STATE OF INDIANA

| Bond Safortuard  |
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| Bond Safeguard INSURANCE COMPANY   |
| 1919 S. Highland Ave. Bldg. A - Suite 300 - Lombard, IL 60148 (630) 495-9386 6 BOND NO. 15- 30693  |
| 2000 INDIANA MORRE WAS CARTER  |
| LICENSE AND/OR PERMIT BOND   |
| (ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00  AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)  |
| KNOW ALL MEN BY THESE PRESENTS:  |
| That we JIMS ROOFING   |
| 243 MILLER BOX 141 Beccher, 11. 6040   |
| (Principal's Address)  |
| as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the  |
| State of Indiana, as Surety, are held and firmly bound ento Comments years   |
| State of Indiana, Obligee, in the aggregate sum of Five Thouse Mod Dollars (\$ 5,000,000) to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors   |
|  |
| successors and assigns, jointly and severally by these presents.  This Document is the property of   |
| In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the   |
| business of KOOFWO CONTRACTOR  |
| for the period beginning on the 2 day of MARCH, 2000,  |
| and ending on the aday of day of day of  |
|  |
| THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void;   |
| otherwise to remain in full force and effect subject to the following conditions:  1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate   |
| executed by the Surety;  |
| <ol><li>This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee.<br/>However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned</li></ol>   |
| Principal prior to the cancellation of the bond.   |
| Dated this day of The Rob , 2000.  |
| Roo FW 6/  |
| Principal  |
| Countersigned:   |
| A Mansaco Officer  |
| BOND SAFEGUARD INSUBANCE COMPANY   |
| BY: William W Hector   |
| President President  |
| ACKNOWLEDGEMENT OF SURETY  |
| (Corporate Officer)  |
| STATE OF ILLINOIS COUNTY OF DUPAGE  SS  SS  COMPANY  SS |
| COUNT OF BOTAGE )  |
| On this 20th day of May 19 98, before me, the undersigned officer personally appeared  |
| William W. Hector, who acknowledged himself to be the aforesaid officer of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such officer, being authorized to do so, executed the foregoing instrument   |
| for the purpose therein contained, by signing the name of the corporation by himself as such officer. IN WITNESS   |
| WHEREOF, I have hereunto set my hand and official seal.  |
| "OFFICIAL SEAL"  |
| JANET L. COPPOCK Notary Public, State of Illinois  |
| My Commission Expires 8/14/01 Notary Public, State of Illinois   |

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## (INDIVIDUAL OR PARTNERS) STATE OF SS COUNTY OF before me personally appeared known to me to be the individual \_\_\_ described in and who executed the foregoing instrument and acknowledged to me that \_\_he \_\_executed the same, My commission expires: Notary Public the Lake County Recorder **ACKNOWLEDGMENT OF PRINCIPAL** (CORPORATE OFFICER) STATE OF SS COUNTY OF day of before me personally appeared On this who acknowledged himself to be of , a corporation and that he as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as such officer. My commission expires: Notary Public

**ACKNOWLEDGMENT OF PRINCIPAL** 

Bond Safeguard INSURANCE COMPANY

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