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AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS	That we David A	and Rebecca	_A•
Richards, 2010 Shersood Lake Dr.	, Apt. 4B, Scherery	/111e, IN 463	7.5
as Principal, and the AMERICAN STATES INS	URANCE COMPANY, with	its principal office	at
Indianapolis, Indiana, as Surety, are held firmly	bound unto _all_cities	towns &	-
municipalities of Lake County	, hereinaf	ter called Oblige	In
the penal sum ofFive Thousand and n	0/100	S	
(\$ 5000.00) Dollars, for the payment of w	hich well and truly to be	made we do here	by
bind ourselves, our heirs, executors, adminstrate	ers, successors and assigns, j	ointly and several	ly.
firmly by these presents.	ELCIA I	. •	
Signed and sealed this17 they of	April		
WHEREAS, the said Obligee has granted or	is about to grant to the said l	Principal a License	or
Permit to engage in the business ofGener	al Contractor	M 97	— [™] W
		APR APR	LEATE AND A
NOW THEREFORE, if the said Principal sh	all indemnify the Obligee aga	inst anyloss direc	1250 150 150 150 150 150 150 150 150 150 1
arising by reason of the failure to comply with the			名字名
governing said business, then this obligation shall		1	22 ₹
effect.	50,		
PROVIDED, HOWEVER, that the Surety sh	all have the right to terminate	its liability hereun	ier
by serving written notice upon the Obligee thirt		•	
VOIA	19 <u>97</u> , to <u>April 17</u>		
*GIM OF DOMA.	10		
The second secon	David A Richards	Robecca A	Pichards
De	vid A. & Rebecca A.	Richards	ipai 🔯
22-13			
- Seat	MERICAN STATES INSUF	PANCE COMPAN	
A By	MERICAN STATES INSUI	MINUE COMPAN	•
Ву	MAMALU	w	
	Kathy Huber	Attorney-in-F	act

9-1008 (1-79)

CK# 2398 10



American States Insurance Company INDIANAPOLIS, INDIANA

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	TIMOTHY	A. BRIGGS, ANGELA	JANUS OR KATHY HUE	ER
	Merrilly	ille and State	ot .	Indiana
iver any and all bonds	s, recognizances, cont	ull power and authority hereby co- tracts of indemnity and other conditi	nferred in its name, place and onal or obligatory undertakings,	stead, to execute, acknowledge ar provided, however,
				der shall not exceed
		NO/100 (\$500,000.0		
I duly attested by its Se I may be revoked purs "The Chairman, t or Assistant Vico- as the business or recognizances, st	scretary, hereby ratifyin uant to and by authorit the President or any V President) shall have p of the Corporation ma tipulations and underta	g and confirming all that the said Atto y granted by Section 7.07 of the By-Lice-President (including any Execution ower, by and with the concurrence with t	rney(s)-in-Fact may do in the prem aws of the American States insur- re-Vice-President, Senior Vice-Pre- th any other officer of the Corpora h person to execute, on behalf o otherwise"	tion, to appoint Attorneys-in-fact of the Corporation, any bonds,
				Second Vice-President, attested by
	and its corporate sea	to be hereto affixed this 25±	day of	February
. 19 <u>93</u>	X		ERICAN STATES INSURANCE O	OMPANY
	This D	ocument is the p	property of	
/	ON the	Lake County Re	coffacell -	101
EST:	Assistant Vice-Preside	Ву	Second (ii	on Speciforni
	Vesibralit Alca-Lineig		C Gecord VI	Tin a
TE OF INDIANA				
INTY OF MARION	ss			
	,			No.
On this 25th	day of	February	, A.D., 19	93 , before me personally car
		Joseph F. He	im	, to me known, w
g by me duly swor	n, acknowledged the	execution of the above instrume	nt and did depose and say: th	at he is a Second Vice-President
rican States Insura	nce Company: that	execution of the above instrume he knows the seal of said Corpor	int and did depose and say; the stion; that the seal affixed to the on; and that he signed his name	at he is a Second Vice-President e said instrument is such corpora thereto under like authority. And si
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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.