<u> </u>						
Bond Safe	guard Insurance Company					
1919 S. Highland Ave.• Bldg. A	- Suite 300 • Lombard, IL 60148 (630) 495-9380 BOND NO. 15- 310218					
J INDIANA O						
	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 THE	ESE PRESENTS: K WSTRUCTION LLC (Principal's Name)					
	NGStreet HiGHLAND IN 46322 6 (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 LAKE CO. IN itscities + towns+, municipalities therein, State of Indiana, Obligee, in the aggregate sum of Five thousand in Dollars (\$ 5,000)						
to the payment of which s successors and assigns, jo	sum the said Principal and Surety bind themselves and their heirs, administrators, executors, ointly and severally by these presents.					
In consideration thereof,	, the Principal is granted a license and/or permit by the Obligee to engage in the					
	val Contractor					
for the period beginning or	n the $\frac{25}{25}$ day of $\frac{MARCH}{MARCH}$ $\frac{3}{25}$, $\frac{2010}{2017}$.					
and ending on the	day of MARCH 5 in, 2017.					
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	25 day of MARCH , 2010					
Countersigned:	A.P. CONSTRUCTION CCC Principal Cesa- Regalado BOND SAFEGUARD INSURANCE COMPANY					
BY: Macy	Douby: Pro Of Et Cappell					
	ACKNOWLEDGEMENT OF SURETY (Corporate Officer) President AN ILLINOIS INSURANCE COMPANY					
STATE OF ILLINOIS COUNTY OF DUPAGE	SS (COrporate Officer)					
COMPANY, a corporation instrument for the purpos IN WITNESS WHEREOF	acknowledged himself to be the aforesaid president of BOND SAFEGUARD INSURANCE on, and that he, as such president, being authorized to do so, executed the foregoing se therein contained, by signing the name of the corporation by himself as such president. F, I have hereunto set my hand and official seal.					
"OFF MICH Notary Put INLP1, 4/04 My Commis	FICIAL SEAL" HELE KOLLER blic, State of Illinois ssion Expires 08/28/07 Notary Public, State of Illinois					

	(II)	NDIVIDUAL OR PART	rners)	LAKE COUNTY
STATE OF TAID A	VA)	2010 017	296	FILED FOR RECORD 2010 MAR 25 PM 3: 59
COUNTY OF LAKE) SS)		
2014		4. 4. 4.		MICHELLE R. FAJMAN RECORDER
On this	day of	MANCH	<u></u>	before me personally appeared
CESAR REGAL	AND			
known to me to be the indi-	vidual <u>//</u> descri	ibed in and who exec	cuted the foregoing	g instrument and acknowledged
to me thathe \(\sum_{\text{exec}} \)	uted the same.			
My dommission expires:			1	
CAROL J. CODY Notary Public			auf 1	1 Pals
State of Indiana May Commission Expires Oct 11	,2014	•	and f	Notary Public
			\mathcal{C}	// Notary r donc
		Document	tis	
	NO	TOFFIC	TATE	
	110	TOFFIC	IAL:	
		LEDGMENT O		
	tne La	(CORPORATE OFFIC	eer)raer!	
STATE OF $\rightarrow \sim$		SS		
COUNTY OF LAKE		35		
		MARCH	2010	
On this	day of	MARCH	, 2010 t	pefore me personally appeared
Cesar Regal	ado		, wł	no acknowledged himself to be
the		of A	O CONSTRUCTION	, a corporation
	4-1-1			
and that he as such office therein contained by signif				g instrument for the purposes
	ig the name of the	MDIANA MINI	iseli as sucirollic	ei. Talah sarah
My commission expires:	The State of A		//	
3-23		2012	Mull	VA Charelen
		*	11	Notary Public

ACKNOWLEDGMENT OF PRINCIPAL

Bond Safeguard INSURANCE COMPANY
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