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1900 SOUTH 18TH AVENUE ◆ WEST BEND, WI 53095

Bond No. 0737852

LICENSE AND PERMIT BOND
(Valid in the states of Illinois, Indiana, Iowa, Michigan, Minnesota and Wisconsin only)

For County, City, Town or Village Only – Not valid for bonds required by the State.

Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.

		0
Principal: (Full name and address)	Obligee: (Principal's customer)	2
TCB Lawn Maintenance	County of Lake, any cities and t	owns in Lake County
531 156th Street	2293 North Main Street	<u>~</u>
Calumet city, IL 60409	Crown Point, IN 46307	Ĕ
Effective Date: 4/3/2006	Expiration Date:	4/3/2007
(Valid for one year)		
PENAL AMOUNT OF BOND (Not valid for more than \$25,00	0):	
Five thousand dollars and 00/100	Dollars (\$ 5,000.00), lawful money of the
United States, to be paid to the said obligee, for which payme	ent well and truly to be made we bind	ourselves and our legal
representative, jointly and severally.	-	S S T on
The condition of this obligation is such, that whereas, the pri	ncipal has been licensed by the Oblig	
Landscaping Work		一页图 20 四面60
		9 × × × × × × × × × × × × × × × × × × ×
		<u> </u>
Decree		
NOW, THEREFORE, if said Principal shall faithfully perform		
all amendments) pertaining to the license or permit, then this	obligation to be void; otherwise to re-	main in full force for hot more
than 12 consecutive months, unless renewed by continuation	n certificate. A	, -
This bond may be terminated at any time by the Surety upon thirty-five (35) days from the mailing of notice or as soon bond shall terminate and the Surety shall be relieved from an	thereafter as permitted by applicable	law, whichever is later, this
Principal's company shall save and keep harmless the Obli	idee from all losses or damage which	it may sustain or for which it
may become liable on account of the issuance of said licer		_
	ise and permit. The maximum habit	ity shall not exceed the bond
penalty.		
Signed with our hands and sealed with our seals this, the	27 day of March	, 20 06 .
		JAL May
WE	ST BEND MUTUAL INSURANCE C	OMPANY
Kenneth Vilto		CORPORATE 8
Remoth Islo	(anakouse ben-	SEAL # 3
(Principal)	Anthony J. Warren, Chief Execut	ve Officer
	191	
On the 1st day of March, 2002, before me personally came	Anthony J. Warren to me known, wh	o being by me duly sworn,
did depose and say: that he resides in the County of Wash		
of WEST BEND MUTUAL INSURANCE COMPANY the contract that he knows the seal of the said corporation; that the seal	affixed to said instrument is such co	ruled the above instrument;
affixed by order of the Board of Directors of said corporation	and that he signed his name thereto	by like order. A. F. Dilla.

My Commission is permanent.

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956

NB 0054 10 03

STATE OF WISCONSIN

PA 218 and MCL 500.2236.

County of Washington

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John Duwell (Notary Public)

1285

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 herby 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

Printed Name of Declarant