Effective Date: February 14th, 2006

Western Surety	Company	006
LICENSE AND PERMIT BOND		
(NOW ALL PERSONS BY THESE PRESENTS:	Bond No. <u>14799847</u>	- 8
That we, Top Notch Building & Maintenance Inc.		5
of the Village of S Holland , State and WESTERN SURETY COMPANY, a corporation duly	of <u>Illinois</u> , as licensed to do surety business in the	Principal, State of
Indiana	_, as Surety, are held and firmly bound	i unto the
County of Lake, State of IN, Board of Comm. & any Cities & Towns in Lake State of State of Comm.	of Indiana as Obliger in	thepenal
um of <u>Five Thousand and 00/100</u> awful money of the United States, to be paid to the Oblige we bind ourselves and our legal representatives, firmly by t	ee, for which payment well and truly to	AKE CC EDe made OR
THE CONDITION OF THE ABOVE OBLIGATION IS		R ROUND ROUN
icensed General Contractor	7	ယ္
This bond may be terminated at any time by the Surer J.S. Mail, to the Obligee and to the Principal at the address of this of the Principal at the address of the Principal at the address of the Principal at the address of the mailing of said notice, this had the edipon by the lieved from any liability for any acts had the relieved from any liability for any acts had the principal at the number of years this bond shall apply the principal at the number of premiums which shall have the principal at the address of the number of premiums which shall have the principal at the address of the number of premiums which shall have the principal at the address of the principal at the principal at the address of the principal at the add	ty upon sending notice in writing, by F is last known to the Surety, and at the cis bond shall ipso facto terminate and to or omissions of the Principal subsequent continue in force, the number of claimall be payable or paid, the Surety's totato period, and in no event shall the Surety's Any revision of the bond amount shall the Surety's totato period.	expiration he Surety ent to said ims made al limit of ety's total
County	Top Notch Building & Maintenand WESTERN SURETY COM	e Inc. Principal Principal
Resident Agent Form 532-5-2002	By Paul T. Bruflat, Senior Vice	e President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

and authorized	and licensed to do busines	s in the States of Alabama,	Alaska, Arizona, Arkansas, California, Colorado,
Connecticut. De	laware. District of Columbia	a, Florida, Georgia, Hawaii,	Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky,
Louisiana, Maine	e. Marviand, Massachusetts,	Michigan, Minnesota, Mississ	sippi, Missouri, Montana, Nebraska, Nevada, New
Hampshire, New	/ Jersey, New Mexico, New	York, North Carolina, North	Dakota, Ohio, Oklahoma, Oregon, Pennsylvania,
Rhode Island, S	South Carolina, South Dak	ota, Tennessee, Texas, Utal	n, Vermont, Virginia, Washington, West Virginia,
Wisconsin, Wyor	ning, and the United States o	f America, does hereby make,	constitute and appoint
•			
	Paul T. Bruflat	of	Sioux Falls
State of	South Dakota	, its regularly elected .	Sioux Falls Senior Vice President
as Attorney-in-Fa	act, with full power and auth	ority hereby conferred upon I	nim to sign, execute, acknowledge and deliver for
and on its behalf	as Surety and as its act and	deed, all of the following class	es of documents to-wit:
equity, policies included in the fidelity bands in the waivers.	temnifying employers against to affinity in all cases where inde of charge or extend any bond	ss or damage caused by the mis malty may be lawfully given; and or document executed for this Co	e given in any action or proceeding in any court of law or sconduct of their employees; official, bail, and surety and di with full power and authority to execute consents and impany, and to compromise and settle any and all claims
\$3.000	4	Document	115
E Western Sur	ety Company further certifies the opted and pay in force, to-wit:	at the following is a true and ex	act copy of Section 7 of the by-laws of Western Surety
officers as the Bermay appoint Attorn	chief of the company by the Presider of Directors may authorize news-in-Fact or agents who shall not necessary for the validity	t, Secretary, any Assistant Secre The President, any Vice Presider have authority to issue bands by	obligations of the comoration shall be executed in the etary, Treasurer, or any Vice President, or by such other it, Secretary, any Assistant Secretary, or the Treasurer officies, or undertakings in the name of the Company. The akings, Powers of Attorney or other obligations of the by facsimile.
In Witness	Whereof, the said WESTE	RN SURETY COMPANY ha	s caused these presents to be executed by its
Senior Vice P	President with the corporat	e seal affixed this14th	day of February, 2006.
ATTEST		101	ESTERNSURETYCOMPANY
		**	Paul T. Bruffa, Senior Vice President
	J. nelson	By	Tall Britt
	Ass	sistant Secretary	Paul T. Bruflay, Senior Vice President
		KIN RULLING OF THE	
STATE OF SOL	JTH DAKOTA)		
	> ss		
COUNTY OF M	INNEHAHA)		
	14+5	bruary EA2006	hafara wa a Notara Bublia parpagally appeared
On this	00 J V	VOLANA COL	, before me, a Notary Public, personally appeared L. Nelson
	Paul T. Bruflat	and	
who, being by m	ne duly sworn, acknowledged	that they signed the above Po	1101 017/11011107 00
			OMPANY, and acknowledged said instrument to be
the voluntary ac	t and deed of said Corporatio	n.	
\$ 00 00 00 00 00	4444444444444 *		
; _	D. KRELL		•
SEAL	NOTARY PUBLIC SEAL		$10 \mathcal{L}$
ો ્	SOUTH DAKOIA		Al Krell Notan Public
+44466			Notary Public

Form F1975-4-2002

My Commission Expires November 30, 2006

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 herby affirm under the penalties of perjury: unty Recorder:

- 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