

LICENSE AND PERMIT BOND

(Valid in the states of Illinois, Indiana, Iowa, Michigan, Minnesota and Wisconsin only)
 For County, City, Town or Village Only – Not valid for bonds required by the State.
 Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bonds

Principal: (Full name and address)
NELSON GLASS COMPANY
187 EAST 153RD STREET
HARVEY, IL 60426
 Effective Date: 3/16/2006
 (Valid for one year)

Obligee: (Principal's customer)
LAKE COUNTY
2293 NORTH MAIN STREET
CROWN POINT, IN 46307
 Expiration Date: 3/16/2007

PENAL AMOUNT OF BOND (Not valid for more than \$25,000):
 Ten thousand dollars and 00/100 10,000.00 Dollars (\$ 10,000.00) 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
 representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for:
Glazing Work

NOW, THEREFORE, if said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including
 all amendments) pertaining to the license or permit, then this obligation to be void; otherwise to remain in full force for not more
 than 12 consecutive months, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and at the expiration of
 thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this
 bond shall terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Principal's company shall save and keep harmless the Obligee from all losses or damage which it may sustain or for which it
 may become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond
 penalty.

Signed with our hands and sealed with our seals this, the 16 day of March, 20 06.

WEST BEND MUTUAL INSURANCE COMPANY

Kelton R. Casey
 (Principal)

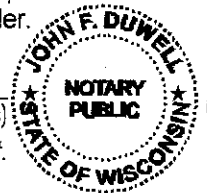
Anthony J. Warren
 Anthony J. Warren, Chief Executive Officer



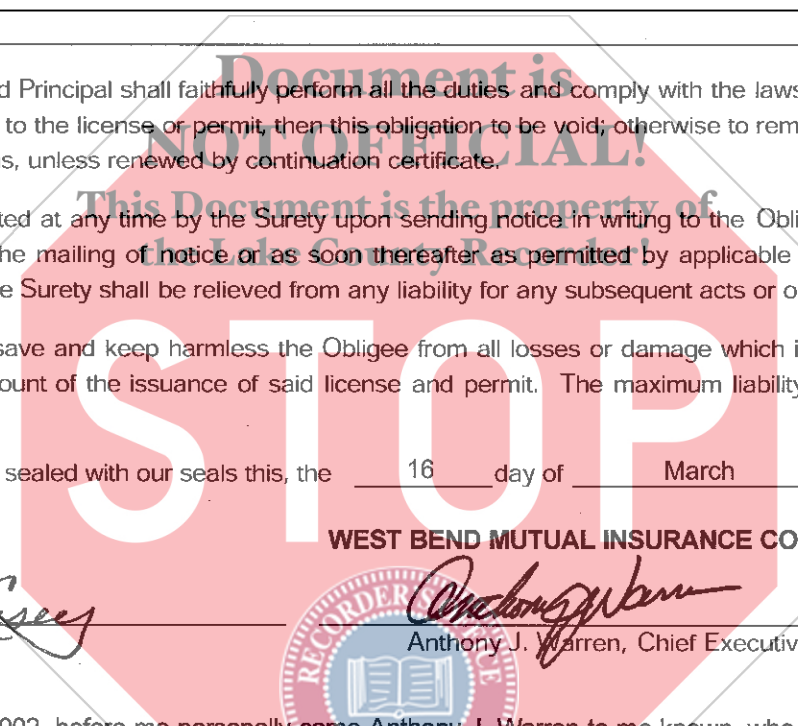
On the 1st day of March, 2002, before me personally came Anthony J. Warren to me known, who being by me duly sworn,
 did depose and say: that he resides in the County of Washington, State of Wisconsin; that he is the Chief Executive Officer
 of WEST BEND MUTUAL INSURANCE COMPANY the corporation described in and which executed the above instrument;
 that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal, that it was so
 affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN
 County of Washington

John F. Duwell
 John Duwell (Notary Public)
 My Commission is permanent.



MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956
 PA 218 and MCL 500.2236.



2006 022873
 2006 MAR 21 AM 8:48
 REC'D
 LAKE COUNTY
 REC'D FOR RECORD

H14
 CS
 CAM



8401 GREENWAY BLVD SUITE 1100, MIDDLETON, WI 53562

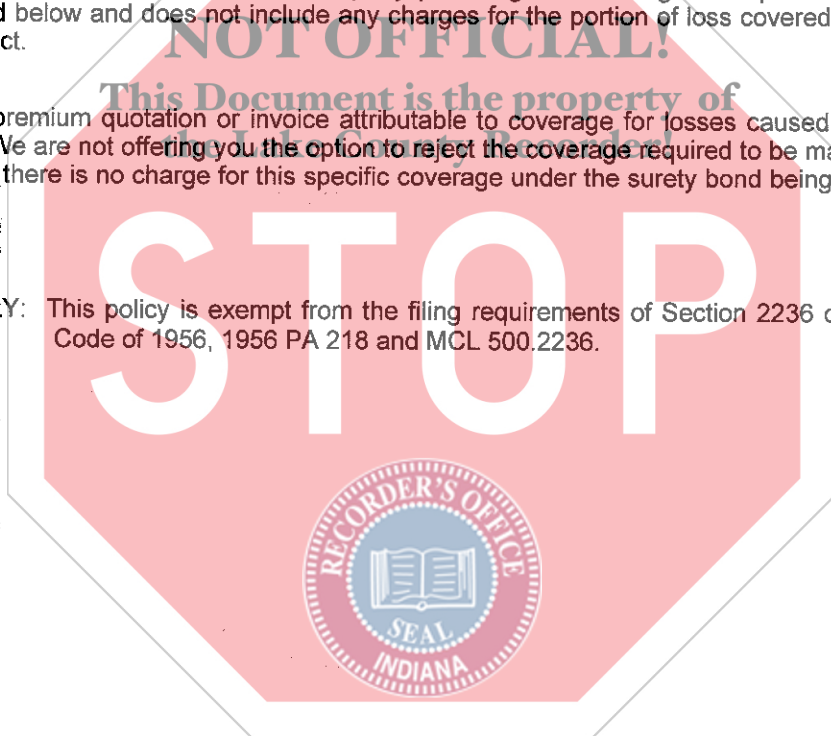
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE FOR SURETY BONDS

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. If a surety bond is issued, coverage under it may be affected as follows:

You should know that coverage provided by the surety bond being offered, purchased or renewed for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

The portion of this premium quotation or invoice attributable to coverage for losses caused by certified acts of terrorism is \$0.00. We are not offering you the option to reject the coverage required to be made available to you under the Act, since there is no charge for this specific coverage under the surety bond being offered, purchased or renewed.

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.



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.



Kelton R. Casey
Signature of Declarant

KELTON R. CASEY
Printed Name of Declarant