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CONTINUATION
CERTIFICATE

STATE OF INDIANA
LAKE COUNTY

FILED FOR RECORD

Indianapolis, Indiana, Surety upon
2005 FEB 27 AM 10: 21

AMERICAN STATES INSURANCE COMPANY

2006 015187

MICHAEL BROWN
RECORDER

a certain Bond No. 6339674

dated effective 03/24/2005
(MONTH-DAY-YEAR)

on behalf of GEM BUILDERS, INC
(PRINCIPAL)

and in favor of BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDI*
(OBLIGEE)

does hereby continue said bond in force for the further period

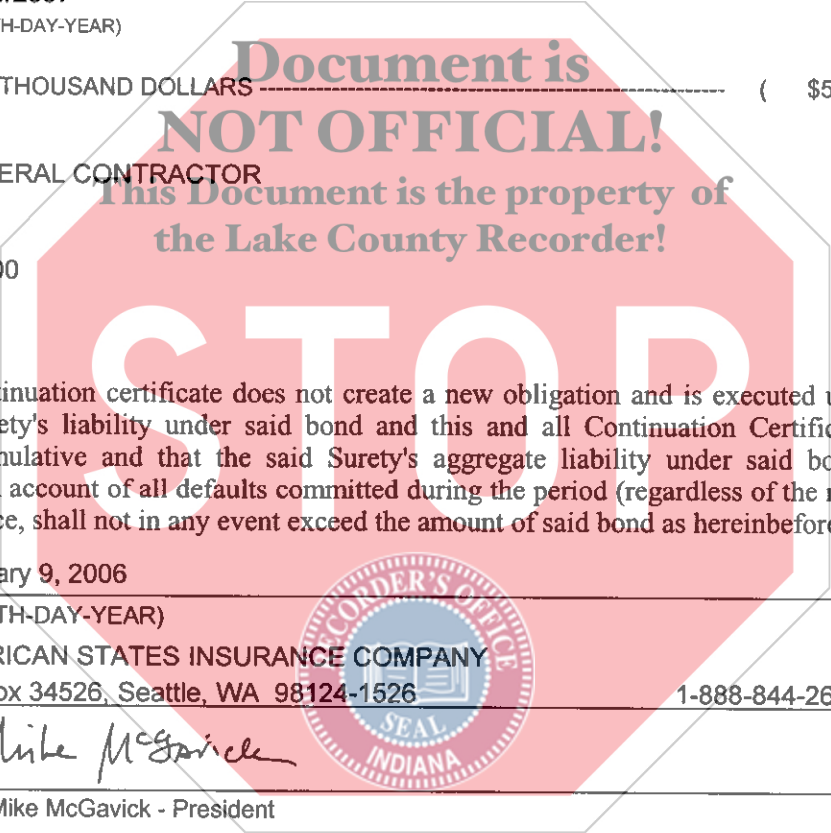
beginning on 03/24/2006
(MONTH-DAY-YEAR)

and ending on 03/24/2007
(MONTH-DAY-YEAR)

Amount of bond FIVE THOUSAND DOLLARS (\$5,000)

Description of bond GENERAL CONTRACTOR

Premium: \$75.00



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 January 9, 2006
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY
PO Box 34526, Seattle, WA 98124-1526

1-888-844-2663

By *Mike McGavick*
Mike McGavick - President

Agent: HOMER GWINN & COMPANY
10001 S WESTERN AVE
CHICAGO, IL 60643-1925

(773) 445-1600



#12
CS
CPW

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.



Carol A. Gembara
Signature of Declarant

Carol A. Gembara
Printed Name of Declarant