STATEWIDE INSURANCE COMPANY

P.O. Box 799, Waukegan, Illinois 60079 (847) 662-0073 Fax (847) 662-4064

2002 044157

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Bond No. <u>B117633</u>

LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS:	quissith. IN 46314
KNOW ALL MEN BY THEODY	741 N. Cline Avenue, Griffith, IN 46314
That we,A. J. Painting, Inc.	OTA TEWIDE INSURANCE
COMPANY, a corporation organized and existing under the laws All cities, towns, municipalities and incorporation of Lake County, 46307	orated areas of Lake County, IN atatatatatatatatatatatat
All cities, towns, municipalities and Lake County, Lake County Plan Commission of Lake County, 2293 N. Main St., Crown Point, IN 46307 (\$ 5,000. to the said Obligee, for which payment well and truly to be made)	, as one and a perful money of the United States, to be paid
a thick payment well and truly to be mad	e, we bind ourselves and our legal represent
to the said Obligee, for which payment was	
severally by these presents.	ment is 2002
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH the said Obligee has granted or is about to grant to the said Print the said Obligee has granted or is about to grant to the said Print the said Print the said Print the said Obligee has granted or is about to grant to the said Print the said Obligee has granted or is about to grant to the said Print the said Print the said Obligee has granted or is about to grant to the said Print the said Obligee has granted or is about to grant to the said Print the said Obligee has granted or is about to grant to the said Print the said Obligee has granted or is about to grant to the said Print the said Obligee has granted or is about to grant to the said Print the said Print the said Print the said Obligee has granted or is about to grant to the said Print	
Dainting Colletacos	The state of the s
NOW THEREFORE, if the said Principal shall faithfully perfer including all Amendments thereto, pertaining to the license or	Form the duties and in all things comply with the laws and ordinances, repermit being granted, then this obligation is to be void, otherwise to permit being granted, unless renewed by Continuation Certificate.
a 11 Come and effect until.	ne Surety thirty (30) days after receipt by the Obligee of the Surety's for the Obligee.
PROVIDED, HOWEVER, This bond may be canceled by	for the Obligee.
PROVIDED, HOWEVER, This bold that see written notice of cancellation, validated by proof of mailing written notice of cancellation, validated by proof of mailing	2002
Signed, sealed and dated this 3rd day of M	
ssn 321526260	STATEWIDE INSURANCE COMPANY
	of And Long



P.O. Box 799 • Waukegan, IL 60079-0799 329 N. Genesee St. • Waukegan, IL 60085-4205

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That STATEWIDE INSURANCE COMPANY, an Illinois stock insurance corporation, does make, constitute and appoint

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company, to execute, deliver and affix the seal of the corporation thereto if a seal is required,

and to bind STATEWIDE INSURANCE COMPANY thereby, and that all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are ratified and confirmed.

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of the STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, at a meeting duly called and held on the 27th day of July, 2000.

"Resolved, that the Chairman of the Board, the Vice Chairman of the Board, the President, an Executive Vice President, a Senior Vice President or a Vice President of the company be, and that each or any of them hereby is, authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the provided to execute the contracts of surphysics and that an Assistant Visco Provident of Secretary or an executive vice President of the given Power of Attorney to execute on behalf of the contracts of surphysics and that an Assistant Visco Provident of Secretary or an executive vice President or a vice President or an executive vice President or a vice President or an executive vice President or a vice President or an executive vice President or an executive vice President or a vice President or an executive vice President v STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, bonds, undertakings, recognizances or other contracts of suretyship; and that an Assistant Vice President, a Secretary or an Assistant Vice President Vice Pr Assistant Secretary be, and that each or any of them hereby is, authorized to attest the execution of any such Power of Attorney, and to attach hereto the seal of the Company.

FURTHER RESOLVED, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed and in the

In Witness Whereof, STATEWIDE INSURANCE COMPANY, Waukegan, Illinois by its President and attested by one of its Secretaries this 27th day of July, 2000 caused its official seal to be hereunto affixed and these presents to be signed ATTEST:

is the property OSTATEWIDE INSURANCE COMPANY This Document Recorder! the Lake

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STATE OF ILLINOIS)

COUNTY OF LAKE) SS

On this 27th day of July, 2000 personally came before me, Ralph W. Swank, Jr. and Stuart O. Swank to me known to be the individuals and officers of the STATEWIDE INSURANCE COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly swom, did severally depose and say: That they are the said officers of the comparation aforesaid, and that the seal affixed to the above instrument is the seal of the comparation, and that said comparate seal and their signatures. they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures

OFFICIAL SEAL RUTH A. PEARCE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 06/28/03

Ruth A. Pearce, Notary Publi

CERTIFICATE

I, the undersigned Assistant Secretary of the STATEWIDE INSURANCE COMPANY, an Illinois corporation, CERTIFY that the foregoing and attached Power of Attorney i, the undersigned Assistant Secretary of the STATEWIDE INSURANCE CONFERNT, an influis corporation, CERTIET that the horegoing and attached Fower of Attorney for the By-Laws of the Company and the Resolution of the Board of Directors set forth in the Power of Signed and sealed at the City of Waukegan this

day of

THIS POWER OF ATTORNEY IS NOT VALID IF THERE ARE ANY ALTERATIONS TO THIS ORIGINAL chael Deininger, Assistant Secretary