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LAKE COUNTY
FILED FOR RECORD

2004 APR 21 11:12
Bond 6131091

LICENSE OR PERMIT BOND 2004 034174

KNOW ALL BY THESE PRESENTS, That we, ChicagoOne Developers, Inc.
555 E. 75th St., Chicago, IL 60619
as Principal, and the American States Insurance Co., a _____ corporation,
as Surety, are held and firmly bound unto City of Gary
401 Broadway, Gary, In. 46402, as Obligee,
in the sum of Five Thousand and No/100-----
----- Dollars (\$ 5,000.00)

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this 21st day of April, 2004

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as General Contractor by the Obligee.

NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER; 1. This bond shall continue in force:

Until April 21, 2005, or until the date of expiration of any Continuation Certificate executed by the Surety

OR
 Until canceled as herein provided.

2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.



ChicagoOne Developers, Inc.
Principal

By [Signature]

American States Insurance Co.

By [Signature]
Attorney-in-Fact

es
1200
PB

GENERAL POWER OF ATTORNEY
American States Insurance Company
INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute and appoint

NETTIE F. SMITH OR YVONNE A. WILLIAMS

2004 034174
of Chicago

and State of Illinois

its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed TWO HUNDRED FIFTY THOUSAND AND NO/100 (\$250,000.00) DOLLARS

and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows: "The Chairman, the President or any Vice-President (including any Executive Vice-President, Senior Vice-President, Second Vice-President or Assistant Vice-President) shall have power, by and with the concurrence with any other officer of the Corporation, to appoint Attorneys-in-fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise"

IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 15th day of January A.D. 19 96 AMERICAN STATES INSURANCE COMPANY

ATTEST: *[Signature]*
Assistant Vice-President

[Signature]
Second Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS

On this 15th day of January, A.D. 19 96, before me personally came

[Signature] Joseph F. Heim to me known, who being by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said Joseph F. Heim further said that he is acquainted with *[Signature]* John J. Rosich and knows him to be the Assistant Vice-President of said Corporation; and that he executed the above instrument.

KATHLEEN FORD, NOTARY PUBLIC
JOHNSON COUNTY STATE OF INDIANA
MY COMMISSION EXPIRES: 12/2/98

[Signature]
Notary Public

STATE OF INDIANA }
COUNTY OF MARION } SS

I, *[Signature]* John J. Rosich, the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still in force and effect.

This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows:

"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the president or any vice-president (including any Executive Vice-President, Senior Vice-President, Vice-President, Second Vice-President, or Assistant Vice-President) and the secretary, assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimiles. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation."

In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this _____ day of _____ A.D., 19 _____

[Signature]
Assistant Vice-President

WARNING
THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK AND IF THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT IN ITS ENTIRETY.

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.