

STATEWIDE INSURANCE COMPANY

P. O. Box 799, Waukegan, Illinois 60079 (847)662-0073 Fax (847)662-4064

R I D E R

TO BE ATTACHED TO AND FORM PART OF BOND NO. B 111550

ON BEHALF OF Western Utility Contractors, Inc.

IN FAVOR OF THE Lake County Govt. Center, Town of Merrillville, IN

DATED THE 6th DAY OF May 1998

IT IS AGREED THAT THE Expiration date OF THE BOND IS AMENDED

AS FOLLOWS:

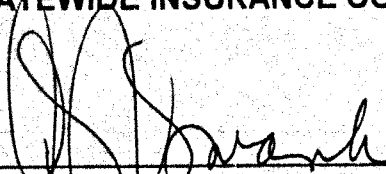
FROM: 5/6/98

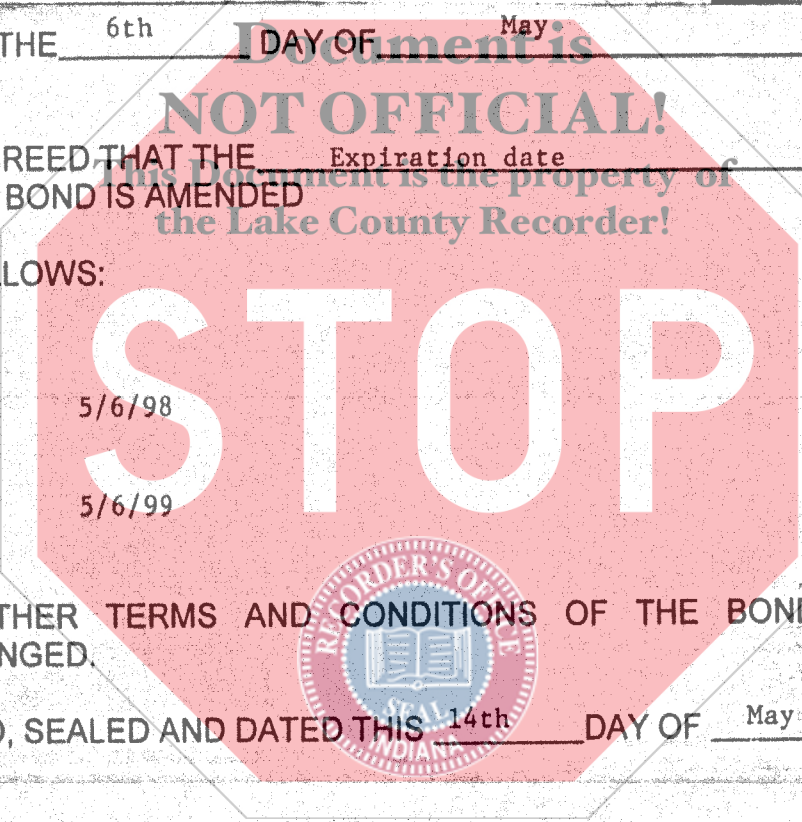
TO: 5/6/99

ALL OTHER TERMS AND CONDITIONS OF THE BOND REMAIN UNCHANGED.

SIGNED, SEALED AND DATED THIS 14th DAY OF May 1998

STATEWIDE INSURANCE COMPANY


ALICE J. SWANK
ATTORNEY-IN-FACT



Bond # 98042790

98042791

STATEWIDE INSURANCE COMPANY
RECORDED
MAY 14 1998

1100 SW
Cc# 3472



STATEWIDE INSURANCE COMPANY

P.O. BOX 799 60079-0799 • 329 NORTH GENESEE ST., WAUKEGAN, ILLINOIS 60085-4205

PHONE 847/662-0073 • FAX 847/662-4064

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That STATEWIDE INSURANCE COMPANY, an Illinois stock insurance corporation, does make constitute and appoint

ALICE J. SWANK OF WAUKEGAN, ILLINOIS

Its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof as follows:

ALL WRITTEN INSTRUMENT IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF TWENTY FIVE THOUSAND (\$25,000) DOLLARS FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION,

and to bind STATEWIDE INSURANCE COMPANY thereby, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are ratified and confirmed.

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of the

"RESOLVED, that the Chairman of the Board, the Vice Chairman of the Board, the President, an Executive Vice President, a Senior Vice President or a Vice President of the company be, and that each or any of them hereby is, authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute in behalf of STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, bonds, undertakings and all contracts of suretyship; and that an Assistant Vice President, a Secretary or an Assistant Secretary be, and that each or any of them hereby is, authorized to attest the execution of any such Power of Attorney, and to attach hereto the seal of the Company.

FURTHER RESOLVED, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which is is attached."

In Witness Whereof, the STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, has caused its official seal to be hereunto affixed and these presents to be signed by one of its Vice Presidents and attested by one of its Secretaries this 27TH day of OCTOBER 1994

ATTEST:

Ralph W. Swank, Jr.

Ralph W. Swank, Jr., Secretary

STATEWIDE INSURANCE COMPANY

Daniel L. Baright

By Daniel L. Baright/President

STATE OF ILLINOIS)
COUNTY OF LAKE) SS.

On this 27TH day of OCTOBER 1994, personally came before me, Daniel L. Baright and Ralph W. Swank, Jr. to me known to be the Individuals and officers of the STATEWIDE INSURANCE COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the Board of Directors of said corporation.



Mary F. DeFilippis

Mary F. DeFilippis, Notary Public
My Commission Expires:

AUGUST 13, 1996

CERTIFICATE

I, the undersigned Assistant Secretary of the STATEWIDE INSURANCE COMPANY, an Illinois corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the provisions of the By-Laws of the company and the Resolutions of the Board of Directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Waukegan this _____ day of _____, 19____



Roger J. Swarat

Roger J. Swarat, Assistant Secretary