

2

AMERICAN STATES INSURANCE COMPANY

Surety upon

2006 009248

a certain Bond No. 6201865

dated effective January 16 2006
(MONTH-DAY-YEAR)

on behalf of ROCK SOLID PAVING & EXCAVATING, INC
(PRINCIPAL)

and in favor of Board of Commissioners of the County of Lake State of IN & any cities & towns in Lake County, IN
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on January 16 2006
(MONTH-DAY-YEAR)

and ending on January 16 2007
(MONTH-DAY-YEAR)

Amount of bond \$5,000

Description of bond PAVING & EXCAVATION CONTRACTOR

Premium: \$75.00

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 FEB - 6 AM 10:45
MICHAEL A. BROWN
RECORDER



PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on January 19 2006
(MONTH-DAY-YEAR)
AMERICAN STATES INSURANCE COMPANY

By *[Signature]*
Mike Peters President, Surety

THORNTON & POWELL
Agent
5550 W 147TH ST OAK FOREST, IL 60452
Address of Agent
(708) 597-2800
Telephone Number of Agent



1200
4472

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

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 hereby 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.



[Handwritten Signature]
Signature of Declarant

Tracy Grahans
Printed Name of Declarant