

Bond No. 9864376

LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS, that we 11100 BROADWAY CROWN POINT IN 46307-8834				
as Principal and FEDERATED MUTUAL INSURANCE COMPANY OF OWATONNA, MINNESOTA , a corporation,				
organized and existing under the laws of the State of MINNESOTA and having its principal place of business at 121				
East Park Square, PO Box 328, Owatonna, Minnesota, as Surety, are held and firmly bound unto				
The Board of Commissioners of the County of Lake, State of Indiana and ALL Cities, Towns and Municipalities				
Within 2293 North Main Street Crown Point, IN 46307				
in the sum of FIVE THOUSAND AND NO/100 Dollars (\$ 5,000.00)				
for payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors				
and assigns, jointly and severally, firmly by these presents.				
y, wany by those processes.				
The condition of this obligation is such that WHEREAS the above named Principal is desirous of obtaining a license from and ALL Cities. Towns and Municipalities within				
to engage in the business of GENERAL CONTRACTOR				
Document is				
NOW, THEREFORE, in consideration of the issuance of such license, if said Principal shall well and trally comply with				
such Ordinances, Rules and Regulations and any Amendments thereof, as require the execution of this bond, then this				
obligation shall be void, otherwise to be and remain in full force and effect.				
the Lake County Recorder!				
This obligation shall become effective on the day of JUNE 2005 and shall				
remain in force for a one year period thereafter.				
The Surety reserves the right to cancel this bond by giving THIRTY				
(30) days written notice to the Obligee and the Principal.				
y says which house to the obligee and the Principal.				
Signed and sealed this day of JUNE 2005				
DE LA CONTRACTOR DE LA				
NICKS BUILDING SUPPLY INC				
(Principal)				
WOIANA BY: Dominas W By Proceeding				
(Title)				
FEDERATED MUTUAL INSURANCE COMPANY				

MICHELLE KRAAY

BF-2 Ed. 2-02

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That FEDERATED MUT under the laws of the State of M Minnesota, does hereby constitute a	ΓUAL INSURANCE CO. innesota, and having its nd appoint:	MPANY, a corporation principal office in the	n duly organized and existing City of Owatonna, State of
MICHELLE KRAAY	of the City of	OWATONNA	_
ofMINNESOTA		wful attorney for the foll	State
To sign its name as surety bonds and penalties not exceeding:	to, and to execute, affix	he seal, acknowledge a	nd deliver any and all surery
ONE HUNDRED THO	OUSAND DOLLARS (\$100	,000) EACH	
	TAIC GUIDDES-	OWN POINT, IN	
· · · · · · · · · · · · · · · · · · ·		o resmany elected office	s shall be binding upon the ters of the Company. y shall terminate when the
1) Employed by	Federated Mutual Insuran	nent is	for which such Power of
IN WITNESS WHEREOF, the this instrument to be signed and its Secretary this the 22ND	e said FEDERATED MU corporate seal to be affin	IVAL INSURANCE CO	
(SEAL)	BY_	ATED MUTUAL INST	JRANCE COMPANY
STATE OF MINNESOTA COUNTY OF STEELE	and BY As	sistant Secretary	
On this 22ND day of JUI public, Sarah L Buxton and David W R that they are respectively the Executive INSURANCE COMPANY and that the that this instrument was signed and sea said Sarah L Buxton and David W R corporation.	amsey to me personally kee Vice President and Assessed affixed to this instructed of behalf of said Corpansey acknowledge said	sistant Secretary of the ment is the corporate se	rederated MUTUAL
(SEAL) KELLY J. HAGE NOTARY PUBLIC-MINNES MY COMMISSION EXPIRES 1	:N.	Kelly J	

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 signaturerand with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am an Executive Vice President of the FEDERATEINMUTUAL 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 59:

MICHELLE KRAAY of OWATONNA, MINNESOTA O

authorizing and empowering such person to sign bonds as therein set forth, which Power of Attorney has never been revoked and is still in full force and effect.

I further certify that said Power of Attorney was given in pursuance of a resolution adopted at a regular meeting of the Board of Directors of said Company duly called and held at the office of the Company in the City of Owatonna, Minnesota on the 20th day of April, 19 82 at which meeting a quorum was present and that the foregoing is a true and correct copy of said resolution, and the whole thereof as recorded in the minutes of the said meeting.

PURSUANT to the By-Laws of Federated Mutual Insurance Company, Article 8, Section 1; in the absence of inability of the Secretary to act, his duties shall be performed by the Assistant Secretaries in the order of their rank.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the FEDERATED MUTUAL INSURANCE COMPANY this the 13TH day of JUNE 2005

FEDERATED MUTUAL INSURANCE COMPANY

(SEAL)

Executive Vice President