



CONTINUATION CERTIFICATE

AMERICAN STATES INSURANCE COMPANY

, Surety upon

a certain Bond No. **EX 508174**

dated effective **January 25 2006**  
(MONTH-DAY-YEAR)

2006 023611

on behalf of **PAZOUR CONSTRUCTION, 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 **January 25 2006**  
(MONTH-DAY-YEAR)

and ending on **January 25 2007**  
(MONTH-DAY-YEAR)

Amount of bond **\$5,000.00**

Description of bond **COUNTY UNIFIED LICENSE BOND**

Premium: **\$75.00**

Document is NOT OFFICIAL!

This Document is the property of County Recorder!

STOP

**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 **March 21 2006**  
(MONTH-DAY-YEAR)  
**AMERICAN STATES INSURANCE COMPANY**

By   
**Mike Peters**

President, Surety

**AMERICAN TR & SAVINGS BK**  
Agent  
**1321 119TH ST WHITING, IN 46394**  
Address of Agent  
**(219) 473-5532**  
Telephone Number of Agent



\$12 CS CAN

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.



  
Signature of Declarant

Kevin Dazore  
Printed Name of Declarant