

CONTINUATION CERTIFICATE STATE OF INCLUDE: LAKE COUNTY FILED FOR RECORD

2006 022308

2006 MAR 17 AM 10:59

AMERICAN STATES INSURANCE COMPANY

MICHAEL A BROWN

, Surety upon

a certain Bond No. 6166704

dated effective April 24 2002

(MONTH-DAY-YEAR)

on behalf of DAVID C ONDO DBA DIGGERS LANDSCAPE LLC (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 April 24 2006

(MONTH-DAY-YEAR)

and ending on April 24 2007

(MONTH-DAY-YEAR) OT OFFICIA

Amount of hand EIVE THOUSAND DOLLARS (\$5,000)

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

the Lake County Recorder!

Description of bond COUNTY UNIFIED BOND

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

March 10 2006

(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

PO BOX 34526, SEATTLE, WA 98124

KOZLOWSKI & ASSOCIATES

Agent

PO BOX 9037, HIGHLAND, IN 46322-9037

Address of Agent (219) 923-2000

Telephone Number of Agent

SEAL

S-0157/DA 06/04

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D.D.M.



## POWER OF ATTORNEY

Safeco Insurance Companies PO Box 34526 Seattle, WA 98124-1526

No. 12311 KNOW ALL BY THESE PRESENTS: That AMERICAN STATES INSURANCE COMPANY, a Indiana corporation, does hereby appoint its true and lawful attorney(s)-in-fact, with full authority to execute on behalf of the company fidelity and surety bonds or undertakings and other documents of a similar character issued by the company in the course of its business, and to bind AMERICAN STATES INSURANCE COMPANY thereby as fully as if such instruments had been duly executed by its regularly elected officers at its home office, in amounts or penalties not exceeding the sum of: Five Hundred Thousand and 00/100-DOLLARS (\$ 500,000.00 IN WITNESS WHEREOF, AMERICAN STATES INSURANCE COMPANY has executed and attested these presents Stephanie Dalfughlatson STEPHANIE DALEY-WATSON, SECRETARY Extract from the By-Laws of AMERICAN STATES INSURANCE COMPANY: This Document is the property of the Lake County Recorder! "Article 8, Section 8.1 1. - FIDELITY AND SURETY BONDS ... the President, any Vice President, the Secretary, and any Assistant Vice President appointed for that purpose by the officer in charge of surety operations, shall each have authority to appoint individuals as attorneys-in-fact or under other appropriate titles with authority to execute on behalf of the corporation fidelity and surety bonds and other documents of similar character issued by the corporation in the course of its business . . . On any instrument making or evidencing such appointment, the signatures may be affixed by facsimile. On any instrument conferring such authority or on any bond or undertaking of the corporation, the seal, or a facsimile thereof, may be impressed or affixed or in any other manner reproduced; provided, however, that the seal shall not be necessary to the validity of any such instrument or undertaking." I, Stephanie Daley-Watson, Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the foregoing extracts of the By-Laws of this corporation, and of a Power of Attorney issued pursuant thereto, are true and correct, and that both the By-Laws and the Power of Attorney are still in full force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the facsimile seal of said corporation 2006 10TH

S-4910/DA2 4/05

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Stephanie Dally Walson

STEPHANIE DALEY-WATSON, SECRETARY

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

- 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