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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 009770

2006 FEB -7 PM 12:00

Bond 6399040
MICHAEL A. BROWN
RECORDER

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we,
J. A. FIRE PROTECTION, INC.

_____ as Principal, of 6187 NORTH 400 W,
(Street and Number)

FAIRLAND IN _____ and the AMERICAN STATES INSURANCE COMPANY,
(City) (State)

a INDIANA corporation, as Surety, are held and firmly bound unto

Board of Commissioners of the County of Lake, State of Indiana, and any Cities
and Towns in Lake County, Indiana, as Obligees, in the sum of

Five Thousand Dollars And Zero Cents

Dollars (\$ 5,000) for which sum, well and truly to be paid, we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 24th day of January, 2006.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be
granted a license or permit to do business as FIRE PROTECTION

by the Obligees.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in
conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

- This bond shall continue in force:
 - Until January 24, 2007, or until the date of expiration of any Continuation Certificate
executed by the Surety
 - Until canceled as herein provided.
- This bond may be canceled by the Surety by the sending of notice in writing to the Obligees, stating when, not less than
thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

J. A. FIRE PROTECTION, INC.

Patricia S. Abrams 2/6/06



By _____ Principal

AMERICAN STATES INSURANCE COMPANY



By *Mike Peters*
MIKE PETERS PRESIDENT, SURETY

*\$12
CS
CPR*

*Witnessed signature
State of IN County of Shelby
Commission Expires: 7-28-06*

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.



Tammy Sanders
Signature of Declarant

Tammy Sanders
Printed Name of Declarant