

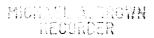
2007 101340



Safeco Surety Adams Building 4634 154th Place NE

2007 OEU 28 FEE

Redmond, WA 98052



FLEMING BATES & BARBER INS INC PO BOX 907 CROWN POINT, IN 46307-0907

November 2, 2007

Agent Telephone:

(219) 663-2483

Bond Number:

6327630-0000

CYNTHIA ADAMS 8518 BUCHANAN ST MERRILLVILLE, IN 46410

We appreciate having you as a Safeco customer and we would like to thank you for allowing us to serve your bonding needs. This letter is to confirm Safeco Surety has received payment for your renewing bond.

The effective date of your renewing bond begins: January 1, 2008

Please review the enclosed documents for accuracy. You must remit a copy of the

NEW BOND

and any supporting documents required to your obligee.

If you have any questions regarding this bond or would like to discuss your future bond needs, please contact your Safeco agent at the phone number listed above.

Again, thank you for entrusting us with your bonding needs.

Sincerely,

Safeco Surety Online TM Indianapolis Service Center



For additional information regarding Safeco insurance products, please visit www.safeco.com



S-7089 7/04

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IFD

KNOW ALL MEN BY THESE PRESENTS, That we, CYNTHIA ADAMS 8518 BUCHANAN ST. MERRILLVILLE, IN 46410 AMERICAN STATES INSURANCE COMPANY	
are held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, in the penal sum of FIFTY THOUS NO/CENTS (\$50,000)	SAND AND Dollars, to the payment
of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these preseals, and dated this 5TH day of DECEMBER A.D. 2007 The condition of the above obligation	resents. Sealed with our
NOW THE CONDITION OF THIS OBLIGATION IS SUCH,	
WHEREAS, the above named and bounden CYNTHIA ADAMS has been duly elected and commissioned or appointed TREASURER in and for LAKE County, in the State of Indiana, aforesaic from the 1ST day of JANUARY A.D. 2008 and until his successor is duly qualified and ending	I, for the term beginning 01/01/2009
Now, if the said CYNTHIA ADAMS	shall faithfully
for the contract of the contra	e demand to the persons
during his continuance in office; and further, that the Legislature may change, modify or repeal any law now in force, and exact any and all law the above obligation at the pleasure of the Legislature, without in any way or manner releasing the said officer or his said securities on said bor the above obligation shall cease, be null and void, otherwise to be and to remain in full force and virtue in law.	d; then, and in the case,
[Seal] CYNTHIA ADAMS	[Seal]
[Seal]	[Seal]
[Seal] AMERICAN STATES INSURANCE COMPANY Seal	[Seal]
Accepted and approved this the Lake County Recorder! Approved this day of ,A.D.	SEAL WOMANA.
State of Indiana, Lake County, ss:	
Personally appeared before me, Jennifer Hallian in and for said County and State aforesaid, CYNTHIA ADAMS who being sworn, upon his oath says:	
"I will support the Constitution of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully, honestly and impartially distortion of the United States and of the State of Indiana, and I will faithfully honestly and impartially distortion of the United States and of the States and Indiana, and I will faithfully honestly and Indiana	scharge the duties of the of my skill and ability."
Subscribed and sworn to before me, this 17th day of December, 2007 Juniper Statellie	
MENNIFER L. HALLIAR Not:: Public, Lake Co. IN	•
Form 9-1081	⁶ ①

9-81

S-4966/AS 1/06

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF INDIA	NA,	Lake	COUNTY,	SS:			
Personally a	appeared before me,	CYNTHIA ADAMS				principal u	on the bond appearing
on the reverse side he	ereof and acknowle	edges the execution of	said bond this,	17th	day of		s 2w7
Not My		HALLIAR KE CO., IN ES July (2) 2008 Ssion, if Notary Public	D			ary Public ial capacity	
		ACKN	NOWLEDGME	NT OF SURE	ΓY		
STATE OF INDIAN	IA .		COUNTY OF 1	MARION		, SS:	
		ATES INSURANCE CO		LYCIA J OWENS 5TH	day of		nt, surety upon the bone, ,, 2007
	AARIONI COLINT	RD, NOTARY PUBLIC Y, STATE OF INDIANA I EXPIRES: 12-18-2014		Julij	lu R 1	Grd	
Expira	ation date of commi	ssion, if Notary Public	Docum	ent is		ial capacity	
		The L	STATE Count is ake County STATE		erty of	page	

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

WALYCIA J OWENS

Printed Name of Declarant

S-5217/GE 1/06

FRP

POWER OF ATTORNEY

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46206

		No. 12549	
(NOW ALL BY THESE PRESENTS:			
That AMERICAN STATES INSURANCE COMPANY, a	Indiana corporation, does hereby appoint		
······································	**************************************	*************	*******
	WALLELIA ON BAG		
ts true and lawful attorney(s)-in-fact, with full authority the character issued by the company in the course of its buseen duly executed by its regularly elected officers at its	siness, and to bind AMERICAN STATES	INSURANCE COMPANY thereby as fully a	er documents of a similar as if such instruments had
Five Hundred Thousand and 00/100			
DOLLARS (\$ 500,000.00)		
N WITNESS WHEREOF, AMERICAN STATES INSUR	ANCE COMPANY has executed and atte	ested these presents	
	this 26th	day of February	. 2003
	1115 2001	day or residury	, 2003
comeac		Mile Mcgan	rcle
CHRISTINE MEAD, SECRETARY	Document	1S MIKE MCGAVICK, PRESI	DENT
Extract from	CERTIFICATE the By-Laws of AMERICAN STATES IN	SURANCE COMPANY:	
	Document is the pr		
	he Lake County Red	corder:	
'Article 8, Section 8.1 1 FIDELITY AND SURETY BC			
purpose by the officer in charge of surety operations, sha execute on behalf of the corporation fidelity and surety b			
any instrument making or evidencing such appointment			
undertaking of the corporation, the seal, or a facsimile t		n a <mark>ny othe</mark> r m <mark>anner reproduce</mark> d; provided, h	owever, that the seal shall
not be necessary to the validity of any such instrument o	r undertaking."		
I, Christine Mead, Secretary of AMERICAN STATES II a Power of Attorney issued pursuant thereto, are true an			
IN MITNESS WITEPESE I have been a			
IN WITNESS WHEREOF, I have hereunto set my hand	and affixed the facsimile seal of said corp	oration	

SEAL COMPANDIANA.

CHRISTINE MEAD, SECRETARY

DECEMBER

S-4910/DAEF 2/01

02/26/2003 PDF

2007