

2



RLI Surety  
A Division of RLI Insurance Company  
P.O. Box 3967 Peoria, IL 61612-3967  
Phone: 309-692-1000 Fax: 309-692-8637

# LICENSE AND PERMIT BOND

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Bond No. PRS1177327

2006 MAR 14 AM 10:54

2006 021138

MICHAEL A. BROWN  
RECORDER

KNOW ALL MEN BY THESE PRESENTS:

That we, Aaron Hacker DBA Hacker Construction  
9066 Knickerbocker  
St. John, IN 46373

as Principal, and the **RLI Insurance Company**, a corporation duly licensed to do business in the state of Indiana, as Surety, are held and firmly bound unto the Board of Commissioners of Lake Cty & all Cities Town of Lake Indiana, State of Indiana, Obligee, in the penal sum of Five Thousand (\$5,000.00) DOLLARS, 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 licensed as a(n) Contractor by the 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, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until for a period commencing on the 13th day of March, 2006, and ending on the 13th day of March, 2007.

This bond may be terminated at any time by the Surety upon sending written notice to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at their first known address, and at the expiration of thirty (30) days from the mailing of said notice, or as soon thereafter as permitted by applicable law, whichever is later, this bond shall 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 13th day of March, 2006.

X Aaron Hacker  
Principal  
(Individual, Partner or Corporate Officer)



\_\_\_\_\_  
Principal  
(Additional Partner or Partners)

Countersigned

By B. [Signature]  
Resident Agent



RLI Insurance Company

By [Signature]  
Roy C. Die  
Vice President

126  
CS  
B

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.



*Aaron Hacker*  
Signature of Declarant

Aaron Hacker  
Printed Name of Declarant