

Bond Safeguard INSURANCE COMPANY

1219 S. Highland Ave. • Bldg. A - Suite 300 • Lombard, IL 60148 (630) 495-9380

BOND NO. 15- 6022524

**INDIANA
LICENSE AND/OR PERMIT BOND**
(ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00
AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)

2006 020478

KNOW ALL MEN BY THESE PRESENTS:

That we Amy and Brandon Steagall
(Principal's Name)

5721 Iris Ln, Schererville, In 46375
(Principal's Address)

as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the State of Indiana, as Surety, are held and firmly bound unto Board of Commissioners of County of Lake, State of Ind & any cities & towns in Lake County, IN

State of Indiana, Obligee, in the aggregate sum of Five Thousand Dollars (\$ \$5,000) to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.

In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the business of General Contractor

for the period beginning on the 9th day of March

and ending on the 9th day of March

THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.

Dated this 9th day of March, 2006

Amy and Brandon Steagall

Principal

Countersigned:

[Signature]

Officer

BOND SAFEGUARD INSURANCE COMPANY

BY:

[Signature]

BY:

[Signature]

President

ACKNOWLEDGEMENT OF SURETY
(Corporate Officer)



\$14 CS CPM

STATE OF ILLINOIS }
COUNTY OF DUPAGE } SS

On this 1st day of January, 2004, before me, the undersigned president personally appeared David E. Campbell, who acknowledged himself to be the aforesaid president of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such president, being authorized to do so, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such president. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

"OFFICIAL SEAL"
MICHELE KOLLER
Notary Public, State of Illinois
My Commission Expires 08/28/07

[Signature]

Notary Public, State of Illinois

ACKNOWLEDGMENT OF PRINCIPAL
(INDIVIDUAL OR PARTNERS)

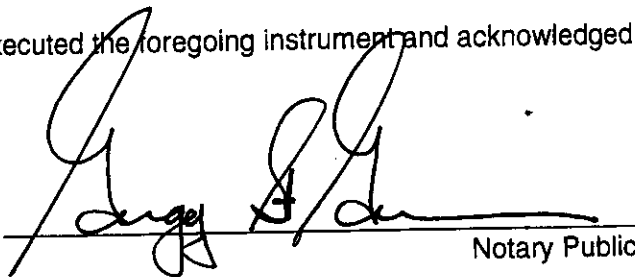
STATE OF INDIANA)
COUNTY OF LAKE) SS

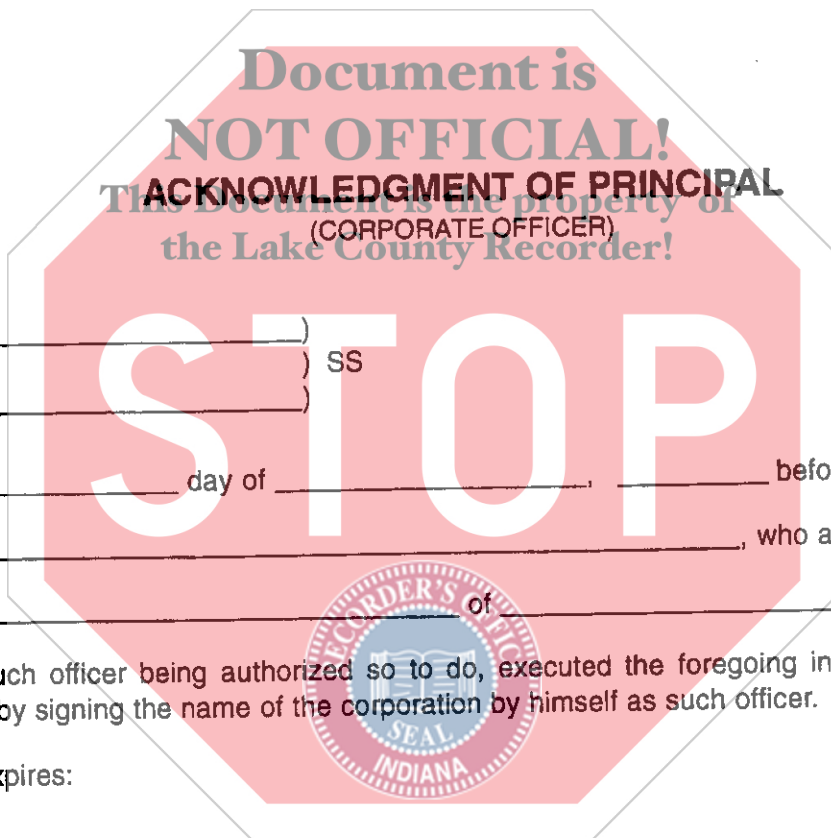
On this 9TH day of MARCH, 2006, before me personally appeared

known to me to be the individual _____ described in and who executed the foregoing instrument and acknowledged to me that _____ he _____ executed the same.

My commission expires:

FEBRUARY 14, 2014


Notary Public



STATE OF _____)
COUNTY OF _____) SS

On this _____ day of _____, _____ before me personally appeared _____, who acknowledged himself to be the _____, a corporation

and that he as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as such officer.

My commission expires:

_____, _____
Notary Public

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 L Steagall
Signature of Declarant

Amy L Steagall
Printed Name of Declarant