



CONTINUATION
CERTIFICATE

AMERICAN STATES INSURANCE COMPANY

2006 Surety upon
010278

a certain Bond No. **6204863**

dated effective February 23 2003
(MONTH-DAY-YEAR)

on behalf of WIGGS MASONRY 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)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 FEB - 8 PM 12:31
MICHAEL A. BROWN
RECORDER

does hereby continue said bond in force for the further period

beginning on February 23 2006
(MONTH-DAY-YEAR)

and ending on February 23 2007
(MONTH-DAY-YEAR)

Amount of bond \$5,000



Description of bond MASONRY CONTRACTOR

Premium: \$75.00

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 December 28 2005
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

By *Mike Peters*
Mike Peters

President, Surety

HORTON INS AGENCY
Agent

1730 45TH ST MUNSTER, IN 46321
Address of Agent

(219) 934-1400
Telephone Number of Agent



12-
2839

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