



CONTINUATION  
CERTIFICATE

AMERICAN STATES INSURANCE COMPANY

Indianapolis, Indiana, Surety upon

2006 010277

a certain Bond No. EX 597805

dated effective 03/20/1987  
(MONTH-DAY-YEAR)

on behalf of GEORGE A RADICH DBA GEORGE'S ELECTRICAL SERVICE  
(PRINCIPAL)

and in favor of BRD OF COMM OF THE CNTY OF LAKE ST OF IN & ANY CITIES & TOWN  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on 01/01/2006  
(MONTH-DAY-YEAR)

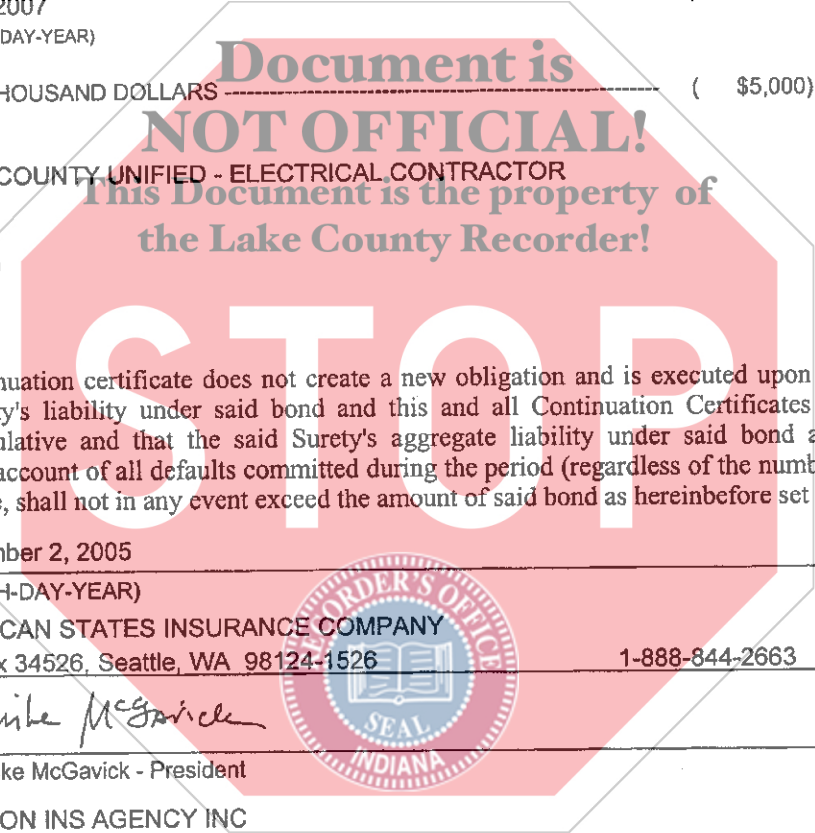
and ending on 01/01/2007  
(MONTH-DAY-YEAR)

Amount of bond FIVE THOUSAND DOLLARS ( \$5,000)

Description of bond LAKE COUNTY UNIFIED - ELECTRICAL CONTRACTOR

Premium: \$75.00

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2006 FEB - 8 PM 12: 31  
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 November 2, 2005  
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY  
PO Box 34526, Seattle, WA 98124-1526 1-888-844-2663

By Mike McGavick  
Mike McGavick - President

Agent: HORTON INS AGENCY INC  
1730 45TH ST  
MUNSTER, IN 46321-3915  
  
(219) 924-7770



Safeco® and the Safeco logo are trademarks of Safeco Corporation

IFD  
# 12-  
# 2822  
205 SS

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.



*Patti Schneider*  
Signature of Declarant

Patti Schneider  
Printed Name of Declarant