



Travelers Casualty and Surety Company of America Hartford, CT 06183

2006.____

CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

In consideration of \$100 dollars renewal premium, the term of Bond/Policy No. 400LT1455 in the amount of \$5,000.00, issued on behalf of F.G. CRARY & SONS, whose address is 8118 HARRISON STREET, MUNSTER, INDIANA, 46321, in favor of THE BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDIANA AND ANY CITIES AND TOWNS IN LAKE COUNTY INDIANA whose address is 0, UNKNOWN, INDIANA, 00000-0000 in connection with Contracting
Compliance State is hereby extended to December 31, 2006, subject to all covenants and conditions of said bond/policy.

This certificate is designed to extend only the term of the bond/policy. It does not increase the amount which may be payable thereunder. The aggregate liability of the Company under the said bond/policy together with this certificate shall be exactly the same as, and no greater than it would have been, if the said bond/policy had originally been written to expire on the date-to which it is now being extended.

Signed, sealed and dated <u>December 12, 2005</u>. the Lake County Recorder!

By

Travelers Casualty and Surety Company of America

Cynthia S Genslinger

Attorney-in-Fact

SEAL MOIANA

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F-58-M (2-95)

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.

Signsture of Deplement

Printed Name of Declarant