

LAKE COUNTY
FILED FOR RECORD

2006 MAR 22 PM 3:38

AMERICAN STATES INSURANCE COMPANY 023674

, Surety upon

WICKER BROWN
RECORDER

a certain Bond No. **E963534**

dated effective **November 8 1996**
(MONTH-DAY-YEAR)

on behalf of **PETER STUURSMA DYKSTRA CONCRETE CONSTRUCTION**
(PRINCIPAL)

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

does hereby continue said bond in force for the further period

beginning on **November 8 2005**
(MONTH-DAY-YEAR)

and ending on **November 8 2006**
(MONTH-DAY-YEAR)

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

Description of bond **COUNTY UNIFIED 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 **September 9 2005**
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY
PO Box 34526, Seattle, WA 98124-1526

1-888-844-2663

By Mike McGavick

Mike McGavick

President

HUIZENGA-SUTORIUS INSURANCE

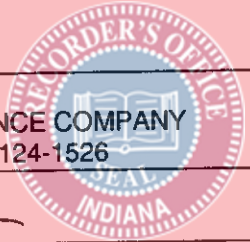
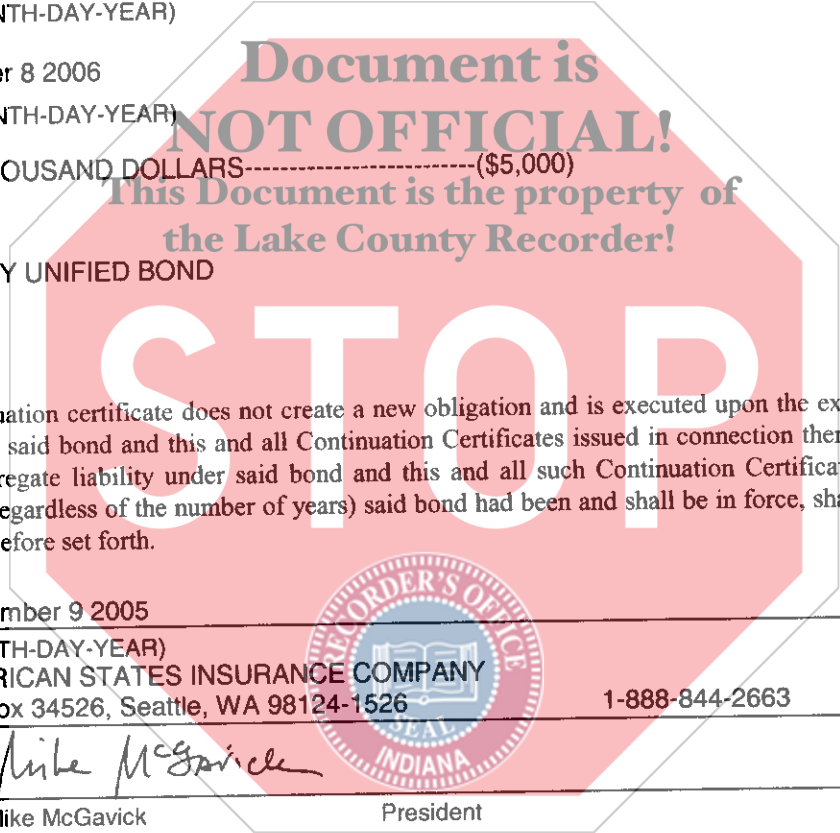
Agent

3043 RIDGE ROAD, LANSING, IL 60438-3068

Address of Agent

708-474-6101

Telephone Number of Agent



CS
12.00
D.S.M.
FRP

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

John A. Sutarws
Printed Name of Declarant