Bond Safeguard INSURANCE COMPANY 1919 S. Highland Ave. • Bldg. A - Suite 300 • Lombard, IL 60148 (630) 495-9380 BOND NO. 15- 308610 INDIANA 3 INTE OF IN LICENSE AND/OR PERMIT BOND (ONLY VALID IF FILLED IN FOR LESS THAN \$25,009.00 RECORD OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)
2002 MAY 15 AM 9: 35 KNOW ALL MEN BY THESE 20 Michael That we _ M. Comment W. Hannes DBA 248 BEACON RECORDER MUNGTER as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the State of Indiana, as Surety, are held and firmly bound unto _____Ci7y___ OF State of Indiana, Obligee, in the aggregate sum of to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the Pours for the period beginning on the day of ___ MAY and ending on the THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate

2. This obligation may be extended by the Surety;

3. This obligation may be extended by the Surety;

3. This obligation may be extended by the Surety upon giving thirty (30) days written notice to the Obligee _day of _ MAY executed by the Surety;

2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned this.

A this obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. Principal prior to the cancellation of the bond. Dated this Countersigned: Principal Officer BOND SAFEGUARD INSURANCE COMPANY W maille BY: Refer President ACKNOWLEDGEMENT OF SURETY STATE OF ILLINOIS (Corporate Officer) COUNTY OF DUPAGE SS On this 20th day of May 19 98, before me, the undersigned officer personally appeared William W. Hector, who acknowledged himself to be the aforesaid officer of BOND SAFEGUARD INSURANCE 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 JANET L. COPPOCK Notary Public, State of Illinois My Commission Expires 8/14/01 INLP1, 5/98 Notary Public, State of Illinois

ACKNOWLEDGMENT OF PRINCIPAL

(INDIVIDUAL OR PARTNERS)

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Bond Safeguard INSURANCE COMPANY
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