

Bond 6405690

2006 FEB 27 PM 3:37

LICENSE OR PERMIT BOND 2006 015378

KNOW ALL BY THESE PRESENTS, That we,
ILIJA PECOSKI DBA AMERICAN DREAM BUILDERS

MICHAEL A. BROWN
RECORDER

as Principal, of 10356 Price Street

(Street and Number)

Crown Point INDIANA and the AMERICAN STATES INSURANCE COMPANY

(City)

(State)

a INDIANA corporation, as Surety, are held and firmly bound unto

Town of Winfield, 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 27th 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 General Contractor

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 27, 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.

AMERICAN DREAM BUILDERS

By [Signature]
ILIJA PECOSKI

Principal

AMERICAN STATES INSURANCE COMPANY

By [Signature]
Mike Peters

1202
CS
President, Surety



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

Ilija Pecaski
Printed Name of Declarant