

of INTEGRATED ELECTRONICS OF INDIANA & OHIO

as Principal,

and HARTFORD INSURANCE COMPANY OF THE MIDWEST a corporation organized under the laws of the State of INDIANA, having its principal office in the City of INDIANAPOLIS, IN as Surety, are held and firmly bound unto THE CITY OF HOBART INDIANA

In the sum of FIVE THOUSAND DOLLARS AND NO/100----- Dollars (\$5,000.00-----) lawful money of the United States, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Whereas, the above bounden Principal has been granted a GENERAL CONTRACTOR

Now, Therefore, the Condition of this Obligation is Such, that if the above Principal shall indemnify and save harmless the THE CITY OF HOBART INDIANA

against loss to which the GENERAL CONTRACTOR LICENSE may be subject by reason of said Principal's breach of any ordinance, rule or regulation relating to the above described license or permit, then this obligation shall be null and void, otherwise to remain in full force and effect.

The term of this bond is for a period beginning on the 1ST day of JANUARY, 2000 and ending on the 31ST day of DECEMBER, 2000

No cause of action shall lie against the surety unless commenced within two years from the date the cause of action accrues against the principal.



Signed, sealed and dated this 16TH day of FEBRUARY 19 2000

INTEGRATED ELECTRONICS OF INDIANA & OHIO (Seal)
BY: *[Signature]* (Seal)
Surety
HARTFORD INSURANCE COMPANY OF THE MIDWEST
By: *Carolyn K Nelson* (Seal)
CAROLYN K NELSON Attorney-In-Fact

IEI ✓
6171 W. 400 RD
Greenfield, IN 46140
Form S-3514-1 Printed in U.S.A.

1/10/00
10449

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/16/2000

PRODUCER (317)637-7800 FAX (317)633-4850

Alliance Insurance Agency, Inc.
2611 West Washington Street
Post Office Box 22187
Indianapolis, IN 46222-0187

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY A SCOTTSDALE INSURANCE CO
- COMPANY B MONROE GUARANTY
- COMPANY C
- COMPANY D

Attn: Ext:
INSURED Integrated Electronics of Indiana & Integrated Of Ohio
6171 W County Road 400 N
Greenfield, IN 46140

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROF	CLS0542997	07/01/1999	07/01/2000	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 1,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	B000217952	01/01/2000	01/01/2001	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UMS0005425	11/08/1999	07/01/2000	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> THE PROPRIETARY/PARTNERS/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	M000217952	01/01/2000	01/01/2001	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000
B	<input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Builders Risk	M000217952	01/01/2000	01/01/2001	Any one Construction 100,000 or Installation Site

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Hobart Indiana
414 Main Street
Hobart, IN 46342

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Robert Beck/BOB *Robert A Beck*

HARTFORD INSURANCE COMPANY OF THE MIDWEST
Indianapolis, Indiana 46204

POWER OF ATTORNEY

Know all men by these Presents, That the HARTFORD INSURANCE COMPANY OF THE MIDWEST (the "Company"), a corporation duly organized under the laws of the State of Indiana, and having its principal office in Indianapolis, Indiana, does hereby make, constitute and appoint

WILLIAM S. HENDRICKSON, SUE MILLER, ROBERT S. BECK
and CAROLYN K. NELSON of INDIANAPOLIS, INDIANA

its true and lawful Attorney(s)-in-Fact, with full power and authority to each of said Attorney(s)-in-Fact, in their separate capacity if more than one is named above, to sign, execute and acknowledge any and all bonds and undertakings and other writings obligatory in the nature thereof on behalf of the Company in its business of guaranteeing the fidelity of persons holding places of public or private trust; guaranteeing the performance of contracts other than insurance policies; guaranteeing the performance of insurance contracts where surety bonds are accepted by states and municipalities, and executing or guaranteeing bonds and undertakings required or permitted in all actions or proceedings or by law allowed, in penalties not exceeding the sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00) each,

and to bind the Company thereby as fully and to the same extent as if such bonds and undertakings and other writings obligatory in the nature thereof were signed by an Executive Officer of the Company and sealed and attested by one other of such Officers, and hereby ratifies and confirms all that its said Attorney(s)-in-Fact may do in pursuance hereof.

This power of attorney is granted by and under authority, of the following provisions of the By-Laws adopted by the sole shareholder of the Company on the 14th day of September, 1979.

ARTICLE IV

SECTION 9. The President or any Vice-President or Assistant Vice-President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint, for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more resident Vice-Presidents, resident Assistant Secretaries and Attorneys-in-Fact and at any time to remove any such resident Vice-President, resident Assistant Secretary, or Attorney-in-Fact and revoke the power and authority given to him.
SECTION 12. Attorneys-in-Fact shall have power and authority, subject to the terms and limitations of the power of attorney issued to them, to execute and deliver on behalf of the Company and to attach the seal of the Company thereto any and all bonds, undertakings, and other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by an Executive Officer and sealed and attested by one other of such Officers.

