Bond Safegu	ard INSURANCE COMPAN	Υ		
1919 S. Highland Ave.• Bldg. A - Suite	e 300 • Lombard, IL 60148 (630) 495	5-9380 BOND NO	0. 15- 3102	53
1	INDIA	NA	2	
J	LICENSE AND/OR			
A	ONLY VALID IF FILLED IN FO ND OBLIGEE IS AN INDIANA COUN	R LESS THAN \$25,001.00 ITY, CITY, TOWN OR VILLA	AGE.)	
KNOW ALL MEN BY THESE F	PRESENTS:		0	
That we HOME CREATIONS,	INC.	l's Name)		
8600 MISSISSIDDI	Principa I ST. MERRILLVILLE, IN	•	8	
	(Principal'	s Address)	<u>o</u>	
as Principal, and BOND SAF	EGUARD INSURANCE CO	MPANY, an insurance	e company d uly	licensed in the
State of Indiana, as Surety, are I	held and firmly bound unto	OWN OF MERRILLVII	LLE	, , , , , , , , , , , , , , , , , , , ,
State of Indiana, Obligee, in the to the payment of which sum th successors and assigns, jointly a	e said Principal and Surety b	ind themselves and the	eir heirs, administra	ators, executors,
In consideration thereof, the	Principal is granted a licer	nse and/or permit by	the Obligee	engage in the
business of REMODELING AND) ELECTRICAL		REC.	SET ST
		day of MARCH		207
for the period beginning on the _			RDER FA	
and ending on the THEREFORE: the condition of the		day of MARCH	- 	- ' S
This obligation may be	extended from year to year cancelled by the Surety up shall remain in full force and	at the option of the property of on giving thirty (30) d	ays written notice	to the Obligee.
Dated this 2nd	day of	MARCH_	, 20	010
		HOME CREATIONS,	INC	
		HOME CREATIONS,	LNC.	Principal
Countersigned:		1/1/2		
NAGEL INSURANCE AGE	ENCY, INC.			Officer
(n-1)	TUTER'S	BOND SAFEGUARD	INSURANCE COM	IPANY
BY: Slen leg	el Barre	BY: (/u/	ET Carpbe	
		S	NAD INSURA	President
V	ACKNOWLEDGEME		JUNEO INSURALLE	\$ 14
STATE OF ILLINOIS	(Corporate	Officer)	ILLINOIS INSURANCE COMPANY	A C S
COUNTY OF DUPAGE SS			18	7
On this <u>1st</u> day of <u>Janu</u> David E. Campbell, who acknow COMPANY, a corporation, and instrument for the purpose ther IN WITNESS WHEREOF, I have	wledged himself to be the aform d that he, as such president ein contained, by signing the re hereunto set my hand and	it, being authorized to name of the corporat	OND SAFEGUAR o do so, execute	D INSURANCE the foregoing
OFFICIAL S		u1.	11/1	20.
MICHELE KO Notary Public, Stat My Commission Exp	te of Illinois	Notary	Public, State of Illin	ois

A	CKNOWLEDGMENT C (INDIVIDUAL OR PAR		AL	
STATE OF Indiana) ss			
On this 4th	day of March	, 2010	_, before me perso	nally appeared
known to me to be the individual to me thathe executed the		cuted the forego	ing instrument and	acknowledged
My commission expires:	<u>, 2014</u>	e sue T	h d haven	`I
June 11_	, <u>au19</u>	, as 6 c	0 (2014	Notary Public
STATE OF	CKNOWLEDGMENT C (CORPORATE OFF			
On this	day of	,	_ before me persor	nally appeared
	0000		who acknowledged	d himself to be
the	of of			, a corporation
and that he as such officer beintherein contained by signing the				the purposes
My commission expires:				
				Notary Public

Bond Safeguard INSURANCE COMPANY
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