| | fuard insurance c | OMPANY | | 0 | |
|--|--|--|--|--|------------------------------------|
| 1919 S. Highland Ave.• Bidg. A - | Suite 300 • Lombard, IL 60148 (| 630) 495-9380 BOND I | NO. 15- 602 | | |
| | LICENSE AND | NDIANA D/OR PERMIT BOND D IN FOR LESS THAN \$25,001.0 A COUNTY, CITY, TOWN OR VI | 00 | 94000 | |
| KNOW ALL MEN BY THE | | | | <u> </u> | |
| That we | | nes Craig/dbaM&R (Principal's Name) | | | · |
| | | ve, Portage, In 46368 | | | |
| as Principal, and BOND | • | Principal's Address) E COMPANY, an insura | ince company | duly licensed | I in the |
| State of Indiana, as Surety, | are held and firmly bound u | nto City of Gary | | | 卫(0) |
| State of Indiana, Obligee, in | the aggregate sum of Five | Thousand | Dollars | 5 ,000.00 | |
| to the payment of which sur successors and assigns, joir | m the said Principal and St | irety bind themselves and | their heirs, adi | ministrators, ex | ecutors. |
| In consideration thereof, t | the Principal is granted a | a license and/or permit | by the Oblig | ee to engage | in the |
| business of Carpentry | | | | <u> </u> | |
| for the period beginning on t | he <u>3</u> | day of January | · | 2007 | |
| and ending on the $\frac{3}{2}$ | | day of Januar | у . | 2008 | |
| | ed by the Surety upon giving thirty (acts or omissions of the above ment the Lake C | County Recorder | | | emain |
| Dated this 3 | | day of January | | 2007 | |
| | | day of January | | , <u></u> | · |
| | | James Craig/dbaM | &R | . , | · |
| Countersigned: Dayola + | associatas | uay oi | &R | o(| rincipal |
| Countersigned: Dayola + 6900 Bloom | duran | James Craig/dbaM | Q C | | Principal Officer |
| 6900 BROG | associates dwars lle 40 4640 | James Craig/dbaM BOND SAFEGUAR | D INSURANCE | COMPANY | |
| 6900 BROG | duran | James Craig/dbaM | D INSURANCE | COMPANY | |
| BY huste les | ACKNOWLED | James Craig/dbaM BOND SAFEGUAR | D INSURANCE | COMPANY | Officer |
| 6900 BROG | ACKNOWLED | James Craig/dbaM BOND SAFEGUAR BY: GEMENT OF SURETY | Q C | COMPANY | Officer resident 14- LF |
| BY huste les STATE OF ILLINOIS | ACKNOWLEDG (Corporation of the contained by signification of the contained by significant of the con | BOND SAFEGUAR BY: BY: Before me, the undersign the aforesaid president of seident, being authorized and the name of the corporate of the co | D INSURANCE INSURANCE IN THE PROPERTY OF THE P | COMPANY AN OBJECTION OF THE PROPERTY OF THE P | resident 14- LF CS peared ANCE |
| STATE OF ILLINOIS COUNTY OF DUPAGE On this 1st day of Journal of Company, a corporation, instrument for the purpose to the purpose of the pu | ACKNOWLEDG (Corporation of the contained by signification of the contained by significant of the con | BOND SAFEGUAR BY: GEMENT OF SURETY orate Officer) Defore me, the undersign the aforesaid president of esident, being authorized the name of the corporate and official seal. | D INSURANCE INSURANCE IN THE PROPERTY OF THE P | PANY STRANCE PANY STRANCE PANY PERSONALLY PROPRIES PANY PERSONALLY PANY PERSONALLY PERS | resident 14- LF CS peared ANCE |

ACKNOWLEDGMENT OF PRINCIPAL

(INDIVIDUAL OR PARTNÉRS)

| STATE OF |)) SS | | , |
|---|---|--|-------------------|
| COUNTY OF |) | | |
| On this3 | day of January | , <u>200 7</u> , before me pe | rsonally appeared |
| known to me to be the individual to me thathe executed to | | xecuted the foregoing instrument a | nd acknowledged |
| My commission expires: | | | |
| Christine Klus Notan Public Seal State of Indi | | Charles len | |
| Lake County My Commission Expires 12/17/2 | | <u> </u> | Notary Public |
| | | | |
| A | Documo NOT OFF CKNOWLEDGMENT: the I CORPORATE OF | ICIAL! OF PRINCIPALOF | |
| STATE OF |) ss | | |
| COUNTY OF |) 55 | | |
| On this | day of | before me pers | sonally appeared |
| the | E BOR S | , who define where | , a corporation |
| and that he as such officer bein therein contained by signing the | ng authorized so to do, exented and of the corporation by h | ecuted the foregoing instrument to | · |
| My commission expires: | SEAL SEAL MOIAN | in the state of th | |
| | | | |

Notary Public

Bond Safeguard INSURANCE COMPANY
1919 S. Highland Ave. Bidg. A - Suite 300 • Lombard, IL 60148 (630) 495-9380