

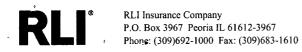


RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

LICENSE AND PERMIT BOND

R1331806-10,30

| Pnonc: (309)692-1000 Fax: (309)683-1610 | |
|--|--|
| | Bond No. <u>LSM0086905</u> |
| | Bond No. <u>LSM0086905</u> |
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| | |
| KNOW ALL MEN BY THESE PRESENTS: | n-man. |
| | 9 |
| That we, POWER PLUS PAINTING INC. | ದ್ |
| 10610 GRAND BLVD | N |
| Crown Point, IN 46307 | grants alpho |
| Clowit I dilit, 114 40307 | |
| | · · · · · · · · · · · · · · · · · · · |
| District and the DI Unequence (| Company, a corporation duly licensed to do business in the state |
| as Principal, and the RLI Insurance C | |
| of <u>Indiana</u> , as Surety, are he | ld and firmly bound unto the, Obligee, |
| | |
| in the penal sum of | Five Thousand and 00/100 |
| (<u>\$ 5,000.00</u>) DOLLARS, lawful money of the U | Inited States, to be paid to the said Obligee, for which payment well and muly to be |
| made, we bind ourselves and our legal representatives, j | jointly and severally by these presents. |
| | |
| | IS SUCH, That whereas, the said Principal has been licensed as a(n) |
| PAINTING CONTRA | ACTOR by the Obligee. |
| | |
| NOW, THEREFORE, if the said Principal shall faithful | lly perform the duties and in all things comply with the laws and ordinances, |
| including all Amendments thereto, pertaining to the lice | ense or permit applied for, then this obligation to be void, otherwise to remain in |
| full force and effect for a period commencing on the | 21st day of November 2008, and ending on the 21st |
| day of November, 2011 | TOTFICIAL: |
| | |
| This bond may be terminated at any time by the Surety | upon sending written notice to the clerk of the Political Subdivision with whom |
| this bond is filed and to the Principal addressed to then | n at their first known address, and at the expiration of thirty (30) days from the |
| mailing of said notice or as soon thereafter as permitted | d by applicable law, whichever is later, this bond shall terminate and the Surety |
| shall thereupon be relieved from any liability for any ac | cts or omissions of the Principal subsequent to said date. |
| shall dicreupon be reneved from any habitity for any ac- | 700 of officered at the part of the part o |
| | |
| | |
| | |
| | |
| | |
| Dated this 21st day of November, 2008. | |
| | |
| VROUR | |
| The last of the la | DER'S OF THE PROPERTY OF THE P |
| Principal | Principal (Additional Partner or Partners) |
| (Individual, Partner or Corporate Officer) | (Additional Partner of Partners) |
| | |
| | |
| | JEAL SEAL ST |
| | WOLANA LIE |
| | WILLIAMOS ONL |
| | in the state of th |
| | S. ORPORAN Z |
| Countersianed | SEAL By By By |
| Countersigned | SEAL! |
| 1/1 $1/1$ $1/1$ $1/1$ $1/1$ $1/1$ | |
| By Gutte M. Straige | The William Street |
| | |
| Aesident Agent | Roy C. Die Vice President |



POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0086905</u>

Know All Men by These Presents:

| That the | RLI Insurance C | ompany | , a corporatio | n organized and e | existing under tl | he laws of the State of |
|---------------------------------------|--|--|--|---|------------------------------------|---|
| Illinois | , and autho | rized and licensed to | o do business in al | l states and the Di | istrict of Colum | ibia does hereby make, |
| constitute and appoint | : | Roy C. Die | in the C | ity of | Peoria | , State of |
| Illinois | , as Vi | ce President | _, with full power | r and authority he | ereby conferred | upon him/her to sign, |
| execute, acknowledge | and deliver for and | on its behalf as Sur | ety, in general, an | y and all bonds, i | undertakings, ar | nd recognizances in an |
| | | | | | | 0) for any single |
| obligation, and specifi | | | | | | |
| Principal: PO | WER PLUS PAIN | FING INC. | | | | |
| Obligee: Bo | ard of Commission | ers of the County o | f Lake, State of In a County, City, Town or | ndiana, and any Village is named as Obl | cities and town | ns in Lake County, IN |
| Type Bond: PA | INTING CONTRA | | | | | |
| Bond Amount: _\$_ | 5,000.00 | | | | | |
| Effective Date: No | vember 21, 2008 | | | | | |
| The F | RLI Insurance Com | pany D | further certifie | s that the follow | ving is a true | and exact copy of a |
| Resolution adopted by | v the Board of Direct | ors of | RLI Insurance | Company | , and | I now in force to-wit: |
| | / - | | | | | |
| Secretary, or the Tundertakings in th | Treasurer may appose name of the Covers of Attorney of | oint Attorneys in I mpany. The corpo r other obligations | Tact or Agents wo orate seal is not | ho shall have au necessary for th | ithority to issu he validity of | retary, any Assistant ne bonds, policies or any bonds, policies, uch officer and the |
| IN WITNESS WHEF | REOF, the | RLI Insurance | e Company | has ca | nused these pres | sents to be executed by |
| its Vice Pres | | its corporate seal aff | | | | |
| ATTEST: | | | ummunum. | I Insurance Con | | > |
| Micho | I. DOMIII | | (\$ | y C. Dig | | Vice President |
| Cynthia S. Dohm | Assı | stant Secretary | LLINO15 | , C. Die | | vice i resident |
| On this 21st day of | of November, | 2008 before me, a | Notary Public, per | sonally appeared | Re | oy C. Die |
| | ia S. Dohm | | | | | ove Power of Attorney |
| | Vice President | and | | | | espectively, of the said |
| | Insurance Compai | ny | , and acknowledge | ed said instrumen | it to be the von | untary act and deed of |
| said corporation. | | | | | | |
| | | 2 1 | *OFFICIA | AL SEAL" | | |
| acet | seline M. E | Dockler | PUBLIC JACQUELINE | M. BOCKLER | | |
| Jacqueline M. Bockler | | Notary Public | ILLINOIS COMMISSION E | | | |



RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

Acknowledgment of Surety

| STATE OF | Illinois | | |
|-------------------------|-------------------------------------|--|--|
| COUNTY OF | Peoria | } ss. | |
| On this <u>2</u> | lst day of November | _, <u>2008</u> , before | eme, a Notary Public in and for said County, personally |
| appeared | Roy C. Die | _, personally know | n to me, who being by me duly sworn did say that |
| he/she is the aforesaid | Vice President | of the | RLI Insurance Company |
| of <u>Peoria</u> | ,Illino | is, a con | orporation duly organized and existing under the laws of |
| the State of | Illinois , that the s | seal affixed to the for | oregoing instrument is the corporate seal of said |
| corporation, that the s | aid instrument was signed, sea | led and executed in | behalf of said corporation by authority of its Board of |
| Directors, and further | acknowledge that the said inst | rument and the exec | cution thereof to be a voluntary act and deed of said |
| corporation. | the Lak | e County R | Recorder! |
| IN WITNE | SS WHEREOF, I have hereun | to subscribed my na | ame and affixed by official seal the day and year last |
| above written. | | | |
| My Commission Exp | ires: "() NOTARY PUBLIC STATES COMM | DEFICIAL SEAL." QUELINE M. BOCKLER MISSION EXPIRES 03/01/10 | |
| 3/1/2010 | 4 | P (DA) | Jacqueline M. Bakler Notary Public |
| | | The state of the s | |