

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

LICENSE OR PERMIT BOND 2006 022919 Bond **6409254**
2006 MAR 21 AM 8:54

KNOW ALL BY THESE PRESENTS, That we, MIDWEST FAMILY HOMES, LLC MICHAEL A. BROWN
RECORDER

Munster (City) IN (State) as Principal, of 8607 Linden Avenue (Street and Number)
and the AMERICAN STATES INSURANCE COMPANY.

a INDIANA corporation, as Surety, are held and firmly bound unto

Board of Commissioners of the County of Lake, State of Indiana, and any Cities
and Towns in Lake County, Indiana, as Obligee, in the sum of
Five Thousand Dollars And Zero Cents

Dollars (\$ 5,000) for which sum, well and truly to be paid, we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 20th day of March, 2006.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be
granted a license or permit to do business as General Contractor

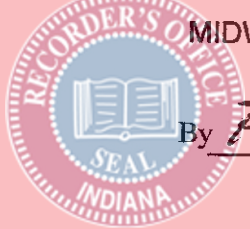
by the Obligee.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in
conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

- This bond shall continue in force:
 - Until March 20, 2007, or until the date of expiration of any Continuation Certificate
executed by the Surety
 - OR
 - Until canceled as herein provided.
- This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than
thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

MIDWEST FAMILY HOMES, LLC
By P.O'D Principal



AMERICAN STATES INSURANCE COMPANY \$12
By Patrick O'Dor
MIKE PETERS PRESIDENT, SURETY
CK# 327
cm

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.



P. O'Dor
Signature of Declarant

PATRICK O'DOR
Printed Name of Declarant