

2006 011013

2006 FEB 10 AM 10: 58

AMERICAN STATES INSURANCE COMPANY

, Surety upon

MICHAEL A. BROWN  
RECORDER

a certain Bond No. **6208664**

dated effective February 27 2003  
(MONTH-DAY-YEAR)

on behalf of METROLAKE ELECTRIC  
(PRINCIPAL)

and in favor of BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDIANA, AND ANY CITIES  
AND TOWNS IN LAKE COUNTY, INDIANA  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on February 27 2006  
(MONTH-DAY-YEAR)

and ending on February 27 2007  
(MONTH-DAY-YEAR)

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

Description of bond ELECTRICAL 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 29 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

SMITH INSURANCE AGENCY

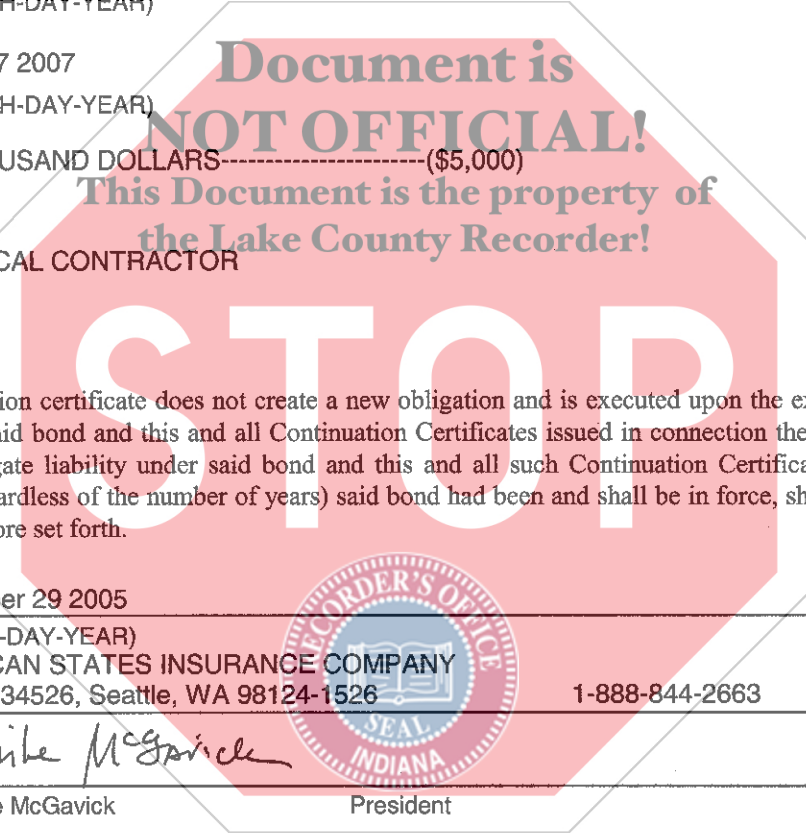
Agent

618 E 3RD STREET, HOBART, IN 46342

Address of Agent

219-942-1148

Telephone Number of Agent



*Handwritten initials: H12, CS, CPW*

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.



  
Signature of Declarant

Kim Jones  
Printed Name of Declarant