

Auto-Owners Insurance

Life Home Car Business

The No Problem People®

2006 018971

AUTO-OWNERS INSURANCE COMPANY

CONTINUATION CERTIFICATE

AGENCY 02-0681-00
SHIRER INSURANCE SERVICES
PO BOX 416
CROWN POINT IN 46308-0416

PRINCIPAL STIL PAINTING INC

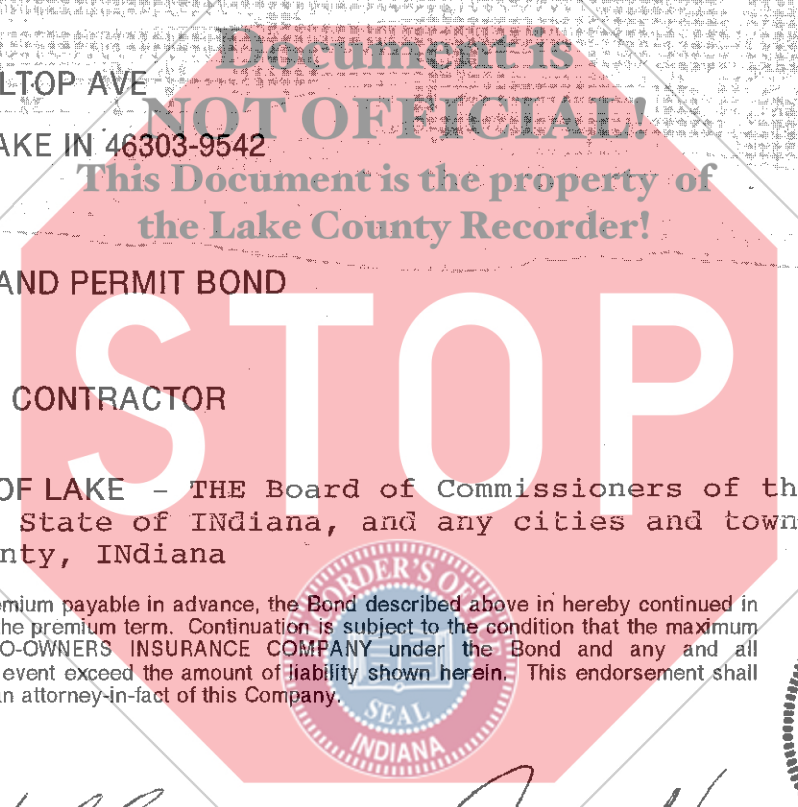
ADDRESS 12650 HILLTOP AVE
CEDAR LAKE IN 46303-9542

TYPE OF BOND LICENSE AND PERMIT BOND

DESCRIPTION OF RISK PAINTING CONTRACTOR

OBLIGEE COUNTY OF LAKE - THE Board of Commissioners of the County of Lake, State of INdiana, and any cities and towns in Lake County, INdiana

BOND NUMBER	
057702 66294816	
03-03-2006 MO DA YR	03-2007 DA YR
PREMIUM TERM	
BOND AMOUNT	
\$5,000.00	



In consideration of an agreed premium payable in advance, the Bond described above in hereby continued in force for the period indicated in the premium term. Continuation is subject to the condition that the maximum aggregate liability of the AUTO-OWNERS INSURANCE COMPANY under the Bond and any and all continuations thereof shall in no event exceed the amount of liability shown herein. This endorsement shall be valid only when executed by an attorney-in-fact of this Company.

Mark Kaldon
PRINCIPAL

Jan Hau
Attorney-in-fact



\$12
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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.



Mark Kaldon
Signature of Declarant

MARK KALDON
Printed Name of Declarant