

West Bend Mutual
INSURANCE COMPANY • TIME TESTED SINCE 1894

8401 Greenway Blvd. Suite 1100, Middleton, WI 53562

CONTINUATION CERTIFICATE

OBLIGEE COPY

BD OF COMM OF CO OF LAKE-ST IN
ANY CITIES/TOWNS IN LAKE CTY
2293 NORTH MAIN STREET
CROWN POINT, IN 46307

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BD OF COMM OF CO OF LAKE-ST IN
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2293 NORTH MAIN STREET
CROWN POINT, IN 46307

Bond No.: NLE0475004

Bond Description: A license and permit bond

Principal: STAMOS PAINTING CO, HARRY STAMOS DBA
8335 WALNUT
MUNSTER, IN 46323

Agent: T M EDWARDS & ASSOCIATES INC 1366270
648 JOLIET ST PO BOX 146
DYER, IN 46311
(219) 865-2221

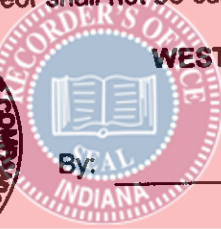
Bond Sum: 5,000.00

Bond Term: 03/02/2006 to 03/02/2007

Work Description: PAINTING CONTRACTOR

WEST BEND MUTUAL INSURANCE COMPANY hereby continues in force the bond referenced above, subject to all the covenants and conditions of the original bond.

This continuation is issued upon the express condition that the liability of WEST BEND MUTUAL INSURANCE COMPANY under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.



WEST BEND MUTUAL INSURANCE COMPANY

Anthony J. Warren
By: Anthony J. Warren, Chief Executive Officer

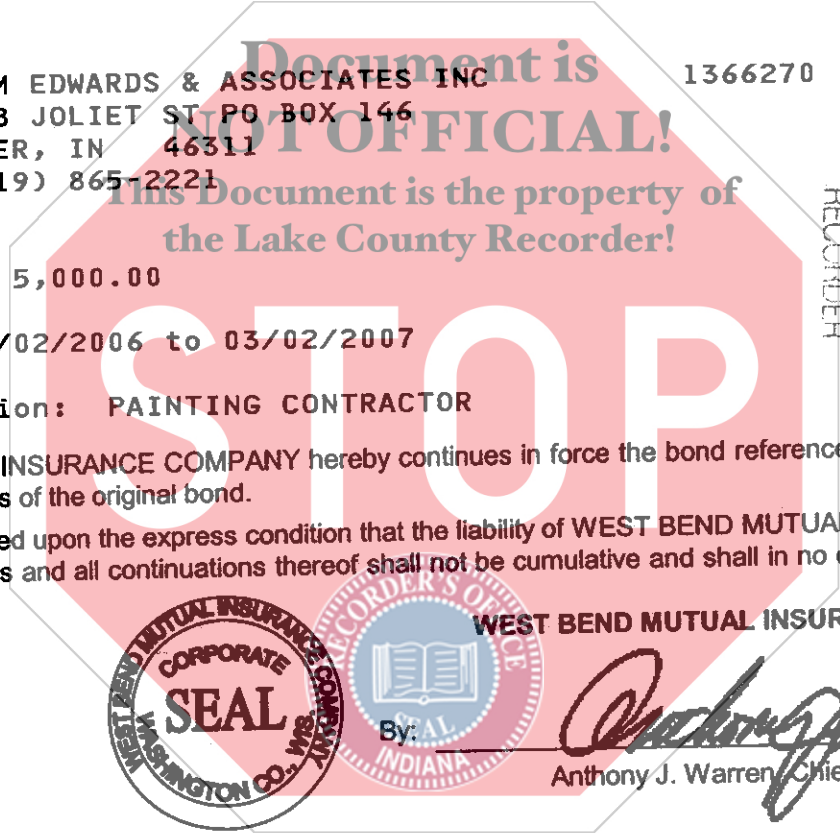
THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.
Power of Attorney is on page 2.

Dated this 23 day of December, 2005.

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

NB 0029 04 05

Page 1 of 2



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. BROWN
RECORDER
2006 MAR - 2 AM 10:24
006 016954

2005
27419
B

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

RENÉE A. HELD
Printed Name of Declarant