AMERICAN STATES 98043523

## STATE OF INDIANA LACE COUNTY EN COUNTY EN COUNTY STATES INSURANCE COMPANY 98 LINDIANAPOLIS, INDIANA 46204-1275

**COUNTY UNIFIED BOND** 

	No Age	1.1-11 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
KNOW ALL MEN BY TH	IESE PRESENTS:	aljonality.		° 9
	PREMCO			 
ofand AMERICAN STATES	Lake Station SINSURANCE COMPANY du	IN  Ily authorized to transa	nct surety business in the	as Principal e State of Indiana, as
in the penal sum of FIVE	nly bound untoall citie ETHOUSAND AND NO/100 d truly to be made, we bind outly by these presents.	(\$5,000.00) DOLLARS	S, lawful money of the L	Inited States, for the
Signed, sealed an	d dated this 21st	day ofApri	1 , 19_	98 .
NOW, THEREFOR on and after the 21st all loss, costs, expenses	7-2 requires the Principal to ounty or a city or town within the THE CONDITION OF THIS day of Substitutions pertaining to such lick force and effect.	Lake  R C A  S OBLIGATION IS SUC  1 1 s the properties of the prop	CH, That if the above bound 19 98 , indemnify appliance with or breach of the control of the con	unden Principal shall nesid Obligee against of any laws, statutes
	rm of the bond is continuous	s		
AND, PROVIDED, to the Obligee.	the Surety may cancel this b	oond at any time by gi	ving thirty (30) days not	tice in writing mailed
	HER, regardless of the numbers that shall be payable or a smount of this bond.			
of claims that may be filed	HER, regardless of the number d against this bond either und of this bond, the Surety shall	der a single li <mark>cense or r</mark>	more than a single licen	se, the total of which
PROVIDED FURTH to perform the terms of a	HER, that this bond shall be no a construction contract.	ot construed to provide	indemnity as a result of	the Principal's failure
IN WITNESS WHE	REOF, the parties hereto ha	ive set their hands and	d seals the day and yea	ar above written.
		Lavid	JAhneh I STATES INSURANCE	Principal COMPANY
		BY: Dune Bonnie F	E Krasko Kraska	Attornay in Fact

9-1045 (1.80)

Attorney-in-Fact

1/2

## American States Insurance Company INDIANAPOLIS, INDIANA

	CI.YDE BROWN	OR 1	RONNIE	F	KBACKA			
	OBIO BROWN	OK .	DOMNIE	<u> </u>	KKADKA			
Munster		and	State of _		India	na		<del></del>
true and lawful Attorney(s)-in-Fact, with	full power and author	rity here	by conferre	ed in	its name, plac	e and stead, to	execute, a	knowledge and
liver any and all bonds, recognizances, co	ntracts of indemnity as	nd other	conditional	or ob	ligatory underta	kings, _DTO	rided. 1	however.
that the penal sum of a	ny one such	inst	rument	exe	cuted_he	reunder	shall n	ot exceed
FIVE HUNDRED THOUSAND A	ND_NO/100 (\$	500.0	000.000	DO	OLLARS			
nd to bind the Corporation thereby as fully and adding attested by its Secretary, hereby ratify and may be revoked pursuant to and by author. "The Chairman, the President or any or Assistant Vice-President) shall have as the business of the Corporation or recognizances, stipulations and under	ring and confirming all ti rity granted by Section Vice-President (includi power, by and with the risy require and to aut rtakings, whether by w	nat the si 7.07 of thing any E concurre horize a ay of au	aid Attorney( he By-Laws executive Vidence with an ny such per rety or othe	s)-in-l of the ce-Pro y other rson rwise	Fact may do in the American State esident, Senior for officer of the Coto execute, on the Cot	e premises. This is Insurance Com- vice-President, Sorporation, to ap- behalf of the Co	Power of Attorner	orney is executed reads as follows: President ys-in-fact y bonds,
IN WITNESS WHEREOF, American State	es Insurance Company	has car	used these	prese	nts to be signed			t, attested by its
ssistant Vice-President and its corporate se	eal to be hereto affixed	(lhis 📖		day c			ne	
D. 19_95		• 1	AMERIC	AN S	TATES INSURA	NCE COMPANY	<b>(</b>	
This I	Document							
W/1 the	e Lake Cor	ınts	Rec	or	der!	100	<b>5</b>	
Assistant Vice-Presi	dani		Ву	_		1	<u>en</u>	
Assistant Vice-Fresh	Oent			(	500	ond Vice Fresid	ent	SES INSC
ATE OF INDIANA								
DUNTY OF MARION SS								(3(250
JOINT OF MARION								(3) · · · ·
On this 6th day of	June				, A.	D., 19 <u>95</u> , i	pefore me p	ersonally came
							•	•
	Joseph F.	Heim					to n	ne known, who
eing by me duly sworn, acknowledged the merican States Insurance Company; that al; that it was so affixed by authority of the	he knows the seal of	f said C	orporation	that	the seal affixe	d to the said in	Second Vi	ce-President of
Joseph F. Heim fur	ther said that he is	causin	ted with		John J.			
sistant Vice-President of said Corporation	on; and that he exec	uted the	above ins	trum	ent.		1	
	763		1101	4	-11			
KATHI FEN FORD NOTARY	DIEN IC		102		Me	1 77	20	
KATHLEEN FORD, NOTARY I			-					
JOHNSON COUNTY, STATE OF	INDIANA					Notary Public		ARY PU
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES:	INDIANA	EAL.	LEGIS OF THE PARTY			Notary Public		PRY PU
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES:  ATE OF INDIANA	INDIANA	EAL. DIANA	arriving.			Notary Public		O SEA
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES: TATE OF INDIANA	INDIANA	EAL.	in the same of the			Notary Public		PERI NO IAN
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES: TATE OF INDIANA DUNTY OF MARION SS	12/2/98	DIANE	of AMERIC	AN S	STATES INSUI	·	NY, do her	eby certify that
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES: TATE OF INDIANA DUNTY OF MARION  1. John J. Rosich , to e above and foregoing is a true and correct	12/2/98 he Assistant Vice-Pre					RANCE COMPA		eby certify that
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES:  ATE OF INDIANA DUNTY OF MARION  I. John J. Rosich , to above and foregoing is a true and corrected that it is a structure and corrected that is a structure and corrected that it is a structure and corrected that is a structure an	12/2/98 he Assistant Vice-Prict copy of a Power of	Attorne	y, executed	by s	aid AMERICAN	RANCE COMPA I STATES INSU	RANCE CO	eby certify that MPANY, which
JOHNSON COUNTY, STATE OF MY COMMISSION EXPIRES:  ATE OF INDIANA DUNTY OF MARION  I. John J. Rosich to above and foregoing is a true and correct still in force and effect.  This Certificate may be signed and se SURANCE COMPANY which reads as for the state of the sta	the Assistant Vice-Proct copy of a Power of taled by facsimile uncollows:	Attorne: der and	y, executed by the aut	by s hority	aid AMERICAN of Section 8.0	RANCE COMPA I STATES INSU 03 of the By-La	RANCE CO	eby certify that MPANY, which IICAN STATES
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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.