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APPLICATION FOR LICENSE, PERMIT, OR MISCELLANEOUS BOND
STATE FARM FIRE AND CASUALTY COMPANY
BLOOMINGTON, ILLINOIS

- Indiana

[X] New [] Renew, Rewrite, Change to Bond Number [] Sole Proprietor [] Partnership [] Corporation
[X] Limited Liability Company [] Joint Venture [] Other

1. Name of applicant BRIAN MEYER Married [X] Yes [] No

DBA LAKEFRONT ELECTRIC Telephone number (219) 879-5771 [] H [X] B

Name exactly as it is to appear on the bond as Principal BRIAN MEYER DBA LAKEFRONT ELECTRIC

Address 5834 W. 800 N. MICHIGAN CITY
LAPORTE INDIANA 46360

2. Amount of bond \$ 5000 Effective date 11-15-02

3. To whom payable (Obligee) LAKE COUNTY INDIANA AND ALL TOWNS AND CITIES WITHIN

IF OBLIGEE REQUIRES ITS OWN BOND FORM, PLEASE SUBMIT WITH THIS APPLICATION

4. Type of surety bond required ELECTRICAL CONTRACTORS LICENSE BOND

Service location Date of service hook-up

If a travel agency, give Agency Code Number (ACN):

If a defective title/mileage tax bond, provide: Year Make Vehicle Identification Number

5. If this is a License Bond, does obligee require a specific expiration date on the bond [X] Yes [] No If yes, please provide expiration date

6. Description of business ELECTRICAL CONTRACTOR

Number of years in this business: For self 4 For others 14 Date this business started 11/1998

If you have been in this business for self over one year, why is bond being required?

7. Has applicant been bankrupt, insolvent or compromised with creditors? [] Yes [X] No If yes, give details:

8. Other State Farm policies [] Auto [] Life [X] Fire [] Bonds (ATTACH ECHO LIST).

9. Does applicant carry liability insurance? [X] Yes [] No If yes, name of liability carrier: MICHIANNA

10. Premium amount paid \$ 50.00 [X] Annual [] Prepaid for years

Send bills to: [X] Principal [] Other

FOR ALL BONDS OVER \$10,000. OR ANY FINANCIAL GUARANTEE BONDS (EXAMPLE UTILITY OR TAX BONDS), PLEASE COMPLETE FINANCIAL STATEMENT (530-9027) AND OBTAIN PROPER SIGNATURES ON THE REVERSE OF THE ORIGINAL PAGE (SEE CLM MANUAL).

Agent's Code Stamp: 3520- ERIKSSON, 578- SO. BEND
Agent issued bond: [X] Yes [] No (if yes, submit copy of bond)

Handwritten notes: 14.00, 2655

**LICENSE, PERMIT, OR MISCELLANEOUS APPLICATION
INDEMNITY AGREEMENT**

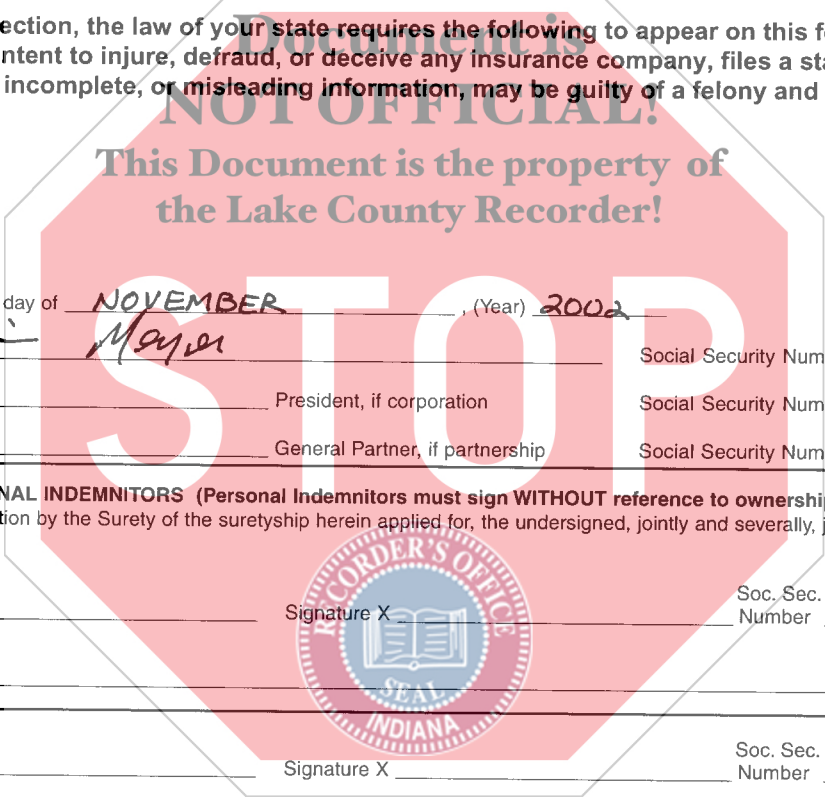
In consideration of the execution by the State Farm Fire and Casualty Company ("the Surety") of: the bond applied for, and any other bond or bonds the applicant may request, including modifications, increases, renewals and continuation of said bond or bonds (hereinafter, "bond(s) and changes"), the undersigned applicant and indemnitors, if any, jointly and severally agree:

- A. The undersigned have a material and beneficial interest in the affairs of the applicant.
- B. The statements made in this application, including any financial statement(s), are true.
- C. Premiums for all "bond(s) and changes" shall be paid to the Surety when due until the Surety is released from its obligations thereunder.
- D. To repay to the Surety any loss, cost or expense of any nature including actual attorney fees, incurred by it as a consequence of it having become Surety for the applicant or by reason of the Surety enforcing this agreement.
- E. The Surety may obtain, and anyone is authorized to furnish to the Surety, information concerning my character, ability, habits, past or present employment and credit history.
- F. Under no circumstances shall any "bond(s) and changes" be sold, transferred or assigned.
- G. Not to be released from any of these agreements without prior written notice to and consent to such release by the Surety.