This power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Directors of the Company on the 21st day of September, 1979.

RESOLVED, That, whereas any Vice-President or Assistant Vice-President, acting with any Secretary or Assistant Secretary, shall have the power and authority, as long as he holds such office, to appoint by a power of attorney, for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more resident Vice-Presidents, Assistant Secretaries and Attorneys-in-Fact;
Now, therefore, the signatures of such Officers and the seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

In Witness Whereof, the HARTFORD INSURANCE COMPANY OF THE MIDWEST has caused these presents to be signed by its Assistant Vice-President, and its corporate seal to be hereto affixed, duly attested by its Secretary, this 1st day of April, 1988.

Attest:

HARTFORD INSURANCE COMPANY OF THE MIDWEST

Robert J. Mathieu
Robert J. Mathieu, Secretary



Robert N. H. Sener

Robert N. H. Sener
Assistant Vice President

STATE OF CONNECTICUT, }
COUNTY OF HARTFORD, } ss.

On this 1st day of April, A.D. 1988, before me personally came Robert N. H. Sener, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice President of the HARTFORD INSURANCE COMPANY OF THE MIDWEST, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF CONNECTICUT, }
COUNTY OF HARTFORD, } ss.



Nora M. Stranko
Nora M. Stranko, Notary Public
My Commission Expires March 31, 1993

CERTIFICATE

I, the undersigned, Assistant Secretary of the HARTFORD INSURANCE COMPANY OF THE MIDWEST, DO HEREBY CERTIFY that the foregoing and attached POWER OF ATTORNEY remains in full force and has not been revoked; and furthermore, that Article IV, Sections 9 and 12 of the By-Laws of the Company, and the Resolution of the Board of Directors set forth in the Power of Attorney are now in force.

Signed and sealed at the City of Hartford. Dated the _____ day of _____ 19__



David A. Johnson
David A. Johnson
Assistant Secretary

APPLICATION FEE - \$100.00

LICENSE FEE - \$100.00

CITY OF HOBART

Re New \$50.00

Expires 12/31 each year

Results Ord. _____

219-942-1722 Fax 947-2314

Spec. _____

TYPE LICENSE ~~Electric~~ Alarms

DATE 2-16-00

APPLICATION FOR A CONTRACTORS LICENSE OR CERTIFICATE GOVERNED BY ORDINANCE NO. 98-18 AS AMENDED

NAME STAN Springer TITLE V.P.

BIRTHDATE 10-31-56 AGE 43 SOCIAL SECURITY NUMBER 310-58-1594

HOME ADDRESS 10435 Woods Edge Dr. PHONE NO. 317 894-1197

CITY Fishers STATE TN ZIP CODE 46038

BUSINESS NAME INTEGRATED ELECTRONICS OF INDIANA

ADDRESS 2171 W. 400 N. PHONE NO. 317 894-1197

CITY GREENFIELD STATE IN ZIP CODE 46140



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BUSINESS STRUCTURE

BUSINESS IS: INDIVIDUAL CO-PARTNERSHIP CORPORATION

NAME DONALD A. REED TITLE VICE PRESIDENT SSN# 306-52-0869

HOME ADDRESS 4319 W. EAGLE TRACE PHONE NO. 317 861 6845

CITY NEW PALESTINE STATE IN ZIP CODE 46163

NAME NORMAN D. MISTON TITLE PRESIDENT SSN# 316-56-3932

HOME ADDRESS 1344 PAULS DR. PHONE NO. 317 463 9352

CITY GREENFIELD STATE TN ZIP CODE 46140

PERSONAL QUALIFICATIONS

CONSTRUCTION RELATED EDUCATION: TRADE

NAME OF TRADE SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ YRS. _____

TYPE TRADE _____ COMPLETED: YES _____ NO _____

NAME OF APPRENTICE SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ YRS. _____

