

## AMERICAN STATES INSURANCE COMPANY LAKE COUNTY INDIANAPOLIS, INDIANA 46204-1275 FILED FOR RECORD

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| COU                                                                                                                                                                                                        | INTY UNIFIED \$9082750                                                                               | 97 DEC -3 AH                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| KNOW ALL MEN BY THESE PRESENTS:                                                                                                                                                                            |                                                                                                      | MORPES W. C                                                                    |
| That James Sam Kirby d/b/a                                                                                                                                                                                 | JSK Construction                                                                                     | * *                                                                            |
| of 7201 Mississippi Street, Merrand AMERICAN STATES INSURANCE COMPAN                                                                                                                                       | illville, IN 46410 Y duly authorized to transact surety business in                                  |                                                                                |
| Surety, are held and firmly bound unto <u>all c</u> : in the penal sum of FIVE THOUSAND AND NO/payment of which, well and truly to be made, we bin jointly and severally, firmly by these presents.        | 100 (\$5,000.00) DOLLARS, lawful money of the and ourselves, our heirs, executors, administrators, s | e United States, for the successors and assigns,                               |
| Signed, sealed and dated this3rd                                                                                                                                                                           | day of, 1                                                                                            | 9 <u>97</u> 7                                                                  |
| Chapter 88 of IC17-2 requires the Principal and regulations of the County or a city or town versions.                                                                                                      | al to file this bond and guarantees the complian withinLake                                          |                                                                                |
| NOW, THEREFORE, THE CONDITION OF on and after the day of all loss, costs, expenses or damage to it caused by ordinances, rules or regulations pertaining to suc to be and remain in full force and effect. | by said Principal's non-compliance with or breac                                                     | counden Ancipal shall<br>ify said Obiigee against<br>th of any laws, statutes, |
| PROVIDED the term of the bond is continu                                                                                                                                                                   | uous.                                                                                                |                                                                                |
| AND, PROVIDED, the Surety may cancel to the Obligee.                                                                                                                                                       | this bond at any time by giving thirty (30) days i                                                   | noticeth willing mailed                                                        |
| PROVIDED FURTHER, regardless of the right of the number of premiums that shall be payable in the aggregate, than the amount of this bond.                                                                  | number of years this bond shall continue or be<br>e or paid, the Surety shall not be liable hereund  | continued in force end                                                         |
| PROVIDED FURTHER, regardless of the nu of claims that may be filed against this bond either may exceed the penalty of this bond, the Surety sthe amount of this bond.                                      |                                                                                                      | ense, the total of which                                                       |
| PROVIDED FURTHER, that this bond shall to perform the terms of a construction contract.                                                                                                                    | be not construed to provide indemnity as a result                                                    | of the Principal's failure                                                     |
| IN WITNESS WHEREOF, the parties heret                                                                                                                                                                      | to have set their hands and seals the day and                                                        | year above written.                                                            |
|                                                                                                                                                                                                            | James Sam Karby AMERICAN STATES INSURANCE BY: Smann M. Toss                                          |                                                                                |
|                                                                                                                                                                                                            | Susanne M. Poss                                                                                      | Attorney-in-Fact                                                               |

9-1045 (1-80)



