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LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS, That we, **Northern Construction Specialities, Inc.**,
9719 Pierce St., Crown Point, IN 46307

as Principal, and the **AMERICAN STATES INSURANCE COMPANY**, with its principal office at Indianapolis, Indiana, Surety,
are held firmly bound unto **All cities, towns & Municipalities in Lake County,**
2293 N. Main, Crown Point, IN 46307

hereinafter called Obligee, in the penal sum of

(**\$5,000.00**) Dollars, for the payment of which well and truly to be made we do hereby bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this **21** day of **April** 1998

WHEREAS, the said Obligee has granted or is about to grant to the said Principal a License or Permit to engage in the
business of **Excavation**

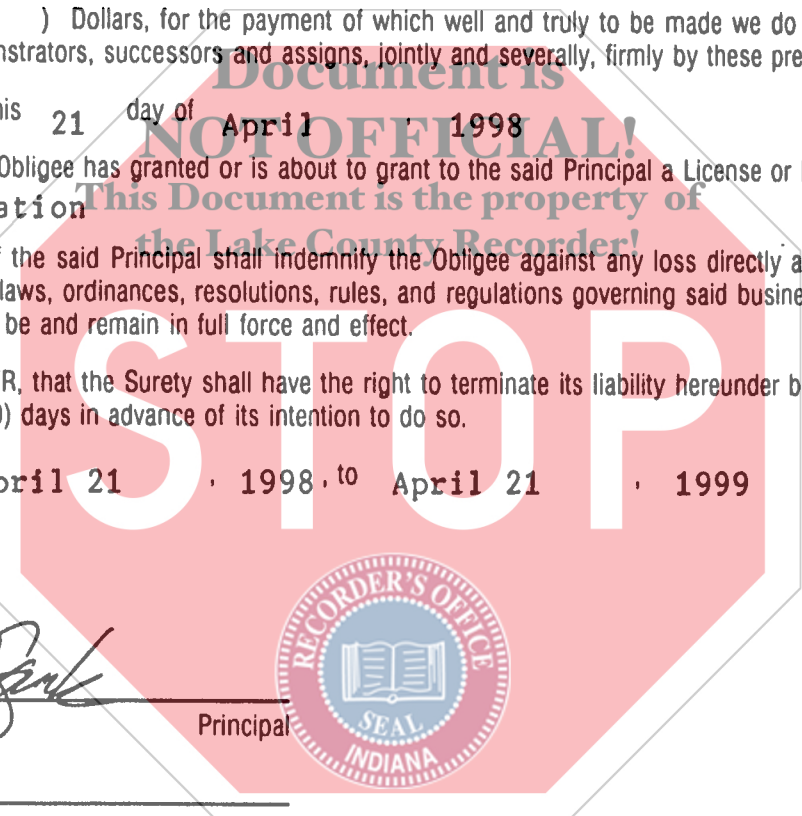
NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of
failure to comply with the laws, ordinances, resolutions, rules, and regulations governing said business, then this obligation
shall be void, otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, that the Surety shall have the right to terminate its liability hereunder by serving written notice
upon the Obligee thirty (30) days in advance of its intention to do so.

Term of Bond: **April 21** , 1998 , to **April 21** , 1999

By: *[Signature]*
Principal

By: _____
Principal



98028041

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD
98 APR 22 11 17

AMERICAN STATES INSURANCE COMPANY

BY *[Signature]*
Kathy Scheidt

1200 km

CS

American States Insurance Company

INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute and appoint _____

----- TIMOTHY A. BRIGGS, AUDREY MIKOVETZ OR KATHY SCHEIDT -----

of Merrillville and State of Indiana
its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided, however,
that the penal sum of any one such instrument executed hereunder shall not exceed
FIVE HUNDRED THOUSAND AND NO/100 (\$500,000.00) DOLLARS

and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows:

"The Chairman, the President or any Vice-President (including any Executive Vice-President, Senior Vice-President, Second Vice-President or Assistant Vice-President) shall have power, by and with the concurrence with any other officer of the Corporation, to appoint Attorneys-in-fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise"

IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 23rd day of September
A.D. 19 97

AMERICAN STATES INSURANCE COMPANY

ATTEST: [Signature] Assistant Vice-President By [Signature] Second Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS

On this 23rd day of September, A.D., 19 97, before me personally came

Joseph F. Heim

, to me known, who being by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said Joseph F. Heim further said that he is acquainted with Mark A. Lawrence and knows him to be the Assistant Vice-President of said Corporation; and that he executed the above instrument.

Barbara Pongler, NOTARY PUBLIC
COUNTY, STATE OF INDIANA
COMMISSION EXPIRES: 10/2/2000

Notary Public

STATE OF INDIANA }
COUNTY OF MARION } SS

I, Mark A. Lawrence, the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still in force and effect.

This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows:

"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the president or any vice-president (including any Executive Vice-President, Senior Vice-President, Vice-President, Second Vice-President, or Assistant Vice-President) and the secretary, assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimiles. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation."

In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this 21 day of April,
A.D., 19 98.

[Signature]
Assistant Vice-President

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.

1005-540

WARNING
THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK AND IF THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT IN ITS ENTIRETY.