TYPE OF APPRENTICESHIP Electronics COMPLETED: YES _____ NO _____

NAME OF COLLEGE Indiana University

ADDRESS _____ CITY Bloomington STATE IN YRS. 5 yrs

COURSE OF STUDY EDUCATION GRADUATED: YES _____ NO _____

EQUIVALENT EDUCATION/ TRAINING (O.J.T. ETC.) _____

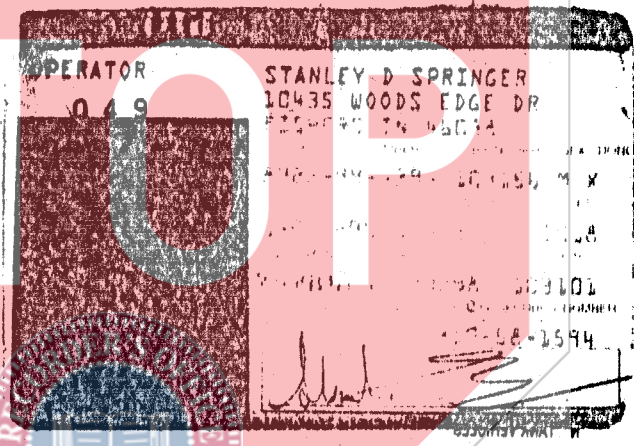
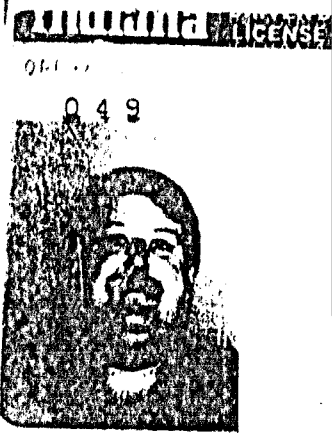


BUSINESS COVERAGE

***** BE CERTAIN TO ATTACH A COPY OF YOUR LAKE COUNTY RECORDED BOND OF \$5000.00 AND A COPY OF PROOF OF INSURANCE FOR \$500,000.00 per occurrence WITH A YEARLY AGGREGATE OF \$1,000,000.00 The City of Hobart must be the CERTIFICATE HOLDER To inquire about having your bond recorded you can call the Recorders office at 219-755-3000**

WHAT AMOUNT OF INSURANCE LIABILITY AND PROPERTY DAMAGE IS CARRIED BY YOUR COMPANY? 1 million
 NAME OF INSURANCE COMPANY? Plenor Guaranty
 ADDRESS OF INSURANCE COMPANY? 2611 W. Washington Indpls. IN
 NAME OF AGENT Bob Beck AGENT'S PHONE NO. 317 637-7800
 NAME OF BONDING COMPANY WESTERN SURETY
 NAME OF AGENT Above AGENT'S PHONE NO. Above
 ADDRESS OF AGENT Above
 IF YOUR COMPANY IS INCORP. IN THE STATE OF INDIANA, WHAT IS YOUR STATE NO.? 45588

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IF YOU ARE LICENSED AS A PLUMBER BY THE STATE, WHAT IS YOUR LICENSE NO.? N/A
 APPLICATION IS HEREBY MADE FOR A LICENSE TO DO BUSINESS AS A Electronics - Cont
 CONTRACTOR IN THE CITY OF HOBART, INDIANA. I AFFIRM THAT I WILL COMPLY WITH THE REQUIREMENTS OF THE CITY OF HOBART ORDINANCES PERTAINING TO BUSINESS AND THE CONSTRUCTION CODE EMPLOYED BY THE CITY OF HOBART.
 SIGNATURE [Signature] DATE 2/16/00
 DBA Integrated Electronics

DATE FIRST LICENSED BY CITY OF HOBART _____ 19 _____
 EXPIRATION DATE OF CURRENT LICENSE _____ 19 _____

If you have any trouble with filling out this application please contact Bonnie at (219) 942-1722

BUSINESS HISTORY

HOW LONG HAS YOUR COMPANY BEEN ENGAGED IN THE CONSTRUCTION BUSINESS? 12 years

HOW LONG HAS YOUR COMPANY BEEN OPERATING IN THE STATE OF INDIANA? 12 years

HOW LONG HAS YOUR COMPANY OPERATED IN THE COUNTY OF LAKE, INDIANA? 1 year

DOES YOUR COMPANY HOLD ANY OTHER TYPE OF LICENSE WITH THE CITY OF HOBART? NO

IS YOUR VEHICLE(S) CLEARLY IDENTIFIED WITH THE NAME OF THE CONTRACTORS FIRM OR CORPORATION? Yes

WHERE ELSE DOES YOUR COMPANY HOLD A CONTRACTOR'S LICENSE?

WHERE Ohio + Michigan TYPE OF LICENSE Fire Alarm YRS 5+1

WHERE _____ TYPE OF LICENSE _____ YRS _____

HAS YOUR COMPANY EVER APPLIED FOR A LICENSE THAT WAS REJECTED? YES _____ NO

WHERE _____ WHY _____

_____ WHEN _____

DOES ANY OF THE ABOVE PRINCIPALS HOLD AN OFFICE WITH ANY OTHER CONSTRUCTION COMPANY? NO

WHO _____ NAME OF COMPANY _____

LOCATION _____

HAS YOUR COMPANY EVER FILED BANKRUPTCY? YES NO

HAS YOUR COMPANY EVER BEEN CHARGED WITH FRAUD/FELONY? YES NO

HAS YOUR COMPANY EVER HAD ITS LICENSE OR BOND SUSPENDED OR REVOKED? YES NO

HAVE YOU EVER OPERATED ANY BUSINESS UNDER A DIFFERENT NAME? YES NO

IF SO, NAME OF BUSINESS _____

