

2



# Western Surety Company

98042907

## LICENSE AND PERMIT BOND

For County, City, Town or Village Only - Not Valid for Bonds Required by the State. Not Valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses or Utility Guarantee Bond.

KNOW ALL MEN BY THESE PRESENTS:

BOND No. L & P-42752420

That we, Thomas B. Jones DBA Windy Knoll Farm Landscape Services, of the Town of Dyer, State of IN, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Indiana, as Surety, are held and firmly bound unto the ALL Cities, Towns, and Municipalities, State of Indiana, Obligees, in the amount of Lake County (Valid only when a County, City, Town or Village is named as Obligee) of Five Thousand and no/100 DOLLARS (\$ 5,000.00), (NOT VALID FOR MORE THAN \$25,000)

lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal has been licensed as a landscape contractor

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, other wise to remain in full force and effect for a period commencing on the 24th day of April, 1998, and ending on the 24th day of April, 1999, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal in care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Dated this 24th day of April, 1998.

\_\_\_\_\_  
Thomas B. Jones Principal  
  
\_\_\_\_\_  
Principal

Countersigned  
By   
\_\_\_\_\_  
Resident Agent

WESTERN SURETY COMPANY  
By   
\_\_\_\_\_  
President

STATE OF SOUTH DAKOTA } ss ACKNOWLEDGMENT OF SURETY  
County of Minnehaha } (Corporate Officer)

On this 24th day of April, 1998, before me, the undersigned officer, personally appeared Joe P. Kirby, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

S. BARNES  
NOTARY PUBLIC  
SOUTH DAKOTA  
My Commission Expires 1-22-99

\_\_\_\_\_  
Notary Public, South Dakota  
Western Surety Company  
1-605-336-0850

12 km

ACKNOWLEDGMENT OF PRINCIPAL  
(Individual or Partners)

STATE OF INDIANA }  
County of LAKE } ss

On this 9th day of JUNE, 1998, before me personally appeared  
DAVID C. JONES

known to me to be the individual  described in and who executed the foregoing instrument and  
acknowledged to me that he executed the same.

My commission expires  
Lonnie P. Carter  
Notary Public, State of Indiana  
Lake County  
My Commission Exp. 04/01/2001

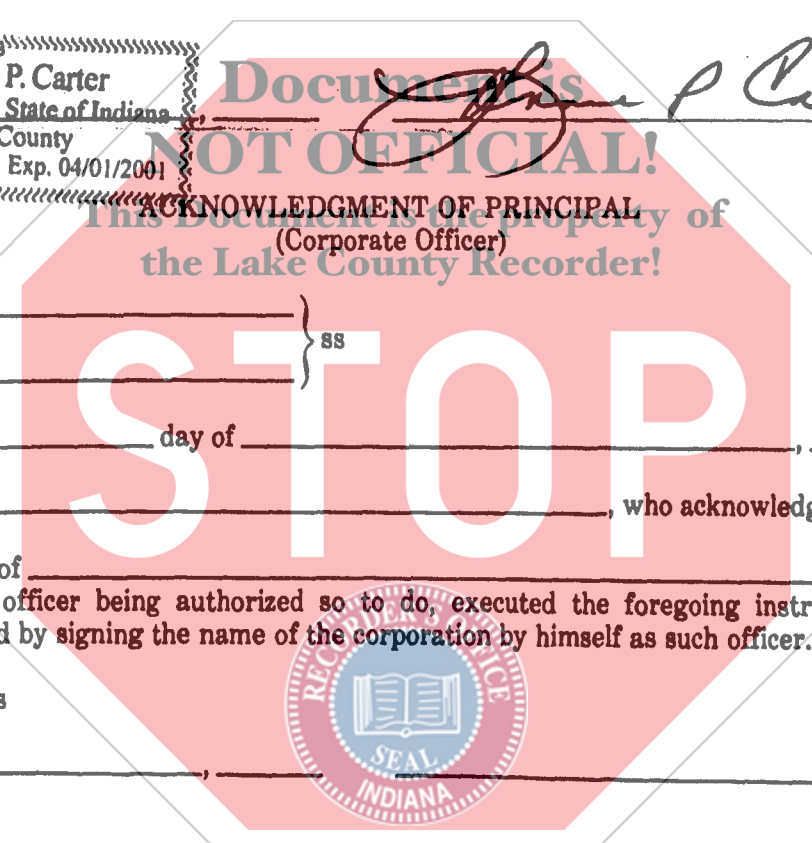
*Lonnie P. Carter*  
Notary Public

ACKNOWLEDGMENT OF PRINCIPAL  
(Corporate Officer)

STATE OF \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
personally appeared \_\_\_\_\_, who acknowledged himself to be the  
\_\_\_\_\_ of \_\_\_\_\_, a corporation,  
and that he as such officer being authorized so to do, executed the foregoing instrument for the pur-  
poses therein contained by signing the name of the corporation by himself as such officer.

My commission expires \_\_\_\_\_,  
\_\_\_\_\_  
Notary Public



Western Surety Company

License or Permit No. \_\_\_\_\_  
**LICENSE AND PERMIT BOND**  
As \_\_\_\_\_  
of \_\_\_\_\_  
State of \_\_\_\_\_ Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Filed \_\_\_\_\_  
Approved this \_\_\_\_\_ day of \_\_\_\_\_