EX 934-728



## AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275

## **COUNTY UNIFIED BOND**

KNOW	ALL MEN BY TH	ESE PRESEN	NTS:					
•	That	Kitchen	Cabinet S	Specialis	ts Inc			·
of	MERICAN STATES	unster	Indiana					as Principal
and AN	MERICAN STATES	INSURANCE	COMPANY d	luly authorized	d to transact su	rety business in	n the State of	Indiana, as
in the payme	are held and firm penal sum of FIVE nt of which, well and and severally, firm	THOUSAND truly to be m	AND NO/100 ade, we bind o	(\$5,000.00)	DOLLARS, lav	vful money of the	ne United Sta	ites, for the
;	Signed, sealed and	d dated this.	6th	_ day of	May	•	19 98	
and re	Chapter 88 of IC17 gulations of the Co	7-2 requires tounty or a cit	he Principal to y or town with	file this bond in	and guarante	es the complia	nce withe	ordinances County.
on and all loss, ordinar	NOW, THEREFORM after the 6th costs, expenses onces, rules or regularly and remain in full from	day of a damage to lations pertain	it caused by s ning to such li	aid Principal's	non-compliar	indem nce with or brea	nify.said@pliq ich of any lav	gee against
	PROVIDED the ter	m of the bon	d is continuou	S.				
	AND, PROVIDED, Obligee.	the Surety m	ay cancel this	bond at any	time by giving	thirty (30) days	notice in wri	_
of the r	PROVIDED FURTH number of premiur aggregate, than th	ns that shall	be payable or	ber of years of paid, the Sur	his bond shall ety shall not b	continue or be e liable hereun	continued in	niforce:and
of claim may ex	PROVIDED FURTH ns that may be filed ceed the penalty of ount of this bond.	against this	bond either un	ider a single li	cense or more	than a single li	cense, the to	tal of which
	PROVIDED FURTH orm the terms of a			not construed	to provide inde	emnity as a resu	lt of the Princi	pal's failure
1	N WITNESS WHE	REOF, the pa	arties hereto h	ave set their I	nands and sea	als the day and	year above	written.
			The state of the s	13a	MERICAN STA	ATES INSURAN	VICUA ICE COMPAI	Principal NY
				BY: Bonr	Unuic ie F Krai	ska,	Attorn	ey-in-Fact

