



AMERICAN STATES INSURANCE COMPANY

Indianapolis, Indiana, Surety upon

a certain Bond No.

EX 598734

dated effective

12/31/1988

(MONTH-DAY-YEAR)

on behalf of

CASS ELECTRIC CORPORATION

(PRINCIPAL)

and in favor of

LAKE CTY, IN & ALL CITIES, TOWNS & MUNICIPALITIES THEREIN

does hereby continue said bond in force for the further period

beginning on

12/31/2005

(MONTH-DAY-YEAR)

and ending on

12/31/2006

(MONTH-DAY-YEAR)

Amount of bond

FIVE THOUSAND DOLLARS

Description of bond nt is the property of

the Lake County Recorder!

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

November 1, 2005

(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

PO Box 34526, Seattle, WA 98124-1526

1-888-844-2663

Mike McGavick - President

Agent:

L R HITZEMAN-ROBERTS AGY INC

DBA HITZEMAN, LANGEN & RUSSEL

PO BOX 341

LOWELL, IN 46356-0341

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S-4620/AS 2/00

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

Document is

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).

L the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby 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

Printed Name of Declarant