

CONTINUATION
CERTIFICATE



AMERICAN STATES INSURANCE COMPANY

2006 012878

STATE OF INDIANA
LAKE COUNTY, Surety upon
FILED FOR RECORD

2006 FEB 17 AM 8:49

a certain Bond No. 6307700

dated effective September 14 2004
(MONTH-DAY-YEAR)

MICHAEL A. BROWN
RECORDER

on behalf of TIM ANTCZAK DBA ANTCAK CONCRETE CONSTRUCTION
(PRINCIPAL)

and in favor of Board of Commissioners of the County of Lake, State of Indiana and any cities and towns in Lake
County, Indiana
(OBLIGEE)

does hereby continue said bond in force for the further period

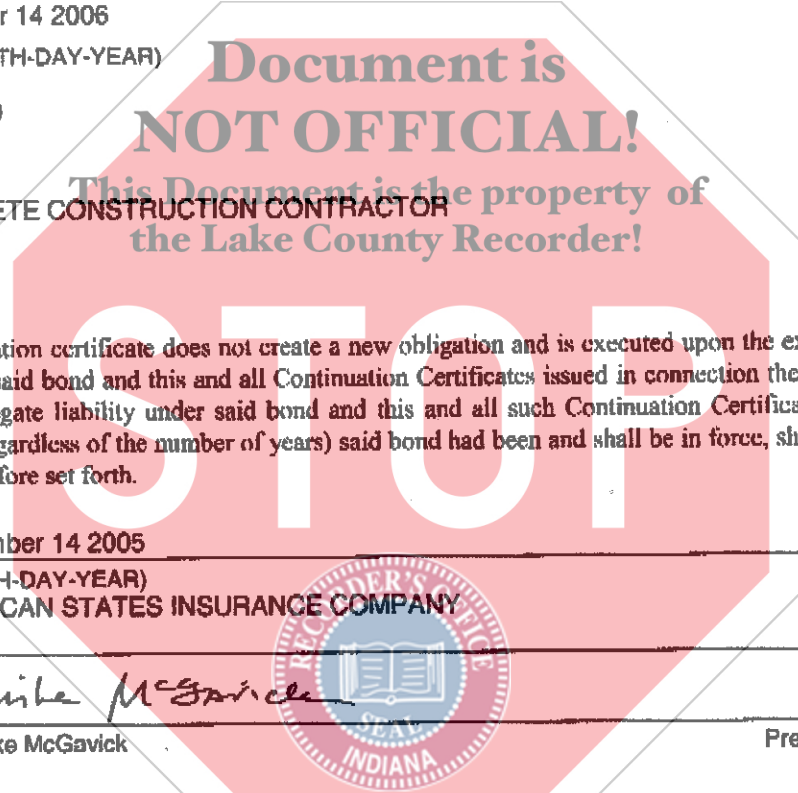
beginning on September 14 2005
(MONTH-DAY-YEAR)

and ending on September 14 2006
(MONTH-DAY-YEAR)

Amount of bond \$5,000.00

Description of bond CONCRETE CONSTRUCTION CONTRACTOR

Premium: \$50.00



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 September 14 2005
(MONTH-DAY-YEAR)
AMERICAN STATES INSURANCE COMPANY

By Mike McGavick
Mike McGavick President

HUIZENGA-SUTORIUS INSURANCE AGENCY MIDWEST
Agent
3043 RIDGE ROAD, LANSING, IL 60438
Address of Agent
(708) 474-6101
Telephone Number of Agent



CS
CAN

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

Timothy A. Antczak
Printed Name of Declarant