



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we,
LUTHER HONEYSUCKER LAWN CARE DBA LUTHER HONEYSUCKER LAWN CARE

MICHAEL A. BROWN
RECORDER

as Principal, of 15106 WINCHESTER

(Street and Number)

HARVEY

IL

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 20th 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 LANDSCAPING

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 20, 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.

LUTHER HONEYSUCKER LAWN CARE

By

Luther Honeysucker
Principal

AMERICAN STATES INSURANCE COMPANY



By

Mike Peters

MIKE PETERS

PRESIDENT, SURETY

1203
1208
1205

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.



Luther Howey Sucker
Signature of Declarant

LUTHER HOWEY SUCKER
Printed Name of Declarant