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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECGRD

Bond 6403355

2006 FEB 16 AM 8:33

LICENSE OR PERMIT BOND

2006 012522

KNOW ALL BY THESE PRESENTS, That we,
MARY GIL GUERRERO DBA G & G REMODELING AND CONSTRUCTION, LLC

MICHAEL A BROWN
RECORDER

as Principal, of 10325 Sneed

(Street and Number)

Crown Point

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 15th 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 Carpentry, Remodeling

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 15, 2007, or until the date of expiration of any Continuation Certificate
executed by the Surety

OR

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.

MARY GIL-GUERRERO

By *Mary Gil Guerrero*

Principal

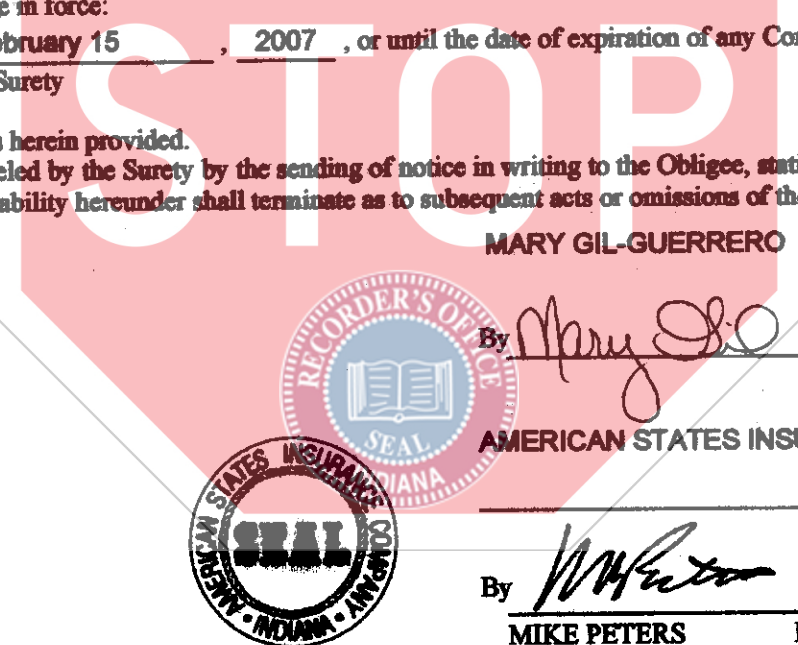
AMERICAN STATES INSURANCE COMPANY

By *Mike Peters*

MIKE PETERS

PRESIDENT, SURETY

Document is
NOT OFFICIAL!
Property of
the Lake County Recorder!



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Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

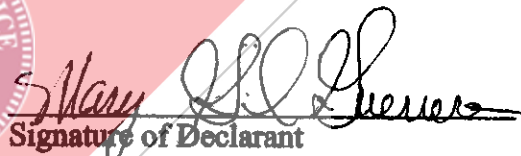
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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.




Signature of Declarant

Mary Gil Guerrero
Printed Name of Declarant