



Capitol Indemnity Corporation

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)

Jim Greeley Signs & Awnings

100 West Robb

Richland Center, WI 53581

Agency Name/Address/Code:

Wallace Cooper & Elliott

127 N. Central Ave.

Richland Center, WI 53581

2002 108539

Obligee: (Principal's customer)

Lake County Govt. Center

2293 North Main Street

Crown Point, IN 46307

Effective Date: 11/22/02 (Valid for one year)

Expiration Date: 11/22/03

PENAL AMOUNT OF BOND (Not valid for more than \$25,000): \$5,000.00
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 all cities, towns, or municipalities, in Lake County, Indiana

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 22 day of November, AD 2002

Calvin J. Murphy V.P. Principal

CAPITOL INDEMNITY CORPORATION

Surety

By: George A. Fait 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.

Jane J. Endres (Signature/Notary) Notary Public, Wisconsin MY COMMISSION EXPIRES 3-23-2003



STATE OF WISCONSIN DANE COUNTY

12,000 cash



Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900
PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: 625171

Know all men by these Presents, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

----- PATRICK ELLIOT, RALPH TORGERSON, SHEILA A. TROXEL OR MICHAEL F. EDWARDSON -----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- NOT TO EXCEED \$1,000,000.00 -----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and 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, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1999.

Attest:

Virgiline M. Schulte
Virgiline M. Schulte, Secretary

George A. Fait
George A. Fait, President

STATE OF WISCONSIN }
COUNTY OF DANE }

On the 1st day of June, A.D., 1999, 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 }
COUNTY OF DANE }

Jane F. Endres
Jane F. Endres
Notary Public, Dane Co., WI
My Commission Expires March 23, 2003

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison. Dated the _____ day of _____,



Paul J. Breithauer
Paul J. Breithauer, Treasurer

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.