

BOND #5983445

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

J

KNOW ALL MEN BY THESE PRESENTS, That we _____

Pelton Home Improvement Inc, 1512 E North St., Crown Point, IN 46307

as Principal, and the AMERICAN STATES INSURANCE COMPANY, with its principal office at

Indianapolis, Indiana, as Surety, are held firmly bound unto All Cities, Towns and

Municipalities in Lake County, Ind, hereinafter called Obligee, in

the penal sum of Five Thousand and No/100-----

(\$ 5,000) Dollars, for the payment of which well and truly to be made we do hereby

bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally,

firmly by these presents.

Signed and sealed this 20th day of September, 19 99

WHEREAS, the said Obligee has granted or is about to grant to the said Principal a License or
Permit to engage in the business of Contractor

NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly
arising by reason of the failure to comply with the laws, ordinances, resolutions, rules, and regulations
governing said business, then this obligation shall be void, otherwise to be and remain in full force and
effect.

PROVIDED, HOWEVER, that the Surety shall have the right to terminate its liability hereunder
by serving written notice upon the Obligee thirty (30) days in advance of its intention to do so.

Term of Bond: October 9, 19 99, to October 9, ~~19~~ 2000



X H.S. Dotson
Principal

American States Insurance

AMERICAN STATES INSURANCE COMPANY

By Angela Jones
Attorney-in-Fact

99083194
76188066

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
99 OCT - 11 PM 2:20
RECORDER

DS 1200/05



American States Insurance Company
INDIANAPOLIS, INDIANA

GENERAL POWER OF ATTORNEY

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 GORDON W. BATES, JOHN C. BARBER, G. MICHAEL WINSLOW, MARK A. BATES OR ANGELA JANUS

of Crown Point and State of Indiana
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 ONE HUNDRED THOUSAND AND NO/100 (\$100,000.00) 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 6th day of August A.D. 19 97

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

STATE OF INDIANA }
COUNTY OF MARION } SS

On this 6th day of August, 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.

MARCIANA PONSLE, NOTARY PUBLIC
MARION COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES: 10/2/2000

Notary Public signature

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 20th day of September A.D., 19 99

Assistant Vice-President signature

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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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.