



CONTINUATION CERTIFICATE

2006 023148

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
SURETY UPON
2006 MAR 21 PM 12:45

AMERICAN STATES INSURANCE COMPANY

a certain Bond No. **6213441**

MOHAF BROWN
RECORDER

dated effective **March 26 2003**
(MONTH-DAY-YEAR)

on behalf of **CLUB MINK INC**
(PRINCIPAL)

and in favor of **BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDIANA, & ANY CITIES OR TOWNS IN LAKE COUNTY INDIANA**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **March 26 2006**
(MONTH-DAY-YEAR)

and ending on **March 26 2009**
(MONTH-DAY-YEAR)

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

Description of bond **COMMERCIAL REMODELING GENERAL CONTRACTOR**

Premium: **\$188.00 PREPAID: 3/26/2006 TO 3/26/2009**

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 **January 25 2006**
(MONTH-DAY-YEAR)
AMERICAN STATES INSURANCE COMPANY
PO BOX 34526, SEATTLE, WA 98124 (888) 844-2663

By 
Mike Peters President, Surety

DALY INSURANCE SERVICES INC
Agent
PO BOX 152, VALPARAISO, IN 46384
Address of Agent
(219) 464-3535
Telephone Number of Agent



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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.



Kim Jones

Signature of Declarant

Kim Jones

Printed Name of Declarant