Bond Safeguard INSURANCE COMPANY

246 East Janata Boulevard, Lombard, Illinois 60148 (630) 495-9380

BOND No. 15-305452

## INDIANA

## LICENSE AND/OR PERMIT BOND

|                                    |                           | AND        | OBLIGEE IS AN INDIANA   | COUNTY, CITY, TOWN OR  | VILLAGE.)  |                       |
|------------------------------------|---------------------------|------------|---|--|--|-----------------------|
| KNOW ALL MEN BY THESE PRESENTS:    |                           |            |   |  | 0.0  |                       |
| That we                            |                           |            | MJM TREE  | SERVICE, INC.  | ·  |                       |
|                                    | 7                         | `          | (Princ  | cipal's Name)  | ်<br>တ   |                       |
|                                    | 890                       | O SOUT     |   | BRIDGEVIEW, ILLI   | NOIS 60455   |                       |
| 5-111                              | 4 50005                   | == .       | · · · · · · · · · · · · · · · · · · ·   | pal's Address)   | න <u>ූ</u>   |                       |
| • •                                |                           |            |   | ,  | ance company doly lie  |                       |
| State of Indiana,                  | as Surety                 | , are he   | eld and firmly bound  | unto ALL CITIES, T   | OWNS, & MUNICIPALI   | TIES OF LAKE          |
| to the payment of successors and a | which sur<br>ssigns, joir | n the sand | gregate sum of FIVE aid Principal and Sur severally by these principal is granted a | THOUSAND & NO/100 ety bind themselves an esents.  Ilicense and/or perm | d their heirs, administration their heirs administration to the obliged to e | tors, executors,      |
| business of _A_                    | TREE SE                   | RVICE      | the Lake  | County Recor   | der!   |                       |
| for the period be                  | ainnina a                 | n the      | 1.4+h   | day of   | Attenten   | •                     |
| tor the period be                  | girining o                |            | 2-3-11  | - Jay Ol   | AUGUSI   | , <b>NB200</b> 0      |
| •                                  | · ·                       |            |   | day of   |  | , NB_2000<br>1002_2K, |

However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond. Dated this \_ 19K 2000

Principal

Countersigned:

**BOND SAFEGUARD INSURANCE COMPANY** 

ratis/Wmasser

President

Officer

**ACKNOWLEDGEMENT OF SURETY** (Corporate Officer)

STATE OF ILLINOIS COUNTY OF DU PAGE SS

On this 1st day of 19 90, 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" **DENISE G. GRIFFIN** 

Notary Public, State of Illinois My Commission Expires 11/18/2001

Notary Public, State of Illinois

INLP1, 12/97

## ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERS)

| STATE OF LNDIANA   |  |
|--|--|
| STATE OF STATE OF SS COUNTY OF SS  | ·  |
|  | 2000<br>Bor, 49, before me personally appeared<br>TOFFH (TUTH)   |
| Own  |  |
| known to me to be the individual described in and who e edged to me that he executed the same.   | xecuted the foregoing thankument and acknowl-  |
| My commission expires:   | Nota Public, Sant of Indiana State of In |
| the Lake County  | Property of """" Anylolic  |
|  |  |
| ACKNOWLEDGMENT O   |  |
| The state of the s |  |
| STATE OF   | nt.  |
| COUNTY OF  |  |
| On this day of   | , 19, before me personally appeared  |
|  | , who acknowledged himself to be   |
| the of of that he as such officer being authorized so to do, executherein contained by signing the name of the corporation by h  | ited the foregoing instrument for the purposes nimself as such officer.  |
| My commission expires:   | N.   |
|  | Notary Public  |

Bond Safeguard INSURANCE COMPANY 246 East Janata Boulevard, Lombard, Illinois 60148 (630) 495-9380