FEDERATED MUTUAL FEDERATED HOME OFFICE: OWATONNA INSURANCE 7° MINNESOTA 55080-2401

Bond No. 6028329

LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS, that 831 W RIVER PLACE KANKAKEE IL 60901	twe KEY CITY S	SIGNS LTD		
as Principal and FEDERATED MUTUAL INSURANCE	CE COMPANY O	F OWATONNA, M	INNESOTA a corr	oration
organized and existing under the laws of the State				
East Park Square, PO Box 328, Owatonna, Minnesot LAKE COUNTY, INDIANA & ALL CITES & TOWNS	ta, as Surety, are			
414 MAIN STREET HOBART, IN 46342			20.0	Obligee,
in the sum of FIVE THOUSAND AND NO/100		D	ollars (\$ 5,000.00) ا
for payment of which the Principal and the Surety bi				cessors
and assigns, jointly and severally, firmly by these pres				
The condition of this obligation is such that WHERE from LAKE COUNTY, INDIANA & ALL CITES & TOW		amed Principal is	desirous of obtaining a	license
to engage in the business of SIGN HANGERS				
NOW, THEREFORE, in consideration of the issuance such Ordinances, Rules and Regulations and any Amobligation shall be void, otherwise to be and remain in	nendments therecon full force and eff	of, as require the e		
This obligation shall become effective on the28			2002 , ar	nd shall
remain in force for a one year period thereafter.				
If the Surety herein shall so elect, this bond may be	cancelled at any	time by the Surety	herein by giving the P	rincinal
and to the ObligeeTEN		(10) days written notice of	
cancellation.				
Signed and s	DEKSO	14TH day	,	2001
	BY	DERATED MUTH	AL INSURANCE COMP	(Title)

BF-2 Ed. 7-00

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That FEDERATED MU under the laws of the State of M Minnesota, does hereby constitute	sinnesota, and having its	MPANY, a corporation duly or principal office in the City of	ganized and existing Owatonna, State of		
CARY STEPHENSON	of the City of	OWATONNA	State		
of MINNESOTA	its true and la	wful attorney for the following p	urposes:		
bonds and penalties not exceeding:		the seal, acknowledge and deliv	er any and all surety		
ONE	HUNDRED THOUSAND DO	LLARS (\$100,000) EACH			
KEY CITY	SIGNS LTD	KANKAKEE IL			
The execution of such bonds or undertakings in pursuance of these presents shall be binding upon the Company as if they had been executed and acknowledged by the regularly elected officers of the Company. This Power of Attorney granted by Federated Mutual Insurance Company shall terminate when the designee ceases to be:					
_	by Federated Mutual Insu	rance Company or			
,	Docui	ment is	which much Downs of		
	by Federated Mutual Ins	surance Company in a job for the	which such rower of		
IN WITNESS WHEREOF this instrument to be signed and Secretary this the 22ND	its corporate seal to be a day of	DERATED MUTUAL INSURAN	esident and Assistant		
(SEAL)		Executive Vice President	>		
	and BY	Assistant Secretary			
STATE OF MINNESOTA COUNTY OF STEELE			. \$		
public, Sarah L Buxton and David that they are respectively the Exe INSURANCE COMPANY and the that this instrument was signed and said Sarah L Buxton and David corporation.	W Ramsey to me personal ecutive Vice President and at the seal affixed to this is described of behalf of said W Ramsey acknowledge	d Assistant Secretary of the FEI instrument is the corporate seal of Corporation by authority of its I	sworn by me, did say DERATED MUTUAL f said Corporation and Board of Directors and		
MOTARY PUR	LIC-MINIESOTA EXPIRES 1-31-2005	Kelly J. X	Hagen		

COPY OF RESOLUTION

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as attorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am an Executive Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesota and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

CARY STEPHENSON	of_	OWATONNA, MINNESOTA
I further certify that said Power of Attorn	cun ey was	s therein set forth, which Power of Attorney has never nent 18 given in pursuance of a resolution adopted at a regular
		ch meeting a quorum was present and that the foregoing hereof as recorded in the minutes of the said meeting.
PURSUANT to the By-Laws of Federated I of inability of the Secretary to act, his duties shall rank.	Mutual] be perf	Insurance Company, Article 8, Section 1; in the absence formed by the Assistant Secretaries in the order of their
IN TESTIMONY WHEREOF, I have here MUTUAL INSURANCE COMPANY this the	unto se	t my hand and affixed the seal of the FEDERATED day of DECEMBER
(SEAL)	FEI	DERATED MUTUAL INSURANCE COMPANY
	Exe	Scutive Vice President