STATE OF INDIANAL LAKE COUNTY FEDERATED MUTUAL INSURANCE COMPANY CONTINUATION CERTIFICATE PROPRIES W. CARTER RECORDER 117966 2002

IN CONSIDERATION of the payment of	of a premium of \$ 75.00		
FEDERATED MUTUAL INSURANCE	COMPANY hereby continues in fo	orce to01-01	1-04
its bond No1116559	effective01/9	01/00	_ , in the sum of
FIVE THOUSAND AND NO/100		Dollars (\$ 5,000.00), on behalf of
LAKESHORE MECHANICAL INC			. , , ,
represented by (if applicable) THE BOARD OF COMMISSIONE CITIES AND TOWNS IN LAKE subject to all its terms, conditions and leading to the conditions.	RS OF THE COUNTY OF LANDIANA. Imitations as set forth and expres	, Prince, STATE OF INDIA	ncipal, in favor of ANA, AND ANY , Obligee
This certificate is executed upon the e all continuation certificates issued in exceed the amount set forth in said b rider(s) or endorsement(s) properly is	express condition that the Compai connection therewith shall not be ond, or said amount as it may he	ny's liability under said t e cumulative, and shall	oond and this and not in any event
Dated this21STday of FEDERATED MUTUAL INSURANCE	cument is the prope	002 rty of	
By SHELLY ROHWER	Attorney-in-Fact	er!	
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BF-22 Ed. 3-98

COPY OF RESOLUTION

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as autorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am an Executive Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesota and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

SHELLY ROHWER	-	OLIA TONINIA	MANNESOTA
J. Lee T. Not Mark	_of	OWATONNA,	MINNESOTA
authorizing and empowering such person to sign been revoked and is still in full force and effect.	bonds as	therein set fo	rth, which Power of Allomey has never
I further certify that said Power of Amorn meeting of the Board of Directors of said Compan Owatonna, Minnesota on the 20th day of April, 19 is a true and correct copy of said resolution, and the	y duly call 82 at which	ed and held at a meeting a or	the office of the Company in the Ciry of the forezoin
PURSUANT to the By-Laws of Federated	Mumal In	SHEDRES CORRY	name Assista & Santian I: in the absence
of inability of the Secretary to act, his duries shall rank.	il be perfor	med by the A	Assistant Secretaries in the order of the
IN TESTIMONY WHEREOF, I have he MUTUAL INSURANCE COMPANY this the	reunto set 2157	my hand and	
(SEAL)	SE SE	DERATED MC	TUAL INSURANCE COMPANY Content

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

mines are 13.42 of fil	RATED MUTUAL IN e State of Minnesota by constitute and appoi	, and having n	OMPANY, es principal	a corporation dul- office in the City	y organized and existing of Owatonna, State of
SHELLY ROHWE		of the Ciry of	OWAT	ONNA	S
of MINNESOTA			1 61		State
01	· · · · · · · · · · · · · · · · · · ·	its true and	lawful afform	ey for the following	ra bmboses:
To sign its na bonds and penalties no	me as surety to, and to texceeding: ONE HUNDRED THO				eliver any and all surery
LAKESHORE	MECHANICAL INC		MIC	HIGAN CITY IN	
Company as if they had	i been executed and ac	knowledged by	the regulari	y elected officers (all be binding upon the of the Company. all terminate when the
1)	Employed by Federal	red Minnal Insu		any or	
2)		ocum	ent is		
2)	Attorney is required.	FÖFF	TCIA	ibany in a lop to	r which such Power of
IN WITNESS V	WHEREOF, the said F	EDERATED M	UTUAL IN	SURANCE COME	PANY has caused President and Assistant
Secretary this the	22ND -	_day of	JUNE	,2000	·
(SEAL)	S	BY and BY	- En	Fice President	NCE COMPANY
STATE OF MINNESO COUNTY OF STEELE	TA				÷
hat they are respective.	ly the Executive Vice	to me personall President and	y <mark>known, w</mark> Assistant S	ho, each being du	the undersigned notary ly swom by me, did say EDERATED MUTUAL
nat this instrument was	signed and sealed of	behalf of said C	Corporation	by authority of its	of said Corporation and Board of Directors and
aid <u>Sarah L Buxton</u> a orporation	ad David W Ramsey	acknowledge s	aid instrum	ent to be the fre	e act and deed of said
SEAL)	KELLY J. HAGEN NOTARY PUBLIC MINNESOTA NY COMMISSION EXPIRES 1-31-2005		X	elly D.	Hagen