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## PEKIN INSURANCE COMPANY STATE OF DEATH FILED FOR RECORD



2006 019276

## 2006 MAR -8 PM 1: 38 LICENSE & PERMIT BOND

(For County, City Wwn or Village Only)

Know All Men By These Presents:	MUCHICIEN DISCOUNT
know Au Men by These Fresents.	RECORDER

Bond No. L & P 48259

That we, Ford General Maintenance, Inc.
of Street Address 12534 S Maple Ave City Blue Island, State of Illinois, as Principal, and the PEKIN INSURANCE COMPANY, a corporation duly licensed to do business in the State
of, as Surety, are held and firmly bound unto the
Valid only when a County, City, Town or Village is named as Obligee, in the penal
sum of Five Thousand and 00/100 (\$5,000.00) DOLLARS, (NOT VALID IF FILLED IN FOR MORE THAN \$20,000.00)
lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been
licensedas a Heating and Air Conditioning Contractor
NOT OFFICIAL! by the said Obligee.
NOW THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, appertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect from <a href="February 21">February 21</a> , and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.
Dated this
Principal  PEKIN INSURANCE COMPANY

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: County Recordance with IC 36-2-7.5, do

- 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

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarent

Printed Name of Declarant