

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA

SURETY BOND CONTINUATION CERTIFICATE

BOND NUMBER: EX-907707

ORIGINATION DATE: 02-04-1994 PENALTY AMOUNT: \$5,000.00

TYPE OF BOND:

COUNTY UNIFIED LICENSE BOND - SIDING CONTRACTOR

IN CONSIDERATION OF THE AGREED PREMIUM OF \$ EXECUTED

50.00, PAYABLE IN ADVANCE THE ABOVE BOND

BEHALF

ZEILENGA HOME IMPROVEMENTS

7215 VIRGINIA ST

MERRILLVILLE, IN 46410

This Document is the property of ALL CITIES TOWNS AND the Lake County Recorder!

FAVOR

MUNICIPALITIES OF LAKE COUNTY

CLERK OF LAKE COUNTY COUNTY RECORDER'S OFFICE 2293 NORTH MAIN STREET CROWN POINT, IN 46307

IS HEREBY CONTINUED IN FORCE FOR THE EXTENDED TERM FROM 12-31-97 TO 12-31-1998

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 IN THE AGGREGATE. THIS ENDORSEMENT SHALL BE VALID ONLY WHEN EXECUTED BY THE \$ \$5,000.00 COMPANY'S ATTORNEY-IN-FACT OR PRESIDENT.

EXECUTED ON 10-31-97.

AMERICAN STATES INSURANCE COMPANY

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AGENT DON POWERS AGENCY INC NAME 911 RIDGE ROAD ADDRESS PO BOX 3007 MUNSTER, IN 46321

13-64931

(219) 836-8900

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American States Insurance Company INDIANAPOLIS, INDIANA

NOW ALL MEN BY THESE PRESENTS, that American State Indiana, and having its principal office in the City of India	es Insurance Company, a C Inapolis, Indiana, hath mad	orporation duly organic orporatituted and a	inized and existing ur appointed, and does	nder the laws of the State by these presents make,
enstitute and appointGEORGE_FBONE	WITHOUTHUR EERCHO	DOMBIA 7	HTT T TANCOM	TOTAL CARDACE
R JOYCE A. SLEEPER	TIMUTHY FESKU,	LLIWA J.	ALLILIAMSON,	JUHN GARRAGE
Minster	and State of	7	ndiana	
true and lawful Attorney(s)-in-Fact, with full power and	authority hereby conferred	in its name, plac	e and stead, to ex	scute, acknowledge and
eliver any and all bonds, recognizances, contracts of indem				
hat the penal sum of any one su				
NE MILLION AND NO/100 (\$1,000,0	00.00) DOLLARS			on seel of the Corporation
d to bind the Corporation thereby as fully and to the same extended duly attested by its Secretary, hereby ratifying and confirming different diff	ng all that the said Attorney(s action 7.07 of the By-Laws of including any Executive -Vice ith the concurrence with any to authorize any such pers of by way of surety or other	Hn-Fact may do in the American State President, Senior other officer of the Control on to execute, on vise?	ne premises. This Pow is Insurance Compan Vice-President, Seco Corporation, to appoin behalf of the Corpor	er of Attorney is executed y, which reads as follows: nd Vice-President t Attorneys-in-fact ation, any bonds,
IN WITNESS WHEREOF, American States Insurance Co	mpany has caused these pr	resents to be signed	l by its Second Vice- November	President, attested by its
sistant Vice-President and its corporate seal to be hereto			1	
Duis Docume	en it he	nistates insur-	of and	•
TEST:RELEASE	wornty vec	pacel	7 le	
Assistant Vice-President	and the second	580	ond vice-President	STED IMBU
CATE OF INDIANA	The state of the s			
ATE OF INDIANA SS				(3 (DRA
DUNTY OF MARION				View M
On this 19th day of	November	Α Α	D., 19 <u>97</u> , befo	re me personally came
A Jos	eph F. Heim			, to me known, who
ing by me duly sworn, acknowledged the execution of nerican States Insurance Company; that he knows the al; that it was so affixed by authority of the Board of Direct IOSEPH F. Heim further said that is isstant Vice-President of said Corporation; and that he	seal of said Corporation; ors of said Corporation; an he is acquainted with	that the seal affixed that he signed his lark A. Law	d to the said instru name thereto unde	ment is such corporate
THE COURTY, STATE OF INDIANA			CHECKE	<u>U</u>
กานพุทธอายุน ธันกุนธยะ 101555000			Notary Public	ARYPO
	1 Sp. 1 3			
ATE OF INDIANA SS	A			PROL
DUNTY OF MARION	MANAGER			WOIAN
e above and foregoing is a true and correct copy of a Pou still in force and effect. This Certificate may be signed and sealed by facsim	•	by said AMERICA!	I STATES INSURAI	NCE COMPANY, which
SURANCE COMPANY which reads as follows: "All policies and other instruments of insurance issued the president or any vice-president (including any Exec or Assistant Vice-President) and the secretary, assistant by an authorized representative of the Corporation, m binding upon the Corporation notwithstanding the fact or other instrument of insurance shall have been actu	d by the Corporation shall utive Vice-President, Seni t secretary, or other officer ay be facsimilies. Such s t that any such officer sha lally issued by the Corpor	be signed on beh or Vice-President, , whose signatures ignatures and fac- ill have ceased to ation."	alf of the Corporation Vice-President, Sec. If the instrument is similes thereof shall be such officer at the	n by the Chairman, ond Vice-President, duly countersigned be authorized and he time such policy
In witness whereof, I have hereunto set my hand an	nd affixed the seal of said	Corporation, this	31st day	of October
D., 19 <u>97</u> .				ALS INOU
		Metal)	Lam	(a) (a) (a)
	· · · · · · · · · · · · · · · · · · ·	Assis	tant 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.