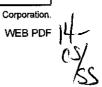


STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 01029	12 2006 FEBBO80 P6400340,					
LICENSE OR PERMIT BOND	MALCHIATTI & Jamania					
KNOW ALL BY THESE PRESENTS, That we, ER PLUMBING & HEATING	MICHAEL A. BROWN RECORDER					
	as Principal, of 611 N Arbogast ,					
	(Street and Number)					
Griffith IN (State)	and the AMERICAN STATES INSURANCE COMPANY					
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 Obligee, 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 severa	ally, firmly by these presents.					
Sealed with our seals, and dated this	day of					
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 Plumbing	Contractor nt is					
NOT						
by the Obligee.	JITICIAL:					
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:						
1. This bond shall continue in force:						
	, or until the date of expiration of any Continuation Certificate					
OR executed by the Surety						
Until canceled as herein provided.						
2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than						
thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.						
(S)	ER PLUMBING & HEATING					
No.	By file Circ					
	Principal					
es INSU	AMERICAN STATES INSURANCE COMPANY					
A PESTINATION OF THE PERSON OF	Min Mind Machanie					
	The state of the s					
[Addison	Mar to					
MOIANA	By 10 17 Level					
AVUANO	MIKE PETERS PRESIDENT, SURETY					

S-1235/AS 3/01

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POWER OF ATTORNEY

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46206

No. 11108

KNOW ALL BY THESE PRESENTS:				
That AMERICAN STATES INSURANCE COMPANY	, a Indiana corporatio	on, does hereby appo	int	
**************************************	ko; donna j. willi	IAMSON; DANIEL J.	MARKOVICH; JOYCE A. SLEEPER; Muna	ster, Indiana*************
			·	
ts true and lawful attorney(s)-in-fact, with full authorit character issued by the company in the course of its been duly executed by its regularly elected officers at i	business, and to bind	AMERICAN STATI	ES INSURANCE COMPANY thereby as fu	i other documents of a similar ully as if such instruments had
OOLLARS (\$ 1,000,000.00)			
N WITNESS WHEREOF, AMERICAN STATES INSU	URANCE COMPANY		ttested these presents day of July	, _2001
			i .	

CCERTIFICATE TO 1S

Extract from the By-Laws of AMERICAN STATES INSURANCE COMPANY:

This Document is the property of the Lake County Recorder!

"Article 8, Section 8.1 1. - FIDELITY AND SURETY BONDS... the President, any Vice President, the Secretary, and any Assistant Vice President appointed for that purpose by the officer in charge of surety operations, shall each have authority to appoint individuals as attorneys-in-fact or under other appropriate titles with authority to execute on behalf of the corporation fidelity and surety bonds and other documents of similar character issued by the corporation in the course of its business. any instrument making or evidencing such appointment, the signatures may be affixed by facsimile. On any instrument conferring such authority or on any bond or undertaking of the corporation, the seal, or a facsimile thereof, may be impressed or affixed or in any other manner reproduced; provided, however, that the seal shall not be necessary to the validity of any such instrument or undertaking."

I, R. A. Pierson, Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the foregoing extracts of the By-Laws of this corporation, and of a Power of Attorney issued pursuant thereto, are true and correct, and that both the By-Laws and the Power of Attorney are still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the facsimile seal of said corporation

RaPierson R.A. PIERSON, SECRETARY

> FEBRUARY 2006



RaPierson R.A. PIERSON, SECRETARY

S-4910/ASEF 2/01

7/13/01 PDF

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