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LEXON INSURANCE COMPANY

2007 109410

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 117628

KNOWN ALL MEN BY THEIR PRESENTS:

That we L. I. Combs & Sons, Inc. as Principal, and LEXON INSURANCE COMPANY, a Texas Corporation, as Surety are held and firmly bound unto the Board of Commissioners of the County of Lake, State of Indiana, and any cities and towns in Lake County, Indiana

hereinafter called the Obligee, in the amount of Five Thousand and No Cents (\$ 5,000.00)

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 persons and estates.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal has been licensed as a (General Contractor) by the Obligee.

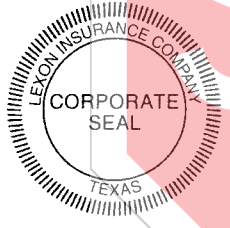
NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances pertaining to the license or permit, then this obligation shall be void, otherwise to remain in full force and effect. Any liability under this bond shall commence on the 1st day of January and 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 21st Day of December 2007

L. I. Combs & Sons, Inc.
(Principal)

By (Signature/Principal) James D. Combs, CEO



LEXON INSURANCE COMPANY
BY: David E. Campbell, President
ACKNOWLEDGEMENT OF SURETY



State of Tennessee
County of Davidson
On December 21, 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 FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 DEC 27 AM 8:34
MICHAELA BROWN
RECORDER

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CS
CWA

LEXON INSURANCE COMPANY

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BB 117628

KNOWN ALL MEN BY THEIR PRESENTS:

That we _____ as Principal, and **LEXON INSURANCE COMPANY, a Texas Corporation**, as Surety are held and firmly bound unto _____ hereinafter called the Oblige, in the amount of _____ (\$ _____) NOT VALID FOR MORE THAN \$25,000.00

Dollars, lawful money of the United States, to be paid to the said Oblige, 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) _____ by the Oblige.

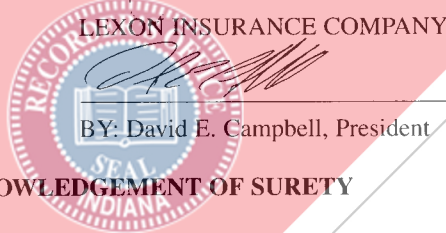
NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances pertaining to the license or permit, then this obligation shall be void, otherwise to remain in full force and effect. Any liability under this bond shall commence on the _____ day of _____ and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

The Surety may cancel this bond at any time, by filing with the Oblige 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 _____ Day of _____

(Principal)

By (Signature/Principal)

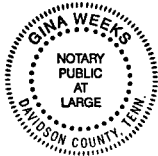


ACKNOWLEDGEMENT OF SURETY

State of Tennessee
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On _____, 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

CUSTOMER COPY