

Western Surety Company

LICENSE OR PERMIT BOND

Bond No. 14801163

KNOW ALL PERSONS BY THESE PRESENTS, that we, Losman Construction (Company Name) Carlos Ruiz, 1614 S. Cline, Schererville, Principal, (Owner's Name and Full Address) and WESTERN SURETY COMPANY, with its principal office at Sioux Falls, South Dakota, as Surety, are here and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana, and any cities and towns in Jake County, Indiana, hereinafter called Obligee, in the penal sum of Five Thousand Dollars (\$5,000,00), for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators, successors assigns, jointly and severally, firmly by these presents. 16th February Signed and sealed this _ __ day of __ 2006 WHEREAS, the said Obligee has granted or is about to grant to the said Principal a license or permit to engage in the business of General Contractor NOW, THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with the laws, ordinances, resolutions, rules and regulations governing the business of General Contractor (Type of Business) in said Laka County, Indiana, then this obligation shall be void, otherwise to be and remain in full force and effect. OVIDED, How EVER, that the Surety shall have the right to terminate its liability hereunder by serving written the Chief and (10) days in advance of its intention to do so. ROVIDED FURTHER, the aggregate liability of the Surety to any and all persons, regardless of the number of claims made against this bond or the number of years this bond remains in force, shall in no event exceed the amount set forta aboya pav Term of bond: February 16th 2006 Losman Construction D. KRELL mpany Name **NOTARY PUBLIC** SEAL SOUTH DAKOTA SEAL My Commission Expires November 30, 2006 WESTERN SORE Y COMPANY, Surety

Form F5478-8-2002

Г

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).

I, 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