Federated Mutual Insurance Company CONTINUATION CERTIFICATE

IN CONSIDERATION of the payment of a premium of \$ 75.00		<u> </u>			
Federated Mutual Insurance Company hereby continues in force to	01/01/2006	C 5			
its bond No. 6003787 effective 01/01/94		, in the sum of			
FIVE THOUSAND AND NO/100 D	ollars (\$ 5,000.00				
WUNDER COMPANY INC		<u>,</u> ,			
represented by (if applicable) THE BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STA AND ANY CITIES AND TOWNS IN LAKE COUNTY, INDIANA	1 1 1 1 1 1	pal, in favor of Obligee			
subject to all its terms, conditions and limitations as set forth and expressed in	(3)	1 30			
This certificate is executed upon the express condition that the Company's lia all continuation certificates issued in connection therewith shall not be cume exceed the amount set forth in said bond, or said amount as it may have be rider(s) or endorsement(s) properly issued by the Company.	Hotivo and about he	L 1.27 2 2.2 2 2 3 3 3 3 4 5 5 6 6			
Document is		<i>⊕</i>			
Dated this 23RD day of NOVEMBER 12004					
Federated Mutual Insurance Company ocument is the property	of				
By County Recorder!					
CARY STEPHENSON Attorney-in-Fact					
* IF RENEWAL NOT DESIRED, PLEASE RETURN ORIGINAL CONTINUATION CERTIFICATE WITH POWER OF ATTORNEY WITHIN 30 DAYS FOR CANCELLATION.					
COLUMN AND AND AND AND AND AND AND AND AND AN	JN.				

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POWER OF ATTORNEY

KNOW, ALL MEN BY THESE PRESENTS:

under the laws of the State of M Minnesota, does hereby constitute a	uniesota, and naving its	PANY, a corporation dul principal office in the Cit	y organized and existing y of Owatonna, State o
CARY STEPHENSON	of the City of	OWATONNA	Stare
of MINNESOTA	its true and lav	vful attorney for the following	
To sign its name as surety bonds and penalties not exceeding:		ne seal, acknowledge and d	
ONE I	HUNDRED THOUSAND DOLI	ARS (\$100,000) EACH	
WUNDER COMPANY INC	LAK	E STATION, IN	
Company as it mey had been execute	and acknowledged by the		of the Company.
This Power of Attorney gr designee ceases to be:	anted by Federated Mun	ial Insurance Company sin	all terminate when the
	Federated Municil Insurar		
2) Employed by Attorney is a	Federated Mutual Insur- quired.	the property of	which such Power of
IN WITNESS WHEREOF, the this instrument to be signed and its Secretary this the 22ND	corporate seal to be affirday of	TUAL INSURANCE COME	President and Assistant
(SEAL)	and BY	ecutive Vice President	
STATE OF MINNESOTA COUNTY OF STEELE		sistion Secretary	
On this 22ND day of Upublic, Sarah L Buston and David W I	Ramsey to me personally k	nally appeared before me, to mown, who, each being duly	s swom by me did say
that they are respectively the Execution INSURANCE COMPANY and that the that this instrument was signed and second Sarah L Buxton and David W Formation	e seal affixed to this instru aled of behalf of said Con	ment is the corporate seal of	of said Corporation and
SEAL) KELLY J. HAG NOTARY PUBLIC-MINN MY COMMISSION EXPIRES	EN ESOTA	Kelly J. X	

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 attorney 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:

CARY STEPHENSON	of	OWATONNA,	MINNESOTA
authorizing and empowering such person to sign been revoked and is still in full force and effect	bonds a	s therein ser f	orth, which Power of Attorney has never
I further certify that said Power of Attornmening of the Board of Directors of said Company Owatonna, Minnesota on the 20th day of April, 19 8 is a true and correct copy of said resolution, and the	y duly c	illed and held :	at the office of the Company in the City of the company in the City of the company in the foregoing
PURSUANT to the By-Laws of Federated of inability of the Secretary to act, his duries shall rank.			
IN TESTIMONY WHEREOF, I have he MUTUAL INSURANCE COMPANY this the	ceunto s 23RD	et my hand a	nd affixed the seal of the FEDERATED y of NOVEMBER 2004
(SEAL)	THE STATE OF THE S	EDERATED M	OUTUAL INSURANCE COMPANY President