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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 012323

2006 FEB 15 AM 9:57

Bond 6403164
MICHAEL A. BROWN
RECORDER

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we,
FIRST AD-COM

_____ as Principal, of 3744 W. LAWRENCE AVENUE
(Street and Number)

CHICAGO ILLINOIS and the AMERICAN STATES INSURANCE COMPANY
(City) (State)

a INDIANA corporation, as Surety, are held and firmly bound unto
HOBART _____, 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 14th 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 SIGN INSTALLATION 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.

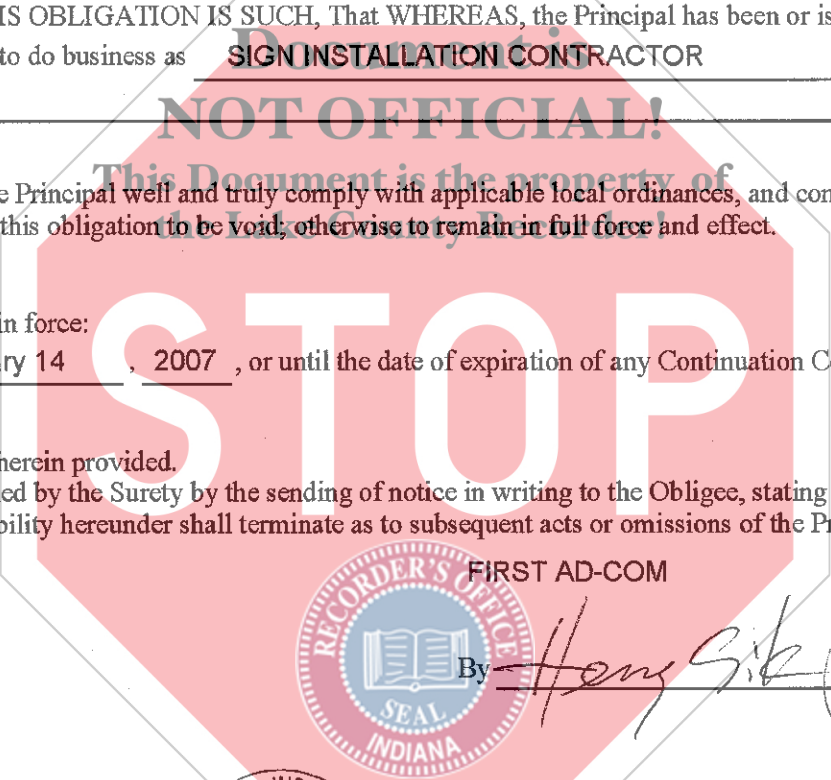
PROVIDED, HOWEVER:

1. This bond shall continue in force:

Until February 14, 2007, or until the date of expiration of any Continuation Certificate executed
OR 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.



FIRST AD-COM
By Henry Gib Principal



AMERICAN STATES INSURANCE COMPANY
By Mike Peters President, Surety

\$12
CS
CAM

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

HENG SIK PARK
Printed Name of Declarant