

SURETY BOND CONTINUATION CERTIFICATE

DUPLICATE ORIGINAL PRESUMED LOST

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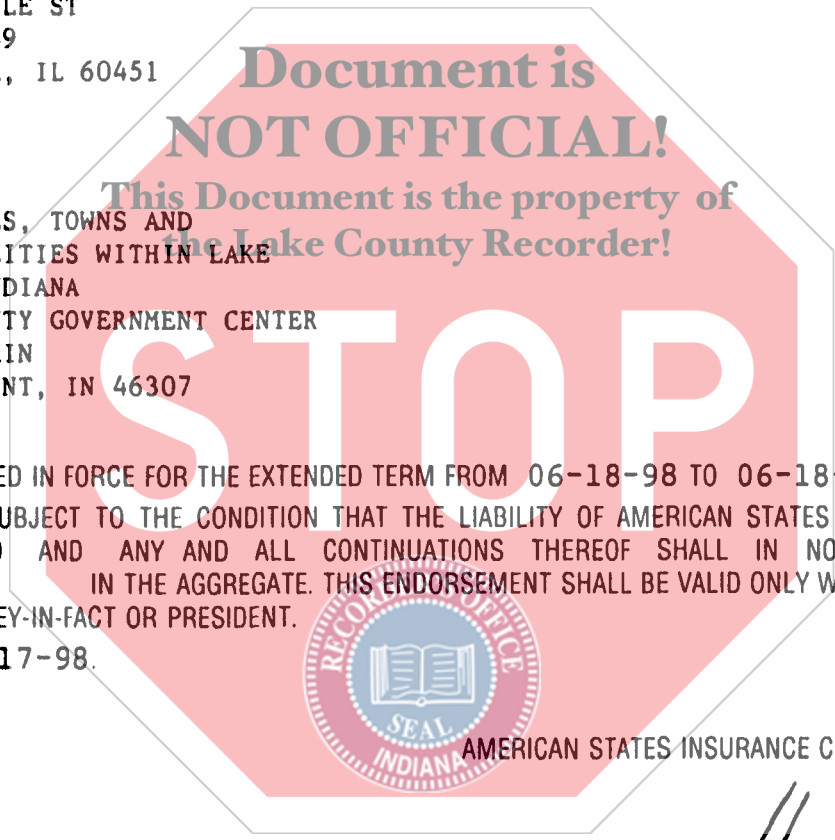
BOND NUMBER: EX-955260
ORIGINATION DATE: 06-18-1996
PENALTY AMOUNT: \$5,000.00
TYPE OF BOND:
SIGN INSTALLATION AND REPAIR

IN CONSIDERATION OF THE AGREED PREMIUM OF \$
EXECUTED

50.00 , PAYABLE IN ADVANCE, THE ABOVE BOND

ON BEHALF OF
EMCON SIGN & LIGHTING INC
352 W MAPLE ST
PO BOX 249
NEW LENOX, IL 60451

IN FAVOR OF
ALL CITIES, TOWNS AND MUNICIPALITIES WITHIN LAKE COUNTY INDIANA
LAKE COUNTY GOVERNMENT CENTER
2293 N MAIN
CROWN POINT, IN 46307



98043313

IS HEREBY CONTINUED IN FORCE FOR THE EXTENDED TERM FROM 06-18-98 TO 06-18-1999.
CONTINUATION IS SUBJECT TO THE CONDITION THAT THE LIABILITY OF AMERICAN STATES INSURANCE COMPANY UNDER THE BOND AND ANY AND ALL CONTINUATIONS THEREOF SHALL IN NO EVENT EXCEED \$ \$5,000.00 IN THE AGGREGATE. THIS ENDORSEMENT SHALL BE VALID ONLY WHEN EXECUTED BY THE COMPANY'S ATTORNEY-IN-FACT OR PRESIDENT.
EXECUTED ON 04-17-98.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 JUN 19 PM 12:48
M. CARTER
RECORDER

AMERICAN STATES INSURANCE COMPANY

BY JT Shanahan
ATTORNEY-IN-FACT

AGENT NAME AND ADDRESS
JAMES T SHANAHAN AGY, INC
237 S LAGRANGE ROAD
P O BOX 370
FRANKFORT, IL 60423

12-73501 (815) 469-4545



8/04/12/00

DUPLICATE TO BE ATTACHED TO 955 260 GENERAL POWER OF ATTORNEY

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 _____

-----JAMES T. SHANAHAN, JAMES T. SHANAHAN OR ROSEMARY PINCIAK-----

of Frankfort and State of Illinois
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 1 TWO HUNDRED FIFTH THOUSAND AND NO/100 (\$250,000.00) 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 8th day of May A.D. 19 97.

AMERICAN STATES INSURANCE COMPANY

This Document is the property of the Lake County Recorder!

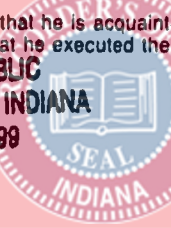
ATTEST: [Signature] Assistant Vice-President By Joseph F. Heim Second Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS
On this 8th day of May, 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.

DIANA K. CALLAHAN, NOTARY PUBLIC
TIPPECANOE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES: 12/23/99
[Signature]
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 17TH 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.

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.

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