## Western Surety Company Continuation certificate

Western Surety Company hereby continues in force Bond No. briefly described as General Contractor The Board of Commi	
State of Indiana and Any Cities & Towns in Lake C	
for _PRECISION WINDOWS, LLC	PH A CONTROL OF THE
in the sum of \$FIVE THOUSAND AND NO/100	√ § છે Ω-
February 25 , 2006 and ending February 15	ruary 25, 2007 S, subject to all
the covenants and conditions of the original bond referred to above.	AL!
This continuation is issued upon the express condition that the	e liability of Western Surety Company
under said Bond and this and all continuations thereof shall not be	rder! cumulative and shall in no event exceed
the total sum above written.	
Dated this	
WESTE	RN SURETY COMPANY
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Paul T. Bruflat, Senior Vice President
Olana Molana	
	14º2

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

n 90-A-4-2002

14° 71



## **POWER OF ATTORNEY**

## **KNOW ALL MEN BY THESE PRESENTS:**

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

	Paul T. Bruflat	of	Sioux Falls
State of	South Dakota	, its regularly elected	Senior Vice President
and on its pental as indermity Surely equity politides inder figelity bonds. Indem walkers to modify or c	Surety and as its act and deer and undertakings that may be des injury employers against loss or injury all cases where indemnity	d, all of the following classe ired by contract, or may be gind damage caused by the miscol may be lawfully given; and w	n to sign, execute, acknowledge and deliver for es of documents to-wit:  yen in any action or proceeding in any court of law or induct of their employees; official, bail, and surety and ith full power and authority to execute consents and my, and to compromise and settle any and all claims or
Section 7. All bond name of the Company Board of Directors maked is not necessary	ds, policies, undertakings, Powers by by the President, Secretary, any ay authorize. The President, eny gents who shall have authority to	of Attorney, or other obligation Assistant Secretary, Treasurer, Vice President, Secretary, an issue bonds, policies, or unde pies, undertakings, Powers of	s of the corporation shall be executed in the corporate or any Vice President, or by such other officers as the y Assistant Secretary, or the Treasurer may appoint rtakings in the name of the Company. The corporate Attorney or other obligations of the corporation. The
In Witness Whe	ereof, the said WESTERN Sident with the corporate sea	l affixed this10	aused these presents to be executed by its day of
STATE OF SOUTH	Nelson Assistant S	Ву	Paul T. Bruflat, Senior Vice President
COUNTY OF MINN	EHAHA	TO SEAL OF SEA	
On this	10 day of Febru Paul T. Bruflat	and , 2006 , t	pefore me, a Notary Public, personally appeared
and Assistant Secret be the voluntary action of the secret	luly sworn, acknowledged that	they signed the above Pow WESTERN SURETY COM	MPANY, and acknowledged said instrument to  Notary Public

Form F1975-4-2002

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 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 reducted, 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