



CONTINUATION  
CERTIFICATE

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 019694

2006 MAR -9 PM 12: 02

AMERICAN STATES INSURANCE COMPANY

Surety upon  
MICHAEL J. BROWN  
RECORDER

a certain Bond No. **6209823**

dated effective **March 29 2003**  
(MONTH-DAY-YEAR)

on behalf of **GREAT LAKES CONCRETE, INC.**  
(PRINCIPAL)

and in favor of **BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDIANA, & ANY CITIES & TOWNS IN LAKE COUNTY INDIANA**  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **March 29 2006**  
(MONTH-DAY-YEAR)

and ending on **March 29 2009**  
(MONTH-DAY-YEAR)

Amount of bond **FIVE THOUSAND DOLLARS** (\$5,000.)

Description of bond **CONCRETE CONTRACTOR**

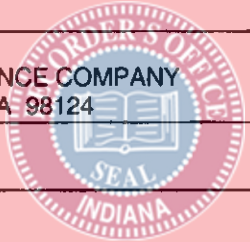
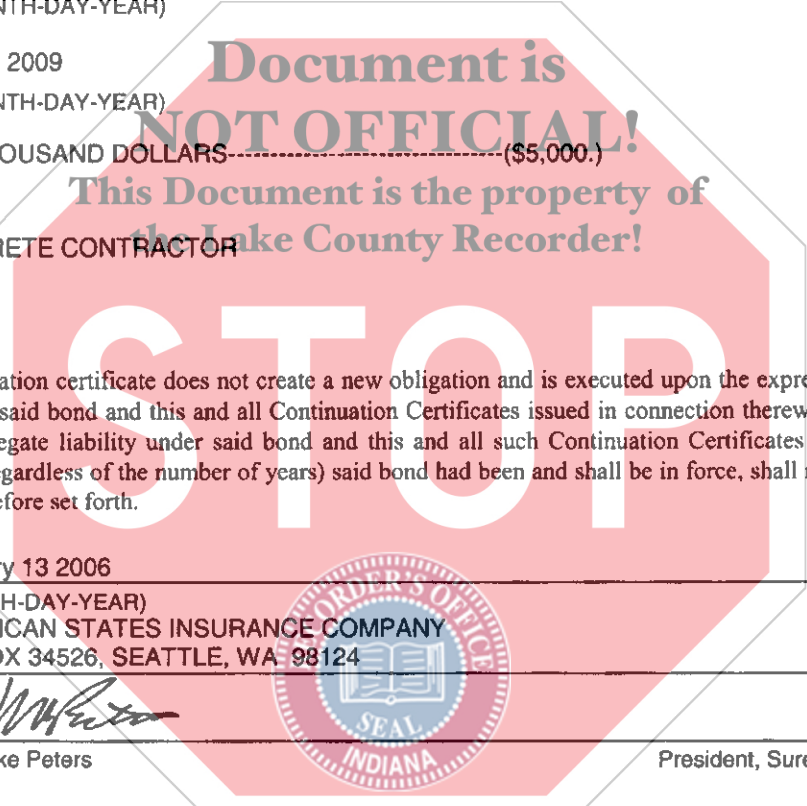
Premium: **\$188.00**

**PROVIDED:** That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **January 13 2006**  
(MONTH-DAY-YEAR)  
**AMERICAN STATES INSURANCE COMPANY**  
**PO BOX 34526, SEATTLE, WA 98124**

By   
**Mike Peters** President, Surety

**HORTON INS. AGENCY, INC.**  
Agent  
**1730 45TH ST, MUNSTER, IN 46321-3915**  
Address of Agent  
**(219) 937-1400**  
Telephone Number of Agent



\$12  
CR#  
3057  
CAW

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.



*Patti Schneider*  
Signature of Declarant

Patti Schneider  
Printed Name of Declarant