Bond Safeguard INSURANCE	CE COMPANY			
1919 S. Highland Ave. Bldg. A - Suite 300 • Lombard, IL 601		ND NO. 15- <b>307194</b>	2	
	INDIANA		000	
LICENSE AND/OR PERMIT BOND (ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00				
AND OBLIGEE IS AN INC	DIANA COUNTY, CITY, TOWN	OR VILLAGE.)	0	
That we These PRESENTS:	(Principal's Name)			
425 N. LAKE St. GARY	IN 4640	3	7	
(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 bour	id unto OF LAK	towns & municipality	وچې	
State of Indiana, Obligee, in the aggregate sum of to the payment of which sum the said Principal and successors and assigns, jointly and severally by the	d Surety bind themselves	Dollars (\$ 5, 0) and their heirs, administrators,		
In consideration thereof, the Principal is grante	ed a license and/or po	ermit by the Obligee to enga	ge in the	
business of Electrica Contra	46taAtgs the p			
for the period beginning on the	ke Counday of Re	The state of the s	000	
and ending on the	day of	MARCH ,2	00/	
THEREFORE: the condition of this bond is that, if sa and regulations of the Obligee pertaining to said otherwise to remain in full force and effect subject.  1. This obligation may be extended from ye executed by the Surety;  2. This obligation may be cancelled by the However, this obligation shall remain in full Principal prior to the cancellation of the bo	license and/or permit, the the following condition ar to year at the option Surety upon giving thirt force and effect as to the nd.	nen this obligation shall be null as: of the Surety, by continuation y (30) days written notice to the acts or omissions of the above	and void; certificate e Obligee.	
Dated this	day of MA	RCH OU	00	
	& Isa	ac Gibson	···_	
Countersigned:	2 15AA	Gibson	Principal	
Countersigned.	The state of the s		Officer	
BY: Kul Vionel	BOND SAFE	SUARD INSURÂNCE COMPANY		
ACKNOWLEDGEMENT OF SURETY  (Corporate Officer)  President				
ACKNOWLEDGEMENT OF SURETY (Corporate Officer)				
STATE OF ILLINOIS ) SS	rosporato emosi,	INSURANCE COMPANY		
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	<u> </u>	Notary Public, State of Illinois	1200	

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## **ACKNOWLEDGMENT OF PRINCIPAL**

(INDIVIDUAL OR PARTNERS)

en de la companya de La companya de la co
STATE OF TNDIANA
COUNTY OF LAKE ) SS
On this
LSAAC GIBEON
(Owner) with the state of the s
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:  Document  A-1-200/F  My commission expires:
This Document is the property of the Lake County Recorder!
ACKNOWLEDGMENT OF PRINCIPAL (CORPORATE OFFICER)
STATE OF
COUNTY OF
On this day of before me personally appeared, who acknowledged himself to be
the, 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

## Bond Safeguard INSURANCE COMPANY

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1919 S. Highland Ave. Bldg. A - Suite 300 • Lombard, IL 60148 (630) 495-9380