Western Surety Company

LICENSE OR PERMIT BOND

Bond No. ___

KNOW ALL PERSONS BY THESE PRESENTS, that we, Judy's Tree Service (Company Name)
Judith M. Jones, 162224 Mount St., Lowell, Indiana 46356 (Owner's Name and Full Address) and WESTERN SURETY COMPANY, with its principal office at Sioux Falls, South Dakota, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana, and any cries and towns in Lake County, Indiana, hereinafter called Obligee, in the penal sum of Five Thousand Dollars (\$5,000.00), for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators; successors and assigns, jointly and severally, firmly by these presents.
Signed and sealed this 2nd day of March, 2006.
WHEREAS, the said Obligee has granted or is about to grant to the said Principal a license or permit to engage in
the business of Tree Trimming, Stump Removal The Board of Commissioners of The County (Type of Business) of Lake, State of Indiana and Any Cities & Towns in Lake County Indian
This Document is the property of
NOW, THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with the laws, ordinances, resolutions, rules and regulations governing the business of Tree Trimming, Stump Removal
in said the County Andiana, then this obligation shall be void, otherwise to be and remain in full force and effect. ROYDED HOW ER, that the Surety shall have the right to terminate its liability hereunder by serving written names given the Oblige In (10) days in advance of its intention to do so. ROYDED ORTHER, the aggregate liability of the Surety to any and all persons, regardless of the number of claims and again this bond or the number of years this bond remains in force, shall in no event exceed the amount set forth MADA.
Set to a grant to the second t
Term of bond: April 18 2006 to April 18 D. KRELL Company Name WESTERN SURETT COMPANY, Surety By April 18 Apr
Notary Seal Paul T. Bruflat, Senior Vice President 2400

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: ounty Recorder!

- 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.

Signature of Declarant

Printed Name of Declarant