



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2006 010327

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LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we,  
DR ENTERPRISES LLC

MICHAEL A. BROWN  
RECORDER

\_\_\_\_\_ as Principal, of 126 N. Griffith Blvd.,  
(Street and Number)  
Griffith 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 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 severally, firmly by these presents.

Sealed with our seals, and dated this 7th day of February, 2006.

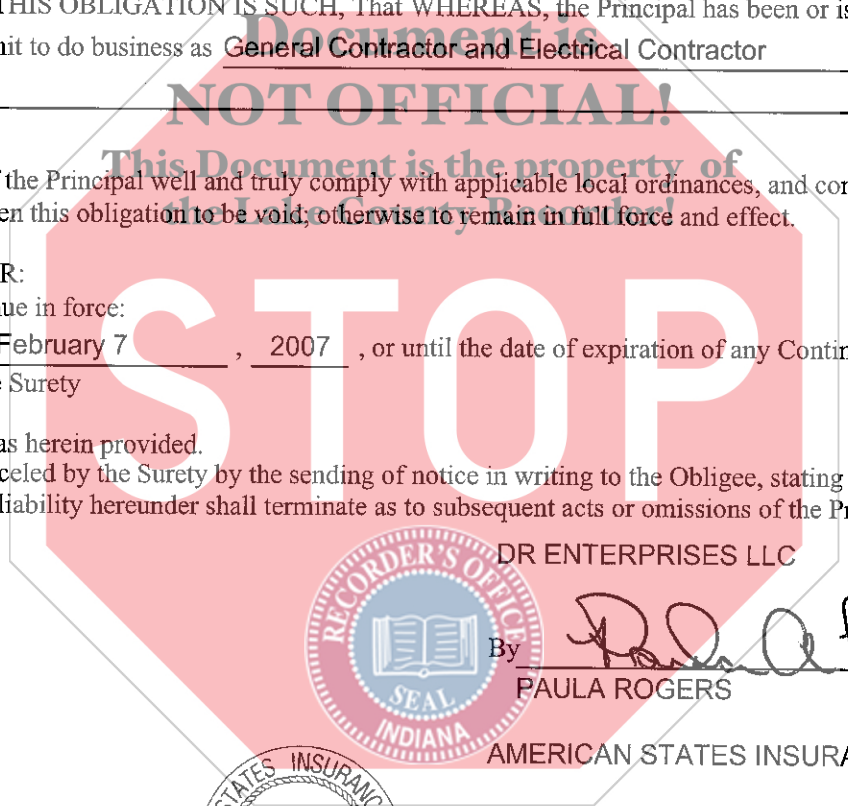
THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be  
granted a license or permit to do business as General Contractor and Electrical Contractor

by the Obligee.

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 February 7, 2007, or until the date of expiration of any Continuation Certificate  
executed by the Surety
  - OR
  - Until canceled as herein provided.
- 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.



DR ENTERPRISES LLC  
By Paula A. Rogers  
PAULA ROGERS Principal



AMERICAN STATES INSURANCE COMPANY



By Mike Peters  
MIKE PETERS PRESIDENT, SURETY

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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 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.



*Paula Rogers*  
Signature of Declarant

PAULA ROGERS  
Printed Name of Declarant