## American States Insurance Company INDIANAPOLIS, INDIANA

| WALTER                                                                                                           | N. PICKART, D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AVID V. PICKART                                                                                                                                                   | r, Timothy G.                                                                                                                                                            | PICKART OR SUSANN                                                                                                                                                                                                           | E M. POSS                                                                                             |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                             |                                                                                                       |
| of                                                                                                               | Merrillville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.41                                                                                                                                                              | and State of                                                                                                                                                             | Indiana<br>name, place and stead, to exec                                                                                                                                                                                   |                                                                                                       |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                                                                          | name, place and stead, to exec<br>ory undertakings, <b>Drovid</b> e                                                                                                                                                         |                                                                                                       |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                                                                          | ited hereunder sha                                                                                                                                                                                                          |                                                                                                       |
| · · · · · · · · · · · · · · · · · · ·                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>-</del>                                                                                                                                                      |                                                                                                                                                                          | DOLLARS                                                                                                                                                                                                                     |                                                                                                       |
| and to bind the Corp<br>and duly attested by<br>and may be revoked<br>"The Chairr<br>or Assistant<br>as the busi | oration thereby as fully and<br>its Secretary, hereby ratify<br>it pursuant to and by author<br>man, the President or any<br>Vice-President) shall have<br>ness of the Corporation m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the same extent as if such<br>ing and confirming all that the<br>ity granted by Section 7.07 o<br>Vice-President (including an<br>power, by and with the concu | bonds were signed by the<br>e said Attorney(s)-in-Fact<br>of the By-Laws of the Am<br>y Executive Vice-Preside<br>urrence with any other off<br>e any such person to ex- | President, sealed with the commo<br>may do in the premises. This Powe<br>erican States Insurance Company,<br>int, Senior Vice-President, Second<br>icer of the Corporation, to appoint<br>secute, on behalf of the Corporat | n seal of the Corporation<br>r of Attorney is executed<br>which reads as follows:<br>I Vice-President |
| IN WITNESS W                                                                                                     | VHEREOF, American State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | es Insurance Company has                                                                                                                                          | caused these presents t                                                                                                                                                  | o be signed by its Second Vice-Po                                                                                                                                                                                           | resident, attested by its                                                                             |
| N.D. 19 <u>97</u> .                                                                                              | morn and no corporate se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | m to na tiatato stilizadi (UIS                                                                                                                                    | , , , ,                                                                                                                                                                  | ES INSURANCE COMPANY                                                                                                                                                                                                        |                                                                                                       |
| Termination                                                                                                      | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   | MIRELIONIA STATI                                                                                                                                                         | LO INGUNANCE CUMPANY                                                                                                                                                                                                        |                                                                                                       |
|                                                                                                                  | Wattern.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                   | /                                                                                                                                                                        | 7                                                                                                                                                                                                                           | •                                                                                                     |
| ATTEST:                                                                                                          | verelle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                   | ву                                                                                                                                                                       | Second Vice-Plesident                                                                                                                                                                                                       |                                                                                                       |
|                                                                                                                  | Assistant Vice-President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | dent                                                                                                                                                              | 7                                                                                                                                                                        | Second Vice-President                                                                                                                                                                                                       | AS INSUS                                                                                              |
| STATE OF INDIAN                                                                                                  | 99.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                             | (Seal)                                                                                                |
|                                                                                                                  | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                             | Light And                                                                                             |
| On this 6t                                                                                                       | h day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | March                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                    | , A.D., 19 <u>97</u> , before                                                                                                                                                                                               | me personally came                                                                                    |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Joseph F.                                                                                                                                                         | Haim                                                                                                                                                                     |                                                                                                                                                                                                                             |                                                                                                       |
| American States Ir                                                                                               | nsurance Company: that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e execution of the above he knows the seal of said                                                                                                                | instrument and did ded Corporation: that the                                                                                                                             | pose and say; that he is a Sec<br>seal affixed to the said instrum<br>signed his name thereto under l                                                                                                                       | ond Vice-President of<br>ent is such corporate                                                        |
| Joseph F.                                                                                                        | <u>Heim</u> fur<br>sident of said Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ther said that he is acqua                                                                                                                                        | ainted with <u>Mark</u><br>the above instrument.                                                                                                                         | A. Lawrence and                                                                                                                                                                                                             | knows him to be the                                                                                   |
|                                                                                                                  | DIANA K. CALLAHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 NOTARY PUBLIC                                                                                                                                                   | . Deans                                                                                                                                                                  | L. Calleson                                                                                                                                                                                                                 |                                                                                                       |
|                                                                                                                  | MY COMMISSION E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TY, STATE OF INDIAN,                                                                                                                                              | 4                                                                                                                                                                        | Notary Public                                                                                                                                                                                                               | (av e)                                                                                                |
|                                                                                                                  | MI COMMISSION E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WHES: 12/23/99                                                                                                                                                    |                                                                                                                                                                          |                                                                                                                                                                                                                             |                                                                                                       |
| STATE OF INDIAN                                                                                                  | USS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                             | (*( <b>*</b> (**(al))                                                                                 |
| OUNTY OF MAR                                                                                                     | RION }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                             | MOIANT                                                                                                |
| i, <u>Mark</u><br>ne above and fore<br>still in force and                                                        | going is a true and corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne Assistant Vice-Presider<br>of copy of a Power of Attor                                                                                                         | nt of AMERICAN STA<br>ney, executed by said /                                                                                                                            | TES INSURANCE COMPANY,<br>AMERICAN STATES INSURAN                                                                                                                                                                           | do hereby certify that                                                                                |
| ISURANCE COM                                                                                                     | IPANY which reads as fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ollows:                                                                                                                                                           | •                                                                                                                                                                        | Section 8.03 of the By-Laws of<br>ed on behalf of the Corporation                                                                                                                                                           |                                                                                                       |
| the president or or Assistant Vic by an authorize binding upon the                                               | r any vice-president (incluse-President) and the secret<br>defense representative of the secret<br>defense representative of the secret<br>defense representation of the | uding any Executive Vice-F<br>retary, assistant secretary,<br>Corporation, may be facsi                                                                           | President, Senior Vice-l<br>or other officer, whose<br>Imilies. Such signature<br>such officer shall have                                                                | President, Vice-President, Seco<br>signatures, if the instrument is one<br>and facsimiles thereof shall in<br>ceased to be such officer at the                                                                              | nd Vice-President,<br>luly countersigned<br>be authorized and                                         |
| or other instrur                                                                                                 | HOLL OF HISULATICE SHALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | iavo bocii actually lesucu                                                                                                                                        | by the corporation.                                                                                                                                                      | _                                                                                                                                                                                                                           | <i>I</i> :                                                                                            |
| or other instruc                                                                                                 | arant I have barounts =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at my hand and afficed to                                                                                                                                         | he seed of sold Co                                                                                                                                                       | ention this 3/1                                                                                                                                                                                                             | ( brankot-                                                                                            |
| or other instrur<br>In witness who<br>.D., 19 <u>97</u> .                                                        | ereof, I have hereunto s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | et my hand and affixed the                                                                                                                                        | he seal of said Corpor                                                                                                                                                   | ration, this <u>344</u> day o                                                                                                                                                                                               | bleember.                                                                                             |

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.

Assistant Vice-President