c/o Monitor Surety Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008 - Telephone: 847.8066590

LICENSE OR PERMIT BOND	00
No. 0504	164
KNOW ALL MEN BY THESE PRESENTS:	9
That we Atlas Restoration, LLC	ယ ထ
of 165 W. Hintz Road, Wheeling, IL 60090	, ,
as the Principal, and CAROLINA CASUALTY INSURANCE COMPANY, a corporation organ	nized and
existing under the laws of the State of Florida, as Surety, are held and firmly bound unto	
Lake County-All Cities, Towns & Municipalit	ies Therein
as Obligee, in the sum ofFive Thousand	
(\$5,000.00	) DollarsO
lawful money of the United States of America, to the payment of which sum, well and truly to be bind ourselves, our executors, administrators, successors, and assigns firmly by these presents.	made, we DOM
THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made appropriate the condition of	
to the Obligee for a license or permit to act as a Specialty Contractort	- B
NOT OFFICIAL!	
NOW, THEREFORE, if the Principal shall faithfully comply with all laws, ordinances, regulations which have been or may hereafter be in force concerning said License or Permit, and and keep harmless the Obligee from all loss or damage which it may sustain or for which it may liable on account of the issuance of said license or permit to the Principal, then this obligation shall otherwise, to remain in full force and effect.  THIS BOND WILL EXPIRE  October 27, 2005  but may be continued by continuation certificate signed by Surety. The surety may at any time term liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable default after such thirty day notice posited assert for default after such thirty day notice posited.	shall save y become l be void;
default after such thirty day notice period, except for defaults occurring prior thereto.	
SIGNED, SEALED AND DATED this 27th day of October , 2004  Atlas Restoration, Martin Sobelman	LLC
CAROLINA CASUALTY INSURANCE COMP	ANY
By: Held of form	SEAL OF
Richard D. Jones, Attorney-in-	Fact 12.0
(POWER OF ATTORNEY On Reverse Side)	Fact 12.00

05/13

## No. 503-A

## POWER OF ATTORNEY CAROLINA CASUALTY INSURANCE COMPANY JACKSONVILLE, FLORIDA

WARNING:

THIS POWER OF ATTORNEY IS INVALID IF NOT PRINTED IN "MONITOR" SECURITY GREEN INK.

KNOW ALL MEN BY THESE PRESENTS: that CAROLINA CASUALTY INSURANCE COMPANY ("Company") a corporation duly organized and existing under the laws of the State of Florida, having its principal office in Jacksonville, Fiorida, has made, constituted and appointed, and does by these presents make, constitute and appoint:

RICHARD D. JONES

its true and lawful Agent and Attorney-in-Fact, with the power and authority hereby conferred in its name, place and stead, so execute, seal, acknowledge and deliver:

LICENSE 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 as if such bonds had been duly executed and acknowledged by the regularly elected 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 Board of Directors of Carolina Casualty Insurance Company held on March 30, 1966, to wit:

RESOLVED: "That the following Officers of the Carolina Casualty Insurance Company, Chairman of the Board, President, Secretary and Treasurer, or either of them, are hereby authorized to execute on behalf of Carolina Casualty Insurance Company, Powers of Attorney authorizing and qualifying the Attorney-in-Fact named therein to execute bonds on behalf of the Carolina Casualty Insurance Company, and further, that the said Officers of the Company mentioned, are hereby authorized to affix the corporate seal of the said Company to Powers of Attorney executed pursuant hereto".

RESOLVED FURTHER, this Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind the company except in the manner and to the extent therein stated.

RESOLVED FURTHER, this Power of Attorney revokes all previous powers issued in behalf of the Attorney-in-Fact named above.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued."

IN WITNESS WHEREOF the Carolina Casualty Insurance Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this day of and its corporate seal hereunto affixed this

Attest:

Solherland, Secretary

STATE OF FLORIDA)

COUNTY OF DUVAL)

Sworn to before me, a Notary Public in the State of Florida, this Betty C. Sutherland

day of

Insurance C who is known to me to be the Secretary of

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

SS

MY COMMISSION EXP. FEB. 25,2001 GERTIFICATE

Truck D Notary Public, State of Forida at Large

Carolina Casualty Insurance Company

as Armin W. Blumberg, Presiden

I, the undersigned, Secretary of CAROLINA CASUALTY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a just, true, correct and complete copy of original Power of Attorney; that the said Power of Attorney has not been revoked or rescinded and that the authority of 

nd, Secretary