Effective Date: February 4th, 2006



Western Surety Company

			Bond No.	14791846	5	
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KNOW ALL PERSONS BY THESE PRESENT		NTS, that we,	(Сотрапу	· Na a)	9	
			(Company	/ Name)	8	
Fostcorp Heating	& Cooling, Inc.,	707 N. Hobart Ro	d, Hobart, IN	46342 ,	as Trincipal,	İ
and WESTERN SURETY	•	ame and Full Address)	uv Falle South Daket	ta as Suraty a	umo hold and	
irmly bound unto The Bo						
County, Indiana, hereina	_	_		• •	- +	
which well and truly to assigns, jointly and sever		•	heirs, executors, adm	ninistrators, suc	ccessors and	
			2006	<u> </u>		_
Signed and sealed th	is <u>24th</u> day o	f January	,	₽¥		≥-
WHEREAS, the said	Obligee has granted or	is about to grant to the	said Principal a licens	se or permit to e	ngage in the	ᆒ
pusiness of HVAC	/ n	ocumen	tis	92	7	
ousiness of HVAC	/	(Type of Bus	siness)	世出	₹ <u> </u>	뎧
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	, if the said Principal sh with the laws, ordina					
of the failure to comply	with the laws, ordina	(Type of Business)	es and regulations go	overning the b	usiness of	
of the failure to comply HVAC n said I also County, Indi	with the laws, ordina ana, then this obligation	(Type of Business) n shall be void, otherwi	es and regulations go	full force and e	usiness of	
of the failure to comply HVAC n said Lake County, Indi REI	with the laws, ordina	(Type of Business) a shall be void, otherwi	es and regulations go se to be and remain in	full force and e	usiness of	
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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 herby affirm under the penalties of perjury: unty Recorder

- 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