246 East Janata Boulevard, Lombard, Illinois 60148 (630) 495-9380

BOND No. 15-304628

## **INDIANA**

LICENSE AND/OR PERMIT BOND

(ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00
AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)

| KNOW ALL M                                               | MEN BY                             | THESE PE                                                  | RESEN                                  | TS:                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | ,                                                  | 9                        |                          |
|----------------------------------------------------------|------------------------------------|-----------------------------------------------------------|----------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|--------------------------|--------------------------|
| That we                                                  |                                    | CARTA                                                     | CON                                    | CRETE (                                                | CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INC                                                     |                                                    | 8                        |                          |
|                                                          |                                    |                                                           |                                        |                                                        | (Principal's Name)<br>IL 60417                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                    | 1                        |                          |
|                                                          |                                    |                                                           |                                        |                                                        | (Principal's Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                                                    | <u> </u>                 |                          |
| as Principal,                                            | and B                              | OND SAFE                                                  | GUARI                                  | DINSURA                                                | NCE COMPANY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | an insurance                                            | company de                                         | uly <del>fic</del> en:   | sed in the               |
| State of India                                           | na, as s                           | Surety, are I                                             | neld an                                | d firmly b                                             | ALL CITI<br>ound unto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ES, TOWN LAKE CO                                        | S and MUN<br>UNTY IN                               | II C <del>IP</del> AI    | LITIES o                 |
|                                                          |                                    |                                                           |                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                    |                          | 00.00                    |
| to the payment successors and                            | t of whi<br>d assign               | ich sum the<br>ns, jointly an                             | said Pi                                | rincipal an<br>rally by the                            | FIVE THOUSA<br>d Surety bind thems<br>ese presents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | selves and the                                          | eir heirs, admi                                    | nistrators               | , executors,             |
| In considerat                                            | ion the                            | ereof, the F                                              | Princip                                | al is gran                                             | ted a license and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or permit by                                            | y the Oblige                                       | e to enga                | age in the               |
| business of                                              |                                    |                                                           |                                        |                                                        | NSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                    | <u>, 8</u>               | <u> </u>                 |
| for the period                                           | beginn                             | ning on the                                               | 1                                      | 28th                                                   | da<br>nent is the pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | y of                                                    | May                                                | <u>í ≒</u>               | 19 98                    |
| and ending or                                            |                                    |                                                           | This .                                 | 28th                                                   | county Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | operty o                                                | May                                                | <u> </u>                 | 399                      |
| dinances and<br>null and void;<br>1. This obl<br>execute | regula<br>othervigation<br>d by th | itions of the<br>wise to rem<br>i may be ex<br>ne Surety; | his bor<br>e Oblig<br>ain in<br>tended | nd is that,<br>lee pertain<br>full force<br>I from yea | if said Principal shaing to said license<br>and effect subject<br>ir to year at the opt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | all comply we and/or perr<br>to the followion of the Su | nit, then this<br>wing conditio<br>irety, by conti | obligation               | certificate              |
| Howeve                                                   | r, this (                          | obligation s                                              | hall rei<br>he can                     | main in fu<br>cellation                                | surety upon giving<br>Il force and effect a<br>of the bond.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | thirty (30) da<br>as to the acts                        | ys written not<br>s or omission:                   | lice to th<br>s of the a | e Obligee.<br>bove men-  |
| Dated this                                               |                                    |                                                           |                                        | 28th                                                   | day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | May                                                | , <del>[</del>           | <b>B</b>                 |
|                                                          |                                    |                                                           |                                        |                                                        | Z S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rune t                                                  | A Caux                                             | le f                     | Principal                |
| Countersigne                                             | d:                                 | DWIGHT                                                    | DZ                                     | IND                                                    | SPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | /                                                  |                          | Officer                  |
| . <del> </del>                                           | • •                                |                                                           | 27                                     | <b>Y</b>                                               | WDIAN BOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SAFEGUARD                                               | INSURANCE                                          | COMPA                    | NÝ                       |
| BY:                                                      |                                    | `                                                         |                                        |                                                        | BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /                                                       | 3e / Wma                                           |                          |                          |
| D1.                                                      |                                    |                                                           |                                        |                                                        | O1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                    |                          | President                |
|                                                          |                                    |                                                           |                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | CUINO INSURAN<br>CUINO INSURAN<br>ILLENOIS         |                          | •                        |
|                                                          |                                    |                                                           | ı                                      |                                                        | LEDGEMENT OF S<br>Corporate Officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SURETY                                                  | ILLINOIS INSURANCE COMPANY                         | ) E S                    |                          |
| STATE OF ILL<br>COUNTY OF                                | LINOIS<br>DU PAG                   | GE SS                                                     |                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | ( a line of                                        | <b>7</b>                 | Mag.                     |
| COMPANY a                                                | ector,                             | who acknow                                                | that he                                | d himself                                              | 90, before me, to be the aforesaid officer, being authoring the name of the hand and official stress to the stress | d officer of E<br>orized to do s                        | SOND SAFEG                                         | UARD IN<br>he forea      | ISURANCE<br>pina instru- |
|                                                          | }                                  | "OFFICIAL S<br>DENISE G. GI                               | RIFFIN                                 |                                                        | <del>Viere and recombinations</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Menc                                                    | se G. S                                            | riffin                   | <del>ر اگرار</del>       |
| INLP1, 9/94                                              | )                                  | 'ARY PURLIC, STATE WILL COUN' COMMISSION EXPIRE           | TY                                     | )                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notary P                                                | ublic, State c                                     | of Illinois              | 1475                     |

## ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERS)

| STATE OF                                           | ) ss                                                             |                             |                                                |
|----------------------------------------------------|------------------------------------------------------------------|-----------------------------|------------------------------------------------|
| COUNTY OF                                          |                                                                  |                             | •                                              |
| On this                                            | day of                                                           | , 19, before                | me personally appeared                         |
|                                                    |                                                                  |                             |                                                |
| known to me to be the indivedged to me that he     | idual described in and wh<br>executed the same.                  |                             | Sument and acknowl-                            |
| My commission expires:                             |                                                                  |                             | 40                                             |
|                                                    | NOT OFF                                                          | ent is<br>ICIAL!            | Notary Public                                  |
|                                                    | This Document is the Lake County                                 |                             |                                                |
|                                                    |                                                                  | W.C.J. Mo. C.               | STATE OF<br>LAKE C<br>FILED FOR                |
|                                                    | ACKNOWLEDGMENT<br>(CORPORATE O                                   |                             | ) 6 A                                          |
| STATE OF JUINO                                     | SS                                                               |                             |                                                |
| On this 285                                        |                                                                  | V                           | me personally appeared nowledged himself to be |
| theand that he as such officer                     | being authorized so to do, ex<br>g the name of the corporation i | ecuted the foregoing instru | SY-UTCa corporation, ument for the purposes    |
| My comprission expires:  OFFICIAL SE  NANCY J PETE | AL } . 19                                                        | Darcy J. Pass               | دمامت<br>Notary Public                         |

**Bond Safeguard** 

INSURANCE COMPANY 246 East Janata Boulevard, Lombard, Illinois 60148 (630) 495-9380