

Capitol INDEMNITY CORPORATION

P.O. Box 5900, Medison, WI 53705-0900

LICENSE OR PERMIT BOND

NO. 760119

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KNOW ALL MEN BY THESE PRESENTS, That we, MEDLIN COMMUNICATIONS, INC..

of 235 W. 83RD ST., UNIT C. BURR RIDGE, IL 60521

as Principal, and Capitol Indemnity Corporation, a Wisconsin Corporation, and having its principal office in the City of Madison, Wisconsin, as Surety, are held and firmly bound unto LAKE COUNTY AND ALL CITIES AND TOWNS THEREIN,

CROWN POINT, IN 46307, hereinafter called the Obligee, in the penal sum of FIVE THOUSAND AND 00/100

Dollars (\$_____5,000.00), lawful money of the United States of America to be paid to said Obligee, 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.

Signed with our hands and sealed with our seals this, the 16th day of March A. D. 2000

WHEREAS, a LICENSE or PERMIT has been granted by the Obligee to the above boundern Principal authorizing him as a

Communications & Wiring Contractor

Now, therefore, the Condition of this Obligation is such, that if the said Principal shall faithfully observe the provisions of the Laws, Ordinances, and Resolutions, governing the issuance of this License or Permit, then this Obligation shall be null and void, otherwise to remain in full force and effect.

Liability under this bond shall terminate as of the <u>16th</u> day of <u>March</u>, 2001, as to any acts subsequent thereto, unless said bond is continued in force from year to year by the issuance of a continuation certificate signed by the Surety.

The Surety may cancel this bond at any time by filing with the Obligee thirty (30) days written notice of its desire to be relieved of liability. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty day period.

MEDLIN COMMUNICATIONS, INC.

Principal

CAPITOL INDEMNITY CORPORATION

By Wan L. Morgan

Dawn L. Morgan, Attorney-in-Fact

14.00

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STATE OF INDIANA
LAKE COUNTY

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Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900 PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900 PHONE (608) 231-4450 • FAX (608) 231-2029

		PHONE (608) 2	231-4450 • FAX (608) 231-2025	t	
	PO	WER OF ATTOR	NEY	No:	538718
Kr corporation of the State o and appoint	now all men by the of Wisconsin, having its p	ese Presents, The principal offices in the	at the CAPITOL IND City of Madison, Wisc	EMNITY CO	DRPORATION, a make, constitute
J	JAMES SCHEER, MICHA ES I. MOORE, BONNIE I				
its true and lawful Attorne deed, any and all bonds, suretyship executed unde	. undertakings and conti	racts of suretyship, p	rovided that no bond	or undertak	ing or contract of
This Power of Atto Resolution adopted by the on the 5th day of May 196	rney is granted and is si e Board of Directors of C 60:	gned and sealed by f	acsimile under and by CORPORATION at a	the authorise meeting du	ty of the following ly called and held
"RESOLVED, that the Pres and authorization to appoint by a nature thereof, one or more resid offices to the business of this com relating thereto by facsimile, and a Company, and any such power so respect to any bond or undertakin without cause, by any of said office	dent vice-presidents, assistant singany; the signature of such office any such power of attorney or conception and certified by facsing or other writing obligatory in the control of the	ses only of executing and at ecretaries and attorney(s)-in	testing bonds and undertaking fact, each appointee to have the affixed to any such	ngs, and other we the powers are	ritings obligatory in the duties usual to such
IN WITNESS WHE	EREOF, the CAPITOL IN d its corporate seal to be	IDEMNITY CORPOR hereto affixed duly a	ATION has caused the ttested by its Secreta	ese pre <mark>se</mark> nt ry, this 1st d	s to be signed by ay of June, 1999.
Attest: Wrailine N	M. Schulte M. Schulte, Secretary	CORPORATE SEAL	George A 1	NITY CORP	ORATION
STATE OF WISCONSIN	}	A PARSON SIN MANUAL MAN	US OF		
On the 1st day of J sworn, did depose and s CAPITOL INDEMNITY C knows the seal of the said by order of the Board of D	ORPORATION, the corp d corporation; that the se	the County of Dane coration described in eal affixed to said insti	, State of Wisconsin and which executed to rument is such corpor	; that he is the above in ate seal; tha	the President of strument; that he
STATE OF WISCONSIN	1	MANUAL OF MISCORE	Jone	J. En	dres
COUNTY OF DANE	}	JANE F. ENDRES	Notary	Jane F. Endres Public, Dane	Co., WI

CERTIFICATE

I the undersigned duly elected to the office stated below

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

16th

CORPORATE SEAL

Signed and sealed at the City of Madison. Dated the ...

day of March

2000

Paul J. Breimeuer, Treasurer

This power is valid only if the power of attorney number printed in the upper right hand corner apears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.

AEVIT

State of Illinois

County of Cook

}s.s.

On 3/16/2000, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Dawn L. Morgan known to me to be Attorney-in-Fact of CAPITOL INDEMNITY CORPORATION the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

This Document is the property of

My Commission Expires 6 15 306 Lake County

Notary Public



