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CONTINUATION  
CERTIFICATE

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

AMERICAN STATES INSURANCE COMPANY

2006 020775

, Surety upon  
2006 MAR 13 PM 12:20

a certain Bond No. **6269019**

MICHAEL J. BROWN  
RECORDER

dated effective **April 11 2004**  
(MONTH-DAY-YEAR)

on behalf of **NEIGHBORHOOD CONTRACTOR INC**  
(PRINCIPAL)

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

does hereby continue said bond in force for the further period

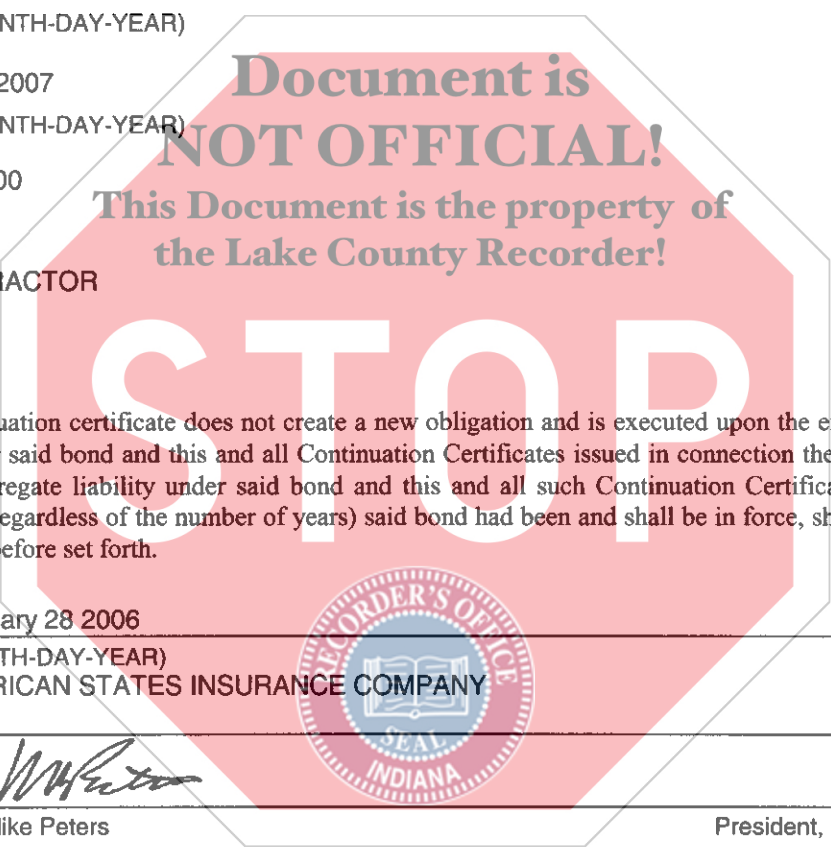
beginning on **April 11 2006**  
(MONTH-DAY-YEAR)

and ending on **April 11 2007**  
(MONTH-DAY-YEAR)

Amount of bond **\$5,000.00**

Description of bond **CONTRACTOR**

Premium: **\$75.00**



**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 **February 28 2006**  
(MONTH-DAY-YEAR)  
**AMERICAN STATES INSURANCE COMPANY**

By *Mike Peters*  
**Mike Peters** President, Surety

**ASSOCIATED SPECIALTY INSURANCE**  
Agent  
**10661 S ROBERTS RD STE 104 PALOS HILLS, IL 60465**  
Address of Agent  
**(708) 974-9180**  
Telephone Number of Agent



*Handwritten notes:* A12, CS, cam

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.



*Daniel M. Matejko*  
Signature of Declarant

DANIEL M. MATEJKO  
Printed Name of Declarant