

LEXON INSURANCE COMPANY

LICENSE AND PERMIT BOND

(For County, City, Town or Village only. Not valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses, Utility or Tax Guarantee Bonds, or Bonds Required by the State)

BB 118041

2007 04 26 66

KNOWN ALL MEN BY THEIR PRESENTS:

That we Beary Landscaping, Inc.

as Principal,

and LEXON INSURANCE COMPANY, a Texas Corporation, as Surety are held and firmly bound unto

The Town of St. John, Indiana

hereinafter called the Obligee, in the amount of Five Thousand and 00/100----- (\$ 5,000.00)
NOT VALID FOR MORE THAN \$25,000.00

Dollars, lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by their presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal has been licensed as a (an)

Landscape Contractor

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances pertaining to the license or permit, then this obligation shall be void, otherwise to remain in full force and effect. Any liability under this bond shall commence on the 3rd day of May, 2007, and end one full calendar year thereafter.

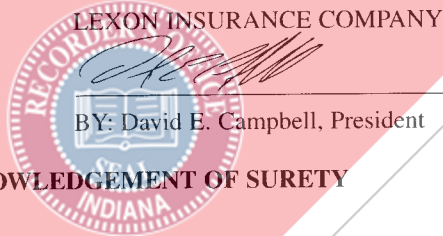
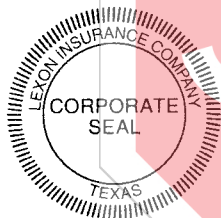
The Surety may cancel this bond at any time, by filing with the Obligee and the Principal, thirty (30) days written notice of its desire to be relieved of liability under this bond. Upon termination, the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Dated the 3rd Day of May, 2007

Beary Landscaping, Inc.

(Principal)

By (Signature/Principal)



ACKNOWLEDGEMENT OF SURETY

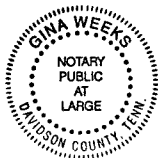
State of Tennessee

County of Davidson

On May 3, 2007

, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared DAVID E. CAMPBELL who acknowledged himself to be the aforesaid officer of LEXON INSURANCE COMPANY, the corporation described in and that executed the within and foregoing instrument, and known to me to be the same person who executed the said instrument on behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal, the day and year stated in this certificate above.



MY COMMISSION
EXPIRES
9-22-2007

Gina Weeks

(Signature/Notary)
Notary Public, Tennessee

ORIGINAL BOND

#18
C# 37721
C#