assistant Secretary be, and that each or any of them hereby is, authorized to attest the execution of any such Power of Attorney, and to attach hereto the seal of the Company.

FURTHER RESOLVED, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached."

In Witness Whereof, the STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, has caused its official seal to be hereunto affixed and these presents. to be signed by one of its Vice Presidents and attested by one of its Secretaries this 2nd day of March, 1987.

ATTEST:

STATEWIDE INSURANCE COMPANY

Ralph W. Swank, Jr., Secretary

STATE OF ILLINOIS } COUNTY OF LAKE

R.L. Drake, Vice President

On this 2nd day of March, 1987 personally came before me, R.L. Drake and Ralph W. Swank, Jr. to me known to be the individuals and officers of the STATEWIDE INSURANCE COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesald, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the Board of Directors of said corporation.

> OFFICIAL SEAL" Elizabeth A. Rysz Notary Public, State of Illia Hy Commission Expires 7/3/94

E ligsath a Regan

Elizabeth A. Ryan, Notary Public

CERTIFICATE

I, the undersigned Assistant Secretary of the STATEWIDE INSURANCE COMPANY, an Illinois corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the provisions of the By-Laws of the company and the Resolutions of the Board of Directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Waukegan this

18th day of m Arch

Ralph W. Swank,

**Assistant Secretary**