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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 019249

2006 MAR -8 PM 12: 18

Bond 6407239
MICHAEL A. BROWN
RECORDER

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we,
FLAGO CONCRETE & EXCAVATING INC.

as Principal, of 4003 W. 82nd Avenue

(Street and Number)

Merrillville

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 8th day of March, 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 Concrete and Excavating 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 March 8, 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.

FLAGO CONCRETE & EXCAVATING INC.

By

E. Fraw Vasquez

Principal



AMERICAN STATES INSURANCE COMPANY

By

Mike Peters

Mike Peters

President, Surety



\$12
CS

CP

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.



Amy K. Steaga
Signature of Declarant

Amy K. Steaga
Printed Name of Declarant