A Member Company of the W.R. Berkley Corporation

c/o Monitor Surety Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008 - Telephone: 847.806.6590

LICENSE OR PERMIT BOND

No. 050452

| KNOW ALL | MEN BY THESE PRESENTS: | \sim |
|--|--|--|
| That we | Atlas Restoration, LLC | , |
| | 165 W. Hintz Road, Wheeling, IL 60090 | <u> </u> |
| | oal, and CAROLINA CASUALTY INSURANCE COMPANY, a corporation or | ganized and |
| existing unde | er the laws of the State of Florida, as Surety, are held and firmly bound unto | 337 |
| | Town of Highland, Indiana | <u> </u> |
| as Obligee, ii | n the sum of <u>Five thousand dollars</u> | |
| | (\$ 5,000.00 |) Dollars |
| lawful money bind ourselve | y of the United States of America, to the payment of which sum, well and truly to es, our executors, administrators, successors, and assigns firmly by these presents. | be made, we |
| THE COND | ITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made | application |
| to the Oblige | ee for a license or permit to act as a umenspecialty Contracto | <u>r</u> |
| | NOTOFFICIAL | |
| regulations wand keep had liable on according or the | EREFORE, if the Principal shall faithfully comply with all laws, ordinance which have been or may hereafter be in force concerning said License or Permit, a rmless the Obligee from all loss or damage which it may sustain or for which it count of the issuance of said license or permit to the Principal, then this obligation is remain in full force and effect. OWILL EXPIRE March 11, 2005 continued by continuation certificate signed by Surety. The surety may at any time giving thirty (30) days written notice to the Obligee, and the Surety shall not be I such thirty day notice period, except for defaults occurring prior thereto. | may become hall be void; terminate its |
| | | 04. |
| | Atlas Bestøration, LLC (Principal) Martin Sobelman | |

CAROLINA CASUALTY INSURANCE COMPANY

(Surety)

By:

Attorney-in-Fact

(POWER OF ATTORNEY On Reverse Side)

1 04562 55

PARTON OF THE STATE OF THE STAT

ASUKSONVILLE, FLORIDA

WARNINGS

THIS POWER OF ATTORNEY IS INVALED IN NOTE PRINTED IN AND NEXT OR AND ARREST RESERVOIRS.

KNOW ALL MEN BY THESE PRESENTS— that CAROLLINA CASCAL IT ("SSCHARSV") is enganized, and exciding under the later of the State of Florida ("Fig. 1) is a significant control of the state of appointed and does by these presents mose, commonly apply

RECEIVED BOXES

its true and lawful Agent and Attorney-instact, wall the power and authors are possessed in a larger acknowledge and deliver

UICENSE OR PERMIT BONDS in an amount not to exceed \$25 000.00

and to bind the Company thereby as fully and to the same extent and such being it adjects to a second officers of the company at its principal office in their own proper persons

This Power of Attorney is granted pursuant to the Minutes of the Special Meeting of the Order. Company held on March 30, 1966, to wi

RESOI VED. "That the following Officers of the Carolina Casnah - Insurance Company Treasurer, or either of them, are hereby cuthorized to execute or, behalf of a growing Casuar, an armon authorizing and qualifying the Attorney-in-Fact named therein to except bonds on lichalf in and further, that the said Officers of the Company mentioned are not be anchoraged as Powers of Attorney executed pursuant hereto?

RESOLVED FERTHER, this Power of Attorney limits the acts of those name Elberein Mithe counts and they have no authority to bind the company except in the manner and to the extended to the

RESOLVED FURTHER, this Power of Attorped

RESOLVED FURTHER, that the signature of any authorit attorney or certification thereof authorizing the execution and delivers of any hood metericity. Geompany; and such signature and seal when so used shall have the same force and effect as along it me-Company; and such signature and seal when so used shall have the same force and effect as along time-to use for the purposes herein stated the facsimile signature of any person of passers. Date of the facsimile signature of any person of passers of the facsimile signature of any person of passers. notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be

IN WITNESS WHEREOF the Carolina Casualty Insurance Company has caused these presents and its cornorate seal hereunto affixed this 4th day of December and its corporate seal hereunto affixed this

Attest

STATE OF FLORIDA)

COUNTY OF DUVAL)

Sworn to before me, a Notary Public in the State of Florida, this

Betty C. Sutherland

who is known to me to be the

Mille Miller House the thur on

OFFICIAL NOTARYSEAL PATRICIA M JOHNSON NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC615749

MY COMMISSION EXP. FEB. 25,2001 CERTIFICATE

I, the undersigned, Secretary of CAROLINA CASUALTY INSURANCE COMPANY DECREESED. correct and complete copy of original Power of Attorney; that the said Power of Attorney has not been been the Attorney-in-Fact set forth therein, who executed the bond to which this Power of Attorney is attached. ney-in-Fact set forth therein, who executed the bond to which this Power of Attorney is anather.

Given under my hand and the seal of the Company, this the day of March 2004