



Bond No. LP 626242

Capitol Indemnity Corporation

2002 018353

2002 FEB 21 AM 9:21

MORRIS H. CAKTER
RECORDER

License and Permit Bond

For County, City, Town or Village Only - Not valid for bonds required by the state. Not valid for Contract, Performance, Maintenance, Subdivision, Agent to sell Hunting and Fishing Licenses or Utility Guarantee Bond.

Surety:

Capitol Indemnity Corporation
P.O. Box 5900
Madison, WI 53705-0900

Principal: (Full name and address)

All Cities, Towns & Municipalities of
LAKE COUNTY INDIANA

Obligee: (Principal's customer)

PETER DYKSTRA
17850 Green Oak
LANSING IL 60438

Agency Name/Address/Code:

EGGERT INSURANCE AGENCY, INC.
- 2540 Ridge Road
P.O. Box 325
- Lansing, Illinois 60438-0325
708-474-1616
- Fax 708-474-9742

12-7093

Effective Date: 02-20-02
(Valid for one year)

Expiration Date: 02-20-03

PENAL AMOUNT OF BOND (Not valid for more than \$25,000): FIVE THOUSAND - \$5000.00, lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the obligee for

CARPENTRY

NOW THEREFORE, if the principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force for not more than 12 consecutive months, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the obligee and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the principal.

Signed with our hands and sealed with our seals this, the 20th day of FEBRUARY, AD 2002.

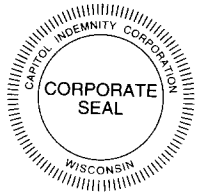
[Signature]
Principal

CAPITOL INDEMNITY CORPORATION

Surety

By: [Signature]
President

Countersigned by: [Signature]
(Licensed Resident Agent, if applicable)



On the 1st day of March, A.D., 2000, before me personally came George A. Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN
DANE COUNTY

[Signature]
(Signature/Notary)
Notary Public, Wisconsin
MY COMMISSION EXPIRES 3-23-2003



10.02
AC
6056