## CONTINUATION CERTIFICATE

AMERICAN STATES INSURANCE COMPANY 2006 024543

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Surety upon 2006 MAR 24 PM 1: 32

MICHAEL A. BROWN RECORDER

a certain Bond No. 6212999

dated effective April 5 2003

(MONTH-DAY-YEAR)

on behalf of THE PLUMBER, INC. (PRINCIPAL)

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

does hereby continue said bond in force for the further period

beginning on April 5 2006

(MONTH-DAY-YEAR)

and ending on April 5 2009

(MONTH-DAY-YEAR)

Amount of bond FIVE THOUSAND DOLL

is the property

ake County Recorder! Description of bond PLUMBING CONTRACTOR

Premium: \$188.00

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 24 2006

(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY

PO BOX 34256, SEATTLE, WA 98124

FLEMING BATES & BARBER INS. INC.

Agent

PO BOX 907, CROWN POINT, IN 46307-0907

Address of Agent

(219) 663-2483

Telephone Number of Agent

INS/ WDIANE

Safeco and the Safeco logo are registered trademarks of Safe

S-0157/AS 06/04



## POWER OF ATTORNEY

Safeco Insurance Companies PO Box 34526 Seattle, WA 98124-1526

No. <u>12311</u>

KNOW ALL BY THESE PRESENTS:					
That AMERICAN STATES INSURANCE COMPANY, a India	ana corporation, doe	s hereby appoint			
**************	*********JOYCE C.	GLYNN********	**********	******	******
its true and lawful attorney(s)-in-fact, with full authority to ex similar character issued by the company in the course of it instruments had been duly executed by its regularly elected of	s business, and to l	bind AMERICAN ST	ATES INSURANCE	<b>COMPANY</b> thereby	
Five Hundred Thousand and 00/100					** ***********************************
IN WITNESS WHEREOF, AMERICAN STATES INSURANCE	E COMPANY has e	xecuted and atteste	ed these presents		
	this	2nd	day of	June	2005
Stephanie Dalfy Watson			M	Ento	
STEPHANIE DALEY-WATSON, SECRETARY	Docum	nent is	MIKE PETERS,	PRESIDENT, SUR	ETY
No.	CERTIF	FICATE A	T		
		IN STATES INSURA			
		s the prop			
the	Lake Cou	nty Record	der!		
"Article 8, Section 8.1 1 FIDELITY AND SURETY BONDS that purpose by the officer in charge of surety operations, she authority to execute on behalf of the corporation fidelity and business On any instrument making or evidencing s authority or on any bond or undertaking of the corporation, provided, however, that the seal shall not be necessary to the	all each have author surety bonds and ot uch appointment, th the seal, or a facsi	ity to appoint individu ther documents of sir- le signatures may be mile thereof, may be	als as attorneys-in-fi nilar character issue a affixed by facsimil a impressed or affixe	act or under other ap by the corporation o. On any instrume	ppropriate titles with in the course of its ent conferring such
I, Stephanie Daley-Watson, Secretary of AMERICAN STAT	TES INSURANCE C	OMPANY, do hereb	by certify that the for	egoing extracts of t	the By-Laws of this
corporation, and of a Power of Attorney issued pursuant the and effect.	TURDE	R'S O'CO		Power of Attorney	are still in full force
IN WITNESS WHEREOF, I have hereunto set my hand and	d affixed the facsin	nile seal of said cor	poration		
	this	24TH	day of F	EBRUARY	_ , _2006
	AD IN	SUR		EBROARI	_ / _2000
	SEA	IL COMPA		u Daliy Watson	
	NDIA	NA. AT	STEPHANIE DAL	EY-WATSON, SEC	RETARY

S-4910/DA2 4/05

Safeco and the Safeco logo are registered trademarks of Safeco Corporation.

Prescribed by the State Board of Accounts (2005)

## **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;

This Document is the property of

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.

Signature or Declarant

Printed Name of Declarant