## STATEWIDE INSURANCE COMPANY

P.O. Box 799, Waukegan, Illinois 60079 (847)662-0093 (847)662-4064

2002 061665

2002 JUL 10044 No35 B106211

MORRIS FELLINGS# 36-3524990 RECORDER

## LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, R. A. Young of 201 Burbank Avenue, Woodstock, IL 60098
COMPANY, a corporation organized and existing under the laws of the State of Illinois, as Surety, are held and firmly bound unto the
All cities, towns, or municipalities in Lake County, Indiana at
2293 N. Main St., Crown Point IN 46307 as Obligee, in the penal sum of Five Thousand and
to the said Obligee, for which payment well and truly to be made, we bind ourselves and our least to the said Obligee.
to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.
of these presents.
THE CONDITION OF THE ABOVE COLUMN
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas effective July 10, 2002
the said Obligee has granted or is about to grant to the said Principal, a License or Permit to engage in the business of
This Document is the property of
NOW THEREFORE, if the said Principal shall said Frincipal shall said the Lake County Recorder!
NOW THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances,
remain in full force and effect until Tull 1 10
, unless renewed by Continuation Certificate
PROVIDED, HOWEVER, This bond may be cancelled by the St.
written notice of cancellation, validated by proof of mailing for the Obligee. (30) days after receipt by the Obligee of the Surety's
Signed, sealed and dated this 10th day of July 2002
(Principal)
By:
Dy. Morally
STATEWIDE INSTITUTE AND THE
STATEWIDE INSURANCE COMPANY
Ву:
(Attorney in Fact)
CHUE COMPANY 12-
n S



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 ALICE J. SWANK OR RALPH W. SWANK, JR. EACH OF WAUKEGAN, ILLINOIS

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, bonds, undertakings, recognizances or other contracts of suretyship of the nature thereof as follows:

ALL WRITTEN INSTRUMENTS

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 COMPANY Mexicos Wiscia hands undetabling recognizeness or other contrasts of surchability and that an Assistant Visa Brasidant a Country of the Company Mexicos Wiscia hands undetabling recognizeness or other contrasts of surchability and that an Assistant Visa Brasidant a Country of the Company Mexicos Wiscia hands undetabling recognizeness or other contrasts of surchability and that an Assistant Visa Brasidant a Country of the Country of CUMPANY DE, AND THAT EACH OF ANY WALKEGAN, Illinois, bonds, undertakings, recognizances or other contracts of suretyship; and that an Assistant Vice President, a Secretary or an STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, bonds, undertakings, recognizances or other contracts of suretyship; and that an Assistant Vice President, a Secretary or an 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 future with respect to any bond, undertaking or contract of suretyship to which it is attached.

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

ATTEST:

STATEWIDE INSURANCE COMPANY

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STATE OF ILLINOIS ) SS. COUNTY OF LAKE )

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 sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: That they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same, and they each acknowledged the execution of the same acknowledged the execution o 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 as such officers were duly affixed and subscribed to the said instrument by the authority of the Board of Directors of said corporation.

> OFFICIAL SEAL RUTH A. PEARCE

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 06/28/03 Ruth A. Pearce, Notary Public

I, the undersigned Assistant Secretary of the STATEWIDE INSURANCE COMPANY, an Illinois corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the provisions of the By-Laws of the company and the Resolution of the Board of Directors set forth in the Power Attorney, are now in force. day of July,

Signed and sealed at the City of Waukegan this

10th

el Deininger. Assis

THIS POWER OF ATTORNEY IS NOT VALID IF THERE ARE ANY ALTERATIONS TO THIS ORIGINAL