

# Bond Safeguard INSURANCE COMPANY

1919 S. Highland Ave. • Bldg. A - Suite 300 • Lombard, IL 60148 (630) 495-9380

BOND NO. 15- 310719

## INDIANA LICENSE AND/OR PERMIT BOND

(ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00 AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)

KNOW ALL MEN BY THESE PRESENTS:

That we Perfect Touch Painting, INC.

(Principal's Name)

→ PO Box 1004 Mokena, IL 60448

(Principal's Address)

as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the State of Indiana, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana, and all other cities, towns and municipalities therein State of Indiana, Obligee, in the aggregate sum of Five Thousand and 00/100\*\* Dollars (5,000.00\*\*) to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.

In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the business of Painting

for the period beginning on the 2nd day of March and ending on the 2nd day of March

THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.

Dated this 2nd day of March, 2010

Perfect Touch Painting, Inc. Principal

Countersigned:

[Signature] Officer

BOND SAFEGUARD INSURANCE COMPANY

BY: [Signature] BY: [Signature] President

ACKNOWLEDGEMENT OF SURETY (Corporate Officer)



STATE OF ILLINOIS )  
COUNTY OF DUPAGE ) SS

On this 1st day of January 2004, before me, the undersigned president personally appeared David E. Campbell, who acknowledged himself to be the aforesaid president of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such president, being authorized to do so, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such president. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



[Signature]

Notary Public, State of Illinois

2010 011917  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
280 MAR -4 AM 10:02  
MICHELE H. KOLLER  
RECORDER

1400  
CS  
RM

**ACKNOWLEDGMENT OF PRINCIPAL**  
(INDIVIDUAL OR PARTNERS)

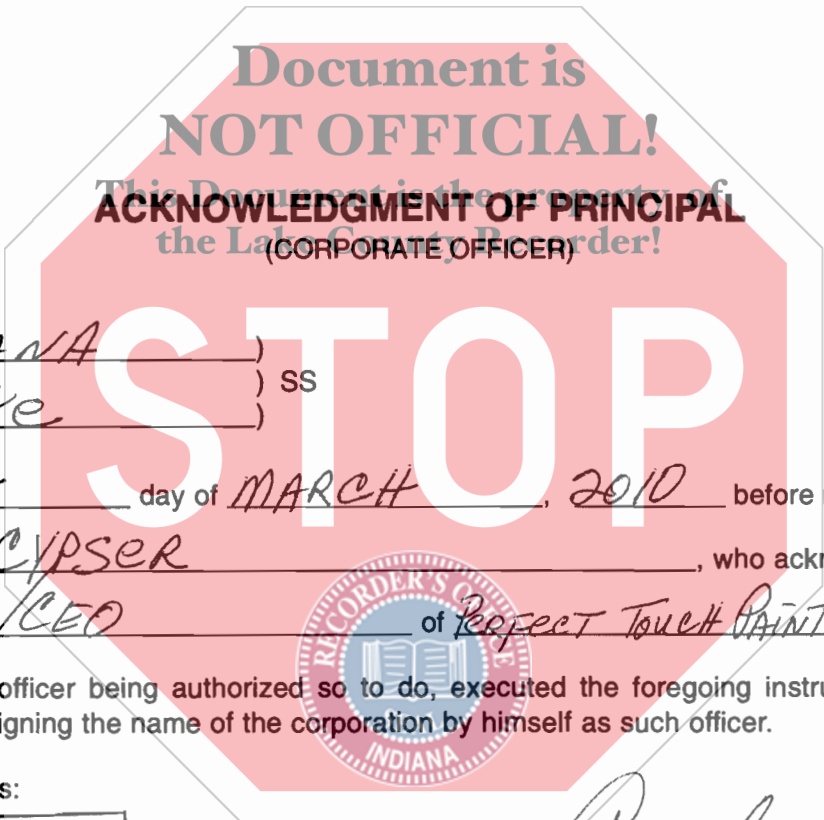
STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

known to me to be the individual \_\_\_\_\_ described in and who executed the foregoing instrument and acknowledged to me that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

My commission expires:

\_\_\_\_\_  
Notary Public



STATE OF INDIANA )  
 ) SS  
COUNTY OF LAKE )

On this 4th day of MARCH, 2010 before me personally appeared

MICHAEL A. CYPSEK, who acknowledged himself to be  
the PRESIDENT/CEO of PERFECT TOUCH PRINTING, INC. a corporation

and that he as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as such officer.

My commission expires:

CAROL J. CODY  
Notary Public  
State of Indiana  
My Commission Expires Oct 11, 2014

Carol J. Cody  
Notary Public