Attorney-in-Fact

**9-1045** (1-80)

## 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.

## American States Insurance Company INDIANAPOLIS, INDIANA

	. CLYDE BROWN OR BO	NNIE F. KRASKA	
Munster			
true and lawful Attorney(s)-in-Fact, wi	th full power and authority hereby	ate ofIndiana	
liver any and all honds, recognizances	contracts of indemnity and other co	nditional or obligatory undertakings,	id, to execute, acknowledge and
that the penal sum of	any one such inchru	ment executed hereunde	TOVICES, NOWEVEY,
FIVE HUNDRED THOUSAND	AND NO/100 (\$500 00	0.00) DOLLARS	T_BOALL DOT_EXCEED
or Assistant Vice-President) shall ha as the business of the Corporation recognizances, stipulations and uni-	tifying and confirming all that the said hority granted by Section 7,07 of the I by Vice-President (including any Exe ve power, by and with the concurrence is may require and to authorize any derjakings, whether by way of suret	Altorney(s)-in-Fact may do in the premises By-Laws of the American States Insurance cutive Vice-President, Senior Vice-Preside e with any other officer of the Corporation, such person to execute, on behalf of the y or otherwise!	This Power of Attorney is executed Company, which reads as follows: int, Second Vice-President to appoint Attorneys-in-fact e Corporation, any bonds,
		d these presents to be signed by its Sec	ond Vice-President, attested by its
sistant Vice-President and its corporate			June
7. 19.95 TEST: This	Document is th	e property of	7 De
Assistant Vice-Pro	esident	Second Vice	resident
ATE OF INDIANA SS			3(3)
PUNTY OF MARION			
On this 6th day of	June	AD 10 95	, before me personally came
		1 7.0., 10	, belore the personally carrie
	Joseph F. Heim		
ing by me duly eworn, ecknowledged	the execution of the above lastre	ment and did depose and say; that h	is a Second Vice President of
nerican States Insurance Company; that it was so affixed by authority of the Loseph F. Heim	let he knows the seal of said Corpo he Board of Directors of said Corpo further said that he is accussinged	poration; that the seal affixed to the saration; and that he signed his name there withJohn_J. Rosich	id instrument is such corporate elo under like authority. And said
erican States Insurance Company; that it was so affixed by authority of the Loseph F. Heim	let he knows the seal of said Corpo he Board of Directors of said Corpo further said that he is accussinged	poration; that the seal affixed to the saration; and that he signed his name there withJohn_J. Rosich	id instrument is such corporate elo under like authority. And said
nerican States Insurance Company; that it was so affixed by authority of t	nat he knows the seal of said Corponer Board of Directors of said Corponer further said that he is acquainted ation; and that he executed the al	poration; that the seal affixed to the saration; and that he signed his name there withJohn_J. Rosich	id instrument is such corporate eto under like authority. And said
erican States Insurance Company; that it was so affixed by authority of the Loseph F. Heim sistant Vice-President of said Corpora KATHLEEN FORD, NOTAR JOHNSON COUNTY, STATE COUNTY, STA	nat he knows the seal of said Corpone Board of Directors of said Corpo further said that he is acquainted ation; and that he executed the all PUBLIC  OF INDIANA	coration; that the seal affixed to the seation; and that he signed his name there with John J. Rosich cove instrument.	id instrument is such corporate eto under like authority. And said and knows him to be the
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istant Vice-President of said Corpora  KATHLEEN FORD, NOTAR  SOHNSON COUNTY, STATE O  MY COMMISSION EXPIRES  ATE OF INDIANA  UNITY OF MARION  I. John J. Rosich  above and foregoing is a true and cor  titl in force and effect.  This Certificate may be signed and  URANCE COMPANY which reads as  "All policies and other instruments of the president or any vice-president (in  or Assistant Vice-President) and the se by an authorized representative of the binding upon the Corporation notwith	nat he knows the seal of said Corpone Board of Directors of said Corpo further said that he is acquainted ation; and that he executed the along the said that he executed the along the said that he executed the along the said that he executed the along that the executed the said that he executed the said that and that he executed the said that any executive Vice-Presidence that any such of the said that the said t	AMERICAN STATES INSURANCE COnverted by said AMERICAN STATES INSURANCE COnverted by said AMERICAN STATES the authority of Section 8.03 of the Button shall be signed on behalf of the Cent, Senior Vice-President, Vice-Presider of the Cent, Senior Vice-President, Vice-President of the Cent of the Ce	and knows him to be the authority. And said and knows him to be the authority and said and knows him to be the authority and said and knows him to be the authority and authority and authority. All the authority and authority.
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istant Vice-President of said Corpora  KATHLEEN FORD, NOTAR  JOHNSON COUNTY, STATE O  MY COMMISSION EXPIRES  ATE OF INDIANA  UNTY OF MARION  I. John J. Rosich  above and foregoing is a true and cor till in force and effect.  This Certificate may be signed and  URANCE COMPANY which reads as "All policies and other instruments of the president or any vice-president (in or Assistant Vice-President) and the ac by an authorized representative of the binding upon the Corporation notwith or other instrument of insurance sha	the knows the seal of said Corpone Board of Directors of said Corponer Board of Directors of said Corponer Board of Directors of said Corponer Board of that he executed the algorithms and that he executed the algorithms are said that he executed the algorithms are said that he executed the algorithms are said that any such of the corporation, may be facsimilies at a said that any such of the corporation, may be facsimilies at a said that any such of the corporation are said that are said that any such of the corporation are said that are said	AMERICAN STATES INSURANCE COxecuted by said AMERICAN STATES insurance coxecuted by said AMERICAN STATES the authority of Section 8.03 of the Batton shall be signed on behalf of the Cent, Senior Vice-President, Vice-Presider officer, whose signatures, if the instruction is Such signatures and facsimiles therefore shall have ceased to be such of the Corporation."	MPANY, do hereby certify that NSURANCE COMPANY, which y-Laws of AMERICAN STATES or or state of shall be authorized and licer at the time such policy
it is a state insurance Company; it is that it was so affixed by authority of the interest of the president of the	the knows the seal of said Corpone Board of Directors of said Corponer Board of Directors of said Corponer Board of Directors of said Corponer Board of that he executed the algorithms and that he executed the algorithms are said that he executed the algorithms are said that he executed the algorithms are said that any such of the corporation, may be facsimilies at a said that any such of the corporation, may be facsimilies at a said that any such of the corporation are said that are said that any such of the corporation are said that are said	AMERICAN STATES INSURANCE COxecuted by said AMERICAN STATES insurance coxecuted by said AMERICAN STATES the authority of Section 8.03 of the Batton shall be signed on behalf of the Cent, Senior Vice-President, Vice-Presider officer, whose signatures, if the instruction is Such signatures and facsimiles therefore shall have ceased to be such of the Corporation."	and knows him to be the authority. And said and knows him to be the authority. And said and knows him to be the authority. And said and knows him to be the authority. And said and authority. And said author

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.