



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 023048

2006 MAR 21 AM 9:41 Bond # 6404816

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we,
GLUTH BROTHERS ROOFING CO., INC.

MICHAEL A. BROWN
RECORDER

_____ as Principal, of 6701 Osborn Avenue
(Street and Number)
Hammond IN and the AMERICAN STATES INSURANCE COMPANY
(City) (State)

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 23rd 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 Roofing 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:

1. This bond shall continue in force:

Until March 23, 2007, or until the date of expiration of any Continuation Certificate
executed by the Surety

OR

Until canceled as herein provided.

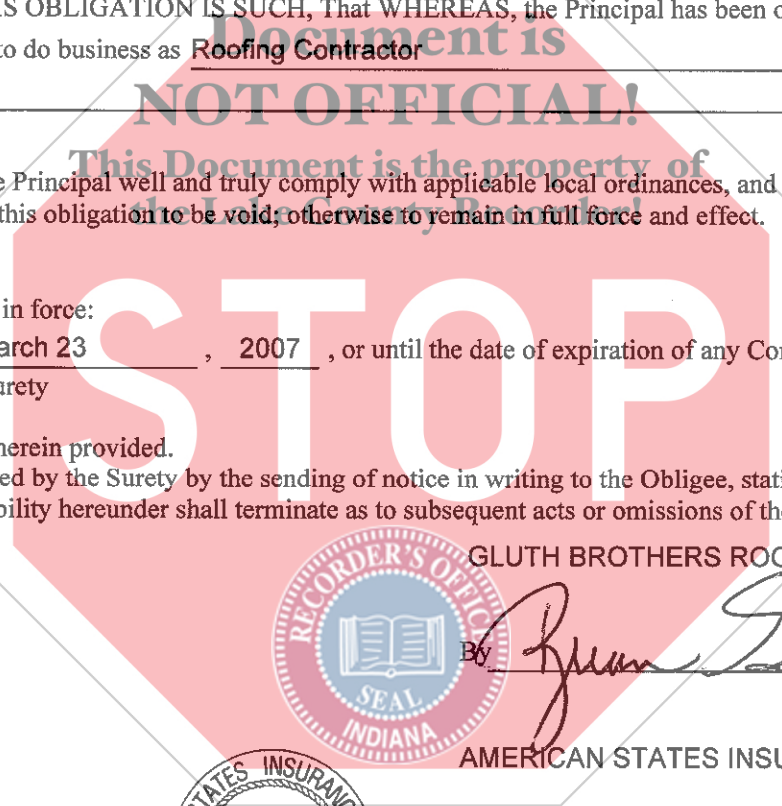
2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than
thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

GLUTH BROTHERS ROOFING CO., INC.

By [Signature]
Principal

AMERICAN STATES INSURANCE COMPANY

By [Signature]
MIKE PETERS PRESIDENT, SURETY



1256
65

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 numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm, under the penalties of perjury, that the foregoing declarations are true.

