

LICENSE AND PERMIT BOND



STATE FARM FIRE AND CASUALTY COMPANY
BLOOMINGTON, ILLINOIS

KNOW ALL PERSONS BY THESE PRESENTS, That we, Terry Woods
of Woods Construction Company Inc 23051 Oakland Dr. Ch/ Hts. Ill Principal,
and STATE FARM FIRE AND CASUALTY COMPANY, a corporation organized under the laws of the State of Illinois, having
its principal office in the city of Bloomington, Illinois, as Surety, are held and firmly bound unto _____
Lake County & All Towns, Cities & Municipalities Within
in the full and aggregate sum of Five Thousand Dollars (\$ 5,000.00)
lawful money of the United States, for which payment well and truly to be made, we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that whereas the said Principal has been granted a _____
Sub Contractors License
_____ for a term beginning 10/2/97 and ending 10/2/98

97066935

NOW, THEREFORE, if the above Principal shall indemnify and save harmless the Obligee, against loss by reason of said
Principal's breach of any ordinance, rule or regulation relating to the above described license or permit, then this obligation shall
be null and void, otherwise to remain in full force and effect.

Provided, that if the Surety shall so elect, this bond may be cancelled by giving thirty (30) days notice in writing to the
said Obligee and this bond shall be deemed cancelled at the expiration of said thirty (30) days; but said Surety so filing said
notice shall not be discharged from any liability already incurred under this bond or which shall accrue hereunder before the
expiration of said thirty (30) day period.

This bond may be continued from year to year by means of a continuation certificate.

Signed, sealed and dated this 2nd day of October
Woods Construction Company Inc
Terry Woods Principal



By Terry Woods
Terry Woods
STATE FARM FIRE AND CASUALTY COMPANY
By [Signature]
Attorney-in-fact

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
OCT - 3 PM 12: 27
MARIS W. CARTER
RECORDER

1412
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**Power of Attorney
STATE FARM FIRE AND CASUALTY COMPANY**

KNOW ALL MEN BY THESE PRESENTS: That STATE FARM FIRE AND CASUALTY COMPANY, an Illinois corporation, with its principal office in Bloomington, Illinois, does hereby constitute and appoint: **CHARLES M MESTERHARM** its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in the nature of a bond as follows:

\$1,500 - License, Permit and Indemnity Bonds which guarantee payment.	\$50,000- Administrator, Executor, Trustee of a decedent's estate
\$10,000 - License & Permit which do not guarantee payment - (Code Compliance only)	\$25,000- Guardian, Conservator, Committee
\$10,000 - Public Official	\$10,000- Trustee in Bankruptcy or Receiver Court Bond
	\$2,000 - Plaintiff's Court Bond

THIS POWER OF ATTORNEY IS NOT VALID FOR THE EXECUTION OF ANY CONTRACT (CONSTRUCTION OR SUPPLY) BOND - BID, PERFORMANCE OR PAYMENT.

This appointment is made under and by the authority of a resolution which was passed by the Executive Committee of the Board of Directors of State Farm Fire and Casualty Company on the 24th day of July, 1974, as is duly authorized by the Board of Directors in Article II, Section 6 of the By-Laws of the Company, which resolution is:

Resolved, that the Executive Vice-President or a Vice-President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-in-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in the nature of a bond, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-in-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-in-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the Executive Vice-President or any Vice-President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, Vice-President or Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, STATE FARM FIRE AND CASUALTY COMPANY has caused this instrument to be signed by its Vice-President, and its Corporate Seal to be affixed this 1st day of July 1995.

This APPOINTMENT SHALL CEASE AND TERMINATE AUTOMATICALLY AS OF DECEMBER 31, 1998, UNLESS SOONER REVOKED AS PROVIDED.



STATE FARM FIRE AND CASUALTY COMPANY

Harold D. Covey

By: _____
Vice-President

THIS POWER INVALID IF GREEN IMPRINTS ARE NOT PRESENT IN THEIR ENTIRETY

STATE OF ILLINOIS
COUNTY OF McLEAN

On this 1st day of July 1995, before me personally came Harold D. Covey to me known, who being duly sworn, did depose and say that he is Vice-President of STATE FARM FIRE AND CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such Corporate Seal; and that he executed said instrument on behalf of the corporation by authority of his office under the By-Laws of said corporation.

"OFFICIAL SEAL"
Sharran Kaye Manns
Notary Public, State of Illinois
My Commission Expires 2/11/99

Sharran Kaye Manns

Notary Public
My commission expires February 11, 1999

CERTIFICATE

I, the undersigned Vice-President of STATE FARM FIRE AND CASUALTY COMPANY, do hereby certify that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and sealed at Bloomington, Illinois. Dated this 2 day of Oct 1997.



Alan C. Steiner

Vice-President

If you have a question concerning the validity of this Power of Attorney, call (309) 766-1161.

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

insures the following policyholder for the coverages indicated below:

Name of policyholder: WOODS CONSTRUCTION
 Address of policyholder: 23051 OAKLAND DR.
CHICAGO HEIGHTS, IL. 60411
 Location of operations: _____

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	
93-KQ-3800-9	<input checked="" type="checkbox"/> Comprehensive General Liability	9/24/94	9/24/98	<input type="checkbox"/> Dual Limits for: Each Occurrence \$ _____ Aggregate \$ _____ Each Occurrence \$ _____ Aggregate* _____ <input checked="" type="checkbox"/> Combined Single Limit for: Each Occurrence <u>1,000,000</u> Aggregate _____
	<input type="checkbox"/> Manufacturers and Contractors Liability <input type="checkbox"/> Owners, Landlords, and Tenants Liability			
This insurance includes: <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Owners or Contractors Protective Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Professional Errors and Omissions <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Broad Form Comprehensive General Liability				BODILY INJURY PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	CONTRACTUAL LIABILITY LIMITS (if different from above BODILY INJURY)
S86 4374	Auto	5/4/97	5/4/98	Each Occurrence _____ PROPERTY DAMAGE Each Occurrence _____ Aggregate _____
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____			
93-KQ-3801-1	<input checked="" type="checkbox"/> Workers' Compensation and Employers Liability	9/24/94	9/24/98	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ <u>500,000</u> Disease Each Employee \$ <u>500,000</u> Disease - Policy Limit \$ <u>1,000,000</u>

*Aggregate not applicable if Owners, Landlords, and Tenants Liability insurance excludes structural alterations, new construction, or demolition.

THIS CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Lake County
 Plan Commission
 93rd & Main
 Crown Point, In. 46307

Walter T. Jasek
 Signature of Authorized Representative

 Title

 Date
10-3-97



STATE FARM INSURANCE COMPANIES
 WALTER T. JASEK, AGENT
 12309 SOUTH HARLEM
 PALOS HEIGHTS, IL 60463
 OFF: 708-448-0914