The undersigned acknowledge they have read this indemnity agreement, including A through G, and agree to be bound by it.

IF APPLICANT IS MARRIED, HIS/HER SPOUSE MUST ALSO SIGN INDIVIDUALLY. IF CORPORATION OR PARTNERSHIP, EACH CORPORATE OWNER OR PARTNER AND HIS/HER SPOUSE MUST ALSO SIGN INDIVIDUALLY.

NOTE: For your protection, the law of your state requires the following to appear on this form: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties.



Dated this 15TH day of NOVEMBER, (Year) 2002
 Applicant, Bruce Mayer Social Security Number 310-56-4043
 By: _____ President, if corporation Social Security Number _____
 By: _____ General Partner, if partnership Social Security Number _____

PERSONAL INDEMNITORS (Personal Indemnitors must sign WITHOUT reference to ownership or title)

In consideration of the execution by the Surety of the suretyship herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement.

Name (type or print) _____ Signature X _____ Soc. Sec. Number _____

Address (type or print) _____

Name (type or print) _____ Signature X _____ Soc. Sec. Number _____

Address (type or print) _____

Name (type or print) _____ Signature X _____ Soc. Sec. Number _____

Address (type or print) _____

Name (type or print) _____ Signature X _____ Soc. Sec. Number _____

Address (type or print) _____

REMARKS: _____

Power of Attorney

STATE FARM FIRE AND CASUALTY COMPANY

KNOW ALL PERSONS BY THESE PRESENTS: That STATE FARM FIRE AND CASUALTY COMPANY, an Illinois corporation, with its principal office in Bloomington, Illinois, does hereby constitute and appoint: John C. Anderson, Lori Baer, Teresa L. Brown, Ceola Campbell, Pamela Chancellor, Ruth Davis, Kim Fitter, Julie Freed, John Gibson, Christine M. Goben, William L. Gordon, John R. Horton, Cynthia Johnson, Mary Johnson, Susan K. Johnson, Mary K. Kerfoot, Julia Klinzing, Tammy Koenig, G.F. Krawczyk, Donna K. O'Crowly, Michael D. O'Donnell, James Platt, Debra Prater, Lynn Rakowski, Vicki Redman, Aubrey Riddle, Linda Rieck, Suzanne M. Robertson, Alice Schuler, Michelle Shives, Trudy Spence, Heidi Stevens, Angie Tackett, Perry Tracy, Susan M. Wagoner, Karen Weber, Wilma L. Weinzierl, Kim Wietfeldt, Susan Wiggins of Bloomington, Illinois its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in the nature of a bond as follows:

Any such obligation in any amount

This appointment is made under and by the authority of a resolution which was passed by the Executive Committee of the Board of Directors of State Farm Fire and Casualty Company on the 24th day of July, 1974, as is duly authorized by the Board of Directors in Article II, Section 6 of the By-Laws of the Company, which resolution is:

Resolved, that the Executive Vice-President or a Vice-President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-in-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in the nature of a bond, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-in-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-in-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the Executive Vice-President or any Vice-President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, Vice-President or Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, STATE FARM FIRE AND CASUALTY COMPANY has caused this instrument to be signed by its Vice-President, and its Corporate Seal to be affixed this 22nd day of July 1998.

This APPOINTMENT SHALL CEASE AND TERMINATE AUTOMATICALLY AS OF DECEMBER 31, 2004, UNLESS SOONER REVOKED AS PROVIDED.

STATE FARM FIRE AND CASUALTY COMPANY

By: _____

W. Donald Sullivan

Vice-President

THIS POWER INVALID IF GREEN IMPRINTS ARE NOT PRESENT IN THEIR ENTIRETY

STATE OF ILLINOIS
COUNTY OF McLEAN

On this 22nd day of July 1998, before me personally came W. Donald Sullivan to me known, who being duly sworn, did depose and say that he is Vice-President of STATE FARM FIRE AND CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such Corporate Seal; and that he executed said instrument on behalf of the corporation by authority of his office under the By-Laws of said corporation.

"OFFICIAL SEAL"
Ruth Davis
Notary Public, State of Illinois
My Commission Expires 4/13/02



Ruth Davis

Notary Public
My commission expires April 13, 2002

CERTIFICATE

I, the undersigned Vice-President of STATE FARM FIRE AND CASUALTY COMPANY, do hereby certify that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and sealed at Bloomington, Illinois. Dated this 15TH day of November 2002.



Jeanette Stiles

Vice-President

If you have a question concerning the validity of this Power of Attorney, call (309) 766-2090.