# STATE OF INDIANA UNITARE COUNTY BUSINESS LEGUED RECORD

LICENSE BOND DER

2006 009038

2006 FEB -3 PM 3: 27

3. 21.0°S.E. 1. 10001	BOND NO:	443400
MICHAEL A.	BROWN	
FX_XVXXXI	~ 1mm km7	

KNOW ALL MEN BY THESE PR	ESENTS:	
That We,	GGC, INC.	, as Principal
and Trinity Universal Insurance Compa	any, incorporated under the laws of the State of	of Texas with the principal office in
in Dallas, Texas, as Surety, duly author	ized to conduct business as a surety in the Stat	te of Indiana, are held
and firmly bound unto	*See Below	in the penal sum of
Five Thousand and No/10	00 (\$5,000.00) Dollars, lawful mo	oney of the United States, for which
payment, well and truly be made, we bi	ind ourselves, our heirs, executors, administra	tors, successors and assigns, jointly
and severally, firmly by these presents.		•
WHEREAS, the said Principal has	applied to said Obligee for a license to	General Contractor
		· · · · · · · · · · · · · · · · · · ·
THE TERM of this Bond shall be f	Document is 02/01/	ine
	unless a renewal bond or continuation certifica	
NOW, Therefore, The Condition of	ocument is the property of this obligation is such, that if the said Prin	cinal shall indemnify said Ohligee
gainst all loss to it caused by said Princ	ripal's breach of any ordinance, rule or regulat	tion relating thereto, then the above
bligation shall be void, otherwise to be		
	Surety upon this bond shall be and remain i	
	renewals thereof, issued to the Principal above	
	en notice signed by such Surety, stating the	
	further, that nothing herein shall affect any rig	ghts or liabilities which shall have
ccrued under this bond prior to the date	of such termination.	
gned, sealed and dated 1st	day of February, 200	06
		<del></del>
GGC, INC.	SEAL	
DDDCDAY		
PRINCIPAL	DIANAMAN	
PRINCIPAL PRINCIPAL	DANA MARKY	FRIBBING
		PRINT NAME
	PLEASE F	PRINT NAME PRINT NAME PRINT NAME

License Bond S-3193 (2-94) \*"The Board Of Commissioners Of The County Of Lake, State Of Indiana And All Cities, Towns And Municipalties Within".

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KNOW ALL MEN BY THESE PRESENTS:

That TRINITY UNIVERSAL INSURANCE COMPANY and SECURITY NATIONAL INSURANCE COMPANY, each a Texas Corporation, and TRINITY UNIVERSAL INSURANCE COMPANY OF KANSAS, INC., a Kansas Corporation, do hereby appoint

#### CHRIS HIBBARD

its true and lawful Attorney(s)-in-Fact, with full authority to execute on its behalf fidelity and surety bonds, endorsements or amendments thereto, issued in the course of its business, and to bind the respective company thereby, in amounts or penalties not exceeding the sum of

ONE HUNDRED THOUSAND AND no/100

Dollars (\$ 100,000.00

EXCEPT NO AUTHORITY IS GRANTED FOR:

- 1. Open Penalty bonds.
- 2. Bonds where Attorney(s)-in-Fact, appear as a party at interest.

IN WITNESS WHEREOF TRINITY UNIVERSAL INSURANCE COMPANY, SECURITY NATIONAL INSURANCE COMPANY and TRINITY UNIVERSAL INSURANCE COMPANY OF KANSAS, INC., have each executed and attested these presents

Tomas A Schults

Dorothy A Langley, vice PRES. - CORP. COUNSEL-CORP. SECRETARY

JAMES A. SCHULTE

#### AUTHORITY FOR POWER OF ATTORNEY

That TRINITY UNIVERSAL INSURANCE COMPANY and SECURITY NATIONAL INSURANCE COMPANY, each a Texas Corporation and TRINITY UNIVERSAL INSURANCE COMPANY OF KANSAS, INC., a Kansas Corporation, in pursuance of authority granted by that certain resolution adopted by their respective Board of Directors on the 1st day of March, 1976 and of which the following is a true, full, and complete copy:

"RESOLVED, That the President, any Vice-President, or any Secretary of each of these Companies be and they are hereby authorized and empowered, to make, execute, and deliver in behalf of these Companies unto such person or persons residing within the United States of America, as they may select, its Power of Attorney constituting and appointing each such person its Attorney-in-fact, with full power and authority to make, execute and deliver, for it, in its name and in its behalf, as surety, any particular bond or undertaking that may be required in the specified territory, under such limitations and restrictions, both as to nature of such bonds or undertaking and as to limits of liability to be undertaken by these Companies, as said Officers may deem proper, the nature of such bonds or undertakings and the limits of liability to which such Powers of Attorney may be restricted, to be in each instance specified in such Power of Attorney.

RESOLVED. That any and all Attorneys-in-Fact and Officers of the Companies, including Assistant Secretaries, whether or not the Secretary is absent, be and are hereby authorized and empowered to certify or verify copies of the By-Laws of these Companies as well as any resolution of the Directors, having to do with the execution of bonds, recognizances, contracts of indemnity, and all other writing obligatory in the nature thereof, or with regard to the powers of any of the officers of these Companies or of Attorneys-in-Fact.

RESOLVED, That the signature of any of the persons described in the foregoing resolution may be facsimile signatures as fixed or reproduced by any form of typing, printing, stamping or other reproduction of the names of the persons hereinabove authorized."

#### CERTIFICATION OF POWER OF ATTORNEY

I, the undersigned, Corp. Secretary of Trinity Universal Insurance Company, Security National Insurance Company and Trinity Universal Insurance Company of Kansas, Inc., do hereby certify that the foregoing and attached power of attorney, WHICH MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, remains in full force and has not been revoked; and furthermore that the resolution of the Broad of Directors set forth in this power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the facsimile seal of each Corporation.

this 1st day of February 2006

SEAL DOROTHY A LANGLEY VICE PRES. - CORP. COUNSEL - CORP. SECRETARY

NOTE: IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OR WORDING OF THIS POWER OF ATTORNEY CALL 214-360-8502 OR WRITE US AT P.O. BOX 655028. DALLAS, TX 75265-5028.

B-3896 (10/00) (Rev. 05/05)

Prescribed by the State Board of Accounts (2005)

County form 170

### Declaration

## Document is

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant