

LAKE COUNTY  
FILED FOR RECORD

2006 023608

2006 MAR 22 AM 10:00

AMERICAN STATES INSURANCE COMPANY

a certain Bond No. **EX861820**

dated effective April 1 1993  
(MONTH-DAY-YEAR)

on behalf of THE ROOFING CORPORATION  
(PRINCIPAL)

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

does hereby continue said bond in force for the further period

beginning on April 1 2006  
(MONTH-DAY-YEAR)

and ending on April 1 2007  
(MONTH-DAY-YEAR)

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

Description of bond COUNTY UNIFIED LICENSE BOND

Premium: \$75.00

**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 February 22 2006  
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY  
PO BOX 34526, SEATTLE, WA 98124

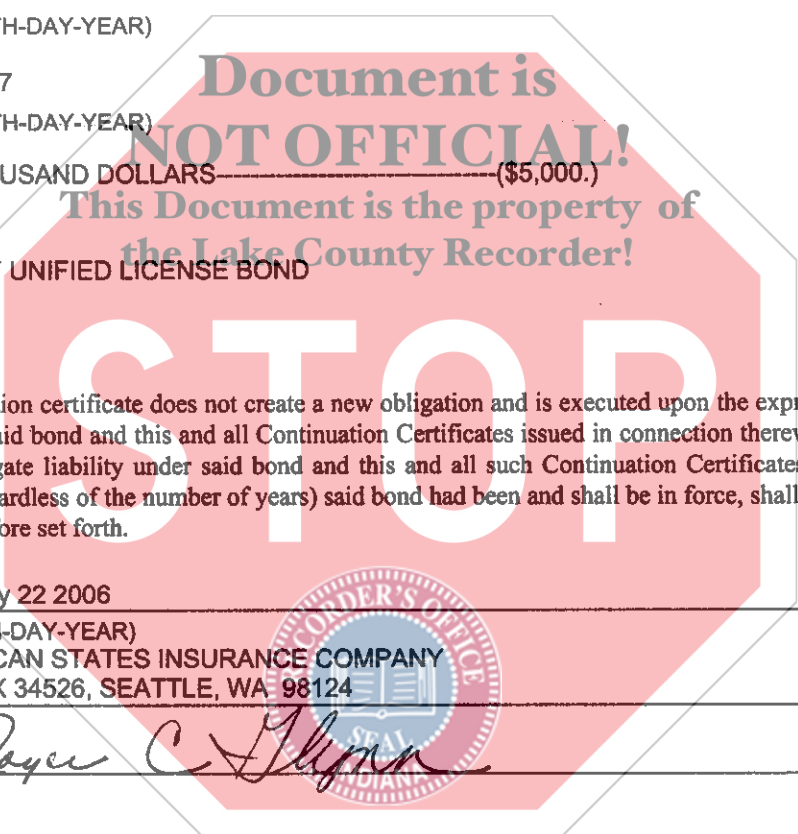
By *Jayce C. Hanna*

HIA HAMMOND INSURANCE HAMMOND INS AGENCY INC. DBA  
Agent

PO BOX 717, SCHERERVILLE, IN 46375-0717  
Address of Agent

(219) 865-1777

Telephone Number of Agent



CS 1256

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.



*Joyce C Glynn*  
\_\_\_\_\_  
Signature of Declarant

*Joyce C Glynn*  
\_\_\_\_\_  
Printed Name of